ENVIRONMENTAL PROTECTION AGENCY
REGION 6
SURVEILLANCE SECTION
10625 FALLSTONE RD.
HOUSTON, TEXAS 77099

RECEIVE
SEP 2 0 2006
Air/Toxics & Inspection Coordination Branch
6EN-A

DATE: 9/12/2006

SUBJECT: Transmittal Memo - Compliance Monitoring Report

FROM: Stacey Bennett-Dwyer, Chief
Surveillance Section (6EN-AS)

TO: Guy Donaldson, Chief
Air Enforcement Section (6EN-AA)

An Air Compliance inspection associated with EPA's national Ethylene Imitative and as part of a Multi-Media Inspection was conducted on 4/10-13 – 7/28/ 2006 at the following location:

FACILITY NAME: Dow /Union Carbide Chemical Company

ADDRESS: P.O. Box 471

CITY: Texas City, Texas, TX 77592-471

INSPECTOR: Minerva De Leon (6EN-ASH)

TYPE FACILITY: FEDERAL ( ) INDUSTRIAL(X)

NSPS(x) Part 60 NSPS VV, Kb, RRR,NNN,

NESHAP Part 61 (X) M, FF, V

MACT Part 63 (X) A, H, XX, YY EEE, FFFF, & EEEE
Part 68 -RMP
SIP(X) TCEQ Chapter 115

Title V or other Permit (X) FOP T 5 # 01913, 0-01914, 0-01433, 0-01916, 0-01917, 01915, 0-01919, 0-01920 , 0-01921, FOP 0-01923, 0-01924,
CFC Part 82 (x)

RECEIVE
SEP 20 2006
Air/Toxics & Inspection Coordination Branch
6EN-A

EPA REGION 6
SURVEILLANCE SECTION
AIR INSPECTION REPORT

Report Date:	9/12/2006	Lab report date:09/06/2006
Inspection Date:	4/10-13/ 2006 Phase A	Phase B July 26
Type of Inspection:	Ethylene	
Company Name:	Dow/Union Carbide Chemical Company	
Mailing Address:	P.O. Box 1000	Union Carbide, TX 77480
Location:	Hwy 35 and FM 524	
Corporate Address	10001 Six Pines Drive The Woodlands, TX 77380	
Type of Industry/NAIC/SIC/AFS:	Ethylene Manufacturing	
NAIC#	325110	
SIC #	5172	110000505524
AFS#		FRS110008160195
Identification Number	TXD	

Enforcement Officer	Kathleen Aisling (6EN-AT)	214 -665-6406
EPA Inspector	Minerva De Leon(6EN-ASH)	9/12/2006 Date 9/12/06
Reviewed by:	Richard Kapp	Date 9-13-06

Executive Summary:

This inspection report is comprised of three sections numbered I through III:

Section I discusses the purpose of the inspection, a general description of the portion of the facility inspected and names and phone numbers of individuals involved in the inspection. General process flow diagram s and the facility's Title V operating permits, draft permits and the Houston EPA laboratory results on HON Process Waste Water are included in **ATTACHMENT A.**

Section II includes a discussion on the finding's of the inspection. In the discussion section only highlights of the inspection are discussed. Detailed records reviews occurring during the inspection are not discussed in detail unless any specific concerns were raised during the reviews of the many records the facility is required to maintain.

Section III includes a summary of areas of concern discovered during the inspection. (Note that the findings stated in Section III of the report may include non-compliance, compliance or alleged areas of concern, and should not preclude any further enforcement document review, legal review or further enforcement action).

Section (I)

Purpose :

On April 10, 2006 through April 13, 2006 an unannounced multimedia inspection was conducted by the United States Environmental Protection Agency Region 6 at Dow/Union Carbide chemical manufacturing facility. The inspection was conducted under the authority granted by Section 114 of the Clean Air Act. The facility was targeted for inspection to determine compliance with the National Emission Standards for Hazardous Air Pollutants (NESHAP), NESHAP Subpart FF "Benzene Waste Operations" and for compliance with NESHAP for Source Categories for Ethylene Production. Six inspectors with the Galveston County Health District participated in this inspection with a (TCEQ) Texas Commission on Environmental Quality State Inspector from the water division

This inspection was part of a larger Multi-Media inspection involving RCRA, and NPDES programs. The air portion of the Multi-Media inspection focused on the four units at the facility and one that produced ethylene, LDAR associated with these four units and Benzene Waste Operations associated with ethylene production.

Upon arrival at the facility Mr. Michael Wood, EHS Manager for the facility was contacted and credentials were presented and the purpose and scope of the inspection was explained. Mr. Woods and his staff provided requested information and accompanied the inspectors during the inspection.

Introduction :

Inspection Participants:

The following personnel participated in the air portion of this inspection:

Michael Wood **/Union Carbide**	HES Manager	409-948-5173
Mariyln Doescher **/Union Carbide**	TCO Responsible Care Leader	409-948-5672
Debbie Seid **/Union Carbide**	Environmental UCC	409-948-5589
Minerva De Leon **USEPA R6**	Lead Air Inspector	281/983-2149
Greg Valentine **USEPA R6**	Env. Scientist-Air	214/665-3111

EPA LDAR Monitoring Team:

Jake Medellin	Env. Scientist	281/983-2165
Richard Gigger	Env. Engineer Team Leader for MM	281/983-2105
Ken Aubuchon	Env. Scientist	281/983-2150
Juan Ibarra	Env. Scientist	214/665-8473
James Eng	Env. Scientist	281/983-2148

Galveston County Health District:

Diana Stevens	Air	409-938-2313
Eugene Martinez	Air	409-938-2249

*other 4 GCHD inspectors participated in RCRA and NPDES EPA inspections

Stacey Pentecost	TCEQ water division	713-767-3667

Facility Description

The Dow/Union Carbide Chemical Company, Texas plant was originally built in 1942 and is located on State Highway35 and FM 524, Galveston County, Texas. The present facilities consist of the Solution Vinyl Resins unit (SVR began operating in 1946), OXO complex (consists of eight units), Vinyl Acetate Unit (VA-5), the EID unit (only consist of the Isopropanol and the Acetic Esters), In-Plant Distribution (IPD) and the Utility Department.

The SVR unit produces four main Products (1) SVR1– a vinyl resin product in dry powder form and solid pellitized form, (2) SVR2 – a vinyl resin product in dry powder form, (3) Solution Resins- vinyl resin products dissolved in a solvent (4) Waterborne Varnish-vinyl resin product in solution form. The SVR unit is subject to NESHAP 40 CFR 61 Subparts A, F, and V and to TAC 30 115 (regulation V).

The OXO complex consists of eight units: the synthesis gas supply (Syn Gas Unit), Low Pressure Oxo Unit s 1,2, and 3 (LPO), Building 24 Acids Facilities and Organic Acids II (OAII), the Refining Hydrogenation Unit (RAH) and the building 24 Acetic Esters Unit.

The Vinyl Acetate unit contains four different sub-systems. The reaction sub-system reacts ethylene, oxygen and acetic acid in a vapor phase heterogeneous reaction to form vinyl acetate and other by–products. The CO_2 subsystem is used to remove CO_2 from the major by product of the reaction. The heavy by-products are removed in the polymer subsystem. A refining sub-system is used to purify the crude reaction product. All subsystems are tied to the blow down tower /flare. The flare is utilized during normal operation, upsets, planned maintenance, start-ups, and shutdowns.

The EID unit consisted of four distinctive units but two of the units were shutdown and parts were demolished in 2005 included in this shut down was the Ethanol unit and the Diethyl Sulfate Unit. The Isopropanol Unit still part of the EID and is listed as SOCMI chemical and subject to NSPS Subpart VV, NNN and RRR and TAC 115. The last unit remaining in this area is the Acetic Esters unit (AEU) it produces the following chemicals: isopropyl acetate, n-butyl acetate, amyl acetate, and isobutyl acetate. The facility contends that all the reactor and distillation units were constructed prior to 1981and 1983 and that NSPS VV, NNN, RRR respectively do not apply.

In-Plant Distribution (IPD) is responsible for the storage and distribution of raw materials, intermediates, and products for the various manufacturing units at the Texas City Main Plant. The main manufacturing units affected by the IPD unit activities are listed below:
Vinyl Acetate Unit,
Low Pressure OXO units,
Hydrocarbons, and
Ethanol /Isopropanol process area.

The TitleV Application for the IPD unit includes storage tanks (40 CFR 63 Subpart G), transfer racks (40 CFR 63 Subpart G), and an incinerator (30 TAC 111, and 117), waste water (TAC115) and fugitive components(40 CFR 63 Subpart H). The marine terminal was sold and is no longer part of this facility.

Utility Department (UD) began operation in 1946.The UD operates the plant's waste management system. It also consists of various systems that provide the facility with service streams of including power, steam, air, nitrogen, and oxygen. Including four UD permitted boilers that provide steam for various operations. Boilers No.4 and 5 have the capability to burn ethane gas, plant residue, oil and mixed fuel. Boiler No.6 has the capability to burn ethane gas, oil and mixed fuel.

Process flow diagrams, Plot Plan, general facility description and process descriptions, Title V permit and the Annual Compliance Certification (included in the Notice of Compliance Status Report) required by the Title V permit, are included in **ATTACHMENT A**. The semi-annual Deviation Report required by the Title V operating permit is contained in **ATTACHMENT A** for enforcement review.

Section (II) Inspection Findings

LDAR

The EPA with TCEQ reviewed and monitored highly reactive VOCs during this inspection. Part of the review included comparative monitoring efforts. No areas of concern were noted.

The facility is subject to NSPS Subpart VV, NESHAP Subpart J and V, NESHAP for Source Categories Subpart H, TCEQ regulation 28MID and 28CNTA (for connectors). All programs are monitored in a comprehensive program that includes all LDAR regulations plus El Paso Method cooling tower sampling and carbon canisters used for vent controls.
The majority of the components in the facility are subject to NSPS Subpart VV. For this reason it was determined that the comparative monitoring effort would focus on components subject to NSPS Subpart VV and NESHAP.

The facility contracts with EMSI to conduct routine leak detection. EMSI has six monitoring technicians onsite. In addition there are two technicians available for re-monitoring of repaired components and two data entry personnel.

The inspection consisted of conducting comparative leak detection and monitoring by two teams of EPA inspectors. Results of the monitoring agree with reported leak rates. Results of the comparative monitoring effort are included in **ATTACHMENT B**. Also included in the attachment are records of leak repairs and required reports. Review of this material indicates compliance with applicable leak repair deadlines.

Several components waiting shut down for repair were identified in the current database and located in the plant. The components were tagged and identified as required. During a walk through of the facility no open ended lines or valves were noted.

A review of the facility's leak monitoring records and semiannual reports was conducted. EMSI is an onsite fugitive emission monitoring contractor. A thorough review of the certified calibration gases, quarterly certification for the LDAR monitors, and reportable leak rate was performed.

Two teams consisting of four EPA inspectors monitored three units. Mr. Juan Ibarra and Jake Medellin were one team. Richard Gigger and Ken Aubuchon were the other team. The units were the following: the Solutions Vinyl Resins Unit (SVR), Vinyl Acetate Unit (VA5), Organic Acids and Esters and Low Pressure Oxo Unit 10C3 (LPO).

Unit SVR was last monitored the 4th Quarter of 2005. The reported leak rate was 0.1%. Comparative monitoring by the EPA inspectors found a leak rate of 0.0

Unit VA5 was last monitored the 1st quarter of 2006. The reported leak rate was 0.93%. Comparative monitoring by the EPA inspectors found a leak rate of 0.0%.

Unit LPO was last monitored the 1st Quarter of 2005. The reportable leak rate was 1.24%. Comparative monitoring by the EPA inspectors found a leak rate of 0.0%.

Unit Organic Acids and Esters was last monitored the 3$_{rd}$ Quarter of 2005. The reportable leak rate was 0.1%. Comparative monitoring by the EPA inspectors found a leak rate of 0.0%.

No open-ended lines were found during the inspection. No areas of concern were noted on the facility's fugitive emission monitoring program.

The majority of pumps in the facility are exempt from monitoring as they are either equipped with dual mechanical seals or are of the canned pump design.

Benzene Waste Operations. NESHAP Subpart FF (Part 61)

The facility is using the 2.0 MG option of NESHAP Subpart FF. For the production year of 2004 the facility reports 0.3 MG. (See spread sheet contained in **ATTACHMENT C**). Of the 0.14 MG of total annual benzene 0.0033 MG were uncontrolled. The majority of uncontrolled waste streams are from miscellaneous spills and vacuum truck activities.

When NESHAP Subpart FF requirements first became applicable the facility was subject due to the ethylene and hydrocarbon production area but it is now shut down. As a result all benzene containing process waste streams were routed via closed piping to the refinery's waste water treatment process. For these reasons and after discussion with EPA Region 6 enforcement staff it was decided sampling of waste streams coming from the ethylene complex would not yield any useful information as all waste streams are no longer subject except for spill and vacuum truck activities and three small low flow streams as shown on the **ATTACHMENT C** spreadsheet.

During the inspection process drains subject to the standard were observed to be plugged with rubber plugs and all waste streams were observed to be hard-piped. A copy of the compliance

schedule is include with the Title V permit. During this inspection there was a strong odor and and high concentrations of VOC evident coming from an area pit. Galveston County Health District requested that we take a sample in this area. Samples were taken on July 28, 2006 by EPA, Mr. James Eng and Ms. Minerva De Leon. Union Carbide also provided their leaker log on a CD for enforcement review no areas of concern were noted.

Storage Tanks

The facility utilizes more than 40 storage tanks that are required to be inspected and are subject to the reporting and monitoring requirements of NESHAP HON, Part 63, Subpart G, NSPS Kb, they consist of internal floating roof or the external fixed roof methanol tanks. One of the tanks holds more than 11MM gallons and is permitted by Title V. All tanks are inspected and if any discrepancies are found with the roof they fixed promptly and are reported to the State and EPA. Some tanks are only required to report under TCEQ Chapter 115 Vent gas Controls. EPA reviewed most of the reporting records for two years (see attachment D) for review. There was only one discrepancy found with a late reporting requirement that TCEQ has already addressed. All extensions, annual visual inspections and documentation for IFR tanks or notifications for out of service tanks were provided as required no area of concern is noted (see attachment D). There are also 138 storage tanks listed as grandfathered sources (see Title FOP 0-01920 for distribution In-Plant area).

Flares

The facility operates eight flares (LGT flare is currently shut down and used only for maintenance activities). Two are start-up flares and one maintenance flare, the other five are process flares. Of the five process flares three are subject to NSPS Subpart A and Part 63 Subpart A. There were 20 upsets or incidents reported to TCEQ during 2003 to 2005 in TCEQs State of Texas Environmental Electronic Reporting System (STEERS) program. Five of the twenty were reported as incidents with the flares.(**ATTACHMENT E)**. The flares were originally permitted under PSD permit. All flares have been performance tested (see attachment E). The STEERS reports are also contained in **ATTACHMENT E.** There was one incident that was preventable and was caused by human error and not considered an upset condition on10/11/2005 and exceeded the Permit 48988 allowable of 2.75 lbs/hr. of ethylene. The facility reported 4551.98 lbs release on STEERs tracking number 66240 due to an operator inadvertently drilling into an ethylene line .The contractor intended to drill into an open ended out-of -service line but drilled into the wrong line. Malfunction means any sudden, infrequent and not reasonably preventable failure of air pollution equipment, process equipment or a process to operate in a normal or usual manner. Failures that are caused in part by poor maintenance or careless operation are not malfunctions according to NSPS Subpart A , General Provisions, Section60.1 and 60.11(d)

Heat Exchangers

The facility was subject to 40 CFR Part 63 Subpart XX , National Emission Standards for Ethylene Manufacturing Process Units: Heat Exchanger Systems and Waste Operations. The facility shut down the ethylene unit.

NESHAPs Subpart M - ASBESTOS

A thorough review of the facility's abatement program was conducted. Training records, waste manifests, and annual notification to the Texas Department of Health were reviewed. Ongoing abatement procedures were occurring during this inspection. The contractor requested compliance assistance wit the disposal container or asbestos transport vehicle . He was concerned that the transport vehicle did not meet the NESHAP regulations . He had not transferred any asbestos because of his concern into the transport vehicles. The transport bin did not have the appropriate signage and was not ready for acceptance of asbestos. He stated that he would correct the signs and line the container. No accumulated asbestos containing material was being stored in a transport vehicle at the time of inspection. No areas of concern noted (see asbestos notifications in **Attachment F)**

NESHAPs Subpart F Part 61.60- The Solutions Vinyl Resins Unit (SVR) is subject to this standard. The facility has been providing the quarterly records as required by Part 61.70 c, (1). The SVR is not subject to 61.62(a) &(b) or 61.63 since it is not a vinyl chloride or ethylene chloride facility.
Part 61.64(a) (1). Exhaust gas emissions from each reactor are either routed to the scrubber vent system or are covered by 61.64(a) 2. No excess emissions were noted during this inspection.

Part 61.64 (b),(c). Exhaust gas emissions from each stripper are either routed to the scrubber vent system or are covered by 61.64(a) 2. No excess emissions were noted during this inspection. Exhaust gas emissions from each mixing, weighing and holding containers in Vinyl Chloride Monomer (VCM) service are routed to the scrubber system or are covered by 61.64(a) 2. No excess emissions were noted during this inspection.

Part 61.64(d). The VCM recovery system is a three step process involving a stripper operation, followed by a rectifying operation, and finally by a scrubbing stage. Before being discharged to the atmosphere, the exhaust gas is routed to the Syn Gas flare .

40 CFR Part 63 Subpart EEEE Initial Notification was provided on May 28, 2004 for the Organics liquids distribution (OLD non-gasoline operations), as required in 40 CFR 63.2386(a) and 63.9 (b). A variety of organic chemical products are manufactured within Texas City Operations . Most of these products are used as raw materials for manufacturing a wide variety of consumer goods and other products. Equipment consists of storage tanks, process vessels and overland transfer racks. The production plants at Texas City include Synthesis Gas Supply Unit , Low Pressure Oxo Units, Organic Acids Unit, Acetic Esters Unit, Refining & Hydrogenation Unit , Isopropanol Unit, Vinyl Acetate unit, Solutions Vinyl Acetate Unit, the Utility Department and the In Plant Distribution unit. The anticipated compliance date is 02/03/2007.

40 CFR Part 63 Subpart FFFF Initial Notification was provided for one unit subject to the MON (63.2515) (b) and 63.9(b) for the Refining and Hydrogenation Unit-C-3 system. The facility anticipated compliance date is 11/10/2006.

Stratospheric Ozone Protection (40 CFR Part 82)

The facility uses large process chillers to cool process material after the cracking process. Only comfort cooling for office space utilizes ozone depleting substances. Service to these units is contracted to EPA certified technicians.

Risk Management Plan (40 CFR Part 68)
The facility provided an RMP as required. The company requested to provide a management plan with designated positions as required by section 68.15. The company provided a sheet of paper with two names listing only Kate Harris and Mike Gohlke as the administrators of the RMP.

Management system developed and implemented as provided in 40 CFR 68.15?
☐S ☐M **X U** ☐N/A
Comments: **unsatisfactory**

Has the owner or operator:
1. Developed a management system to oversee the implementation of the risk management program elements? [68.15(a)] Yes, the company listed two people as mentioned above.
2. Assigned a qualified person or position that has the overall responsibility for the development, implementation, and integration of the risk management program elements? [68.15(b)] **Two people could not implement the entire program and do not integrate all the risk management elements.**
3. Documented other persons responsible for implementing individual requirements of the risk management program and defined the lines of authority through an organization chart or similar document? [68.15(c)]

No the facility failed to designate any other documented persons responsible for implementing individual requirements of the risk management program

68.115 and 68.190 Dow Union Carbide also failed to list chlorine in the RMP as a regulated substance that had met the threshold and failed to list the chlorine in the RMP and failed to list it on any updates as required in 68.190 See e-mail of quantities held at the facility from Michael Wood, HES manager in **attachment G** with the RMP.

<u>Section (III)</u>

Areas of concern:

The following areas of concern were discovered during the inspection and discussed with facility staff at an out briefing:

1. Numerous deviations are contained in the Semi-Annual Deviation report. However, no deviations contained in the report were observed during the walk through of the facility or during the records review. Many of the deviations concern exceedances of the permit allowables (see deviations in **Attachment G)**

2. The RMP is incomplete missing the management system as required under 68.15 (c), and Chlorine should have been included in the RMP submittal as it a regulated substance as required in 68.115.

3. The facility reported 4551.98 lbs release on STEERs tracking number 66240 due to an operator inadvertently drilling into an ethylene line .The contractor intended to drill into an open ended out-of -service line but drilled into the wrong line. Malfunction means any sudden, infrequent and not reasonably preventable failure of air pollution equipment, process equipment or a process to operate in a normal or usual manner. Failures that are caused in part by poor maintenance or careless operation are not malfunctions according to NSPS Subpart A , General Provisions, Section60.1 and 60.11(d), (STEERS reports are in attachment H with deviation reports).

389025

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

(62)

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#: 6125

FOR OFFICE USE ONLY ☐ TAHPA ☐ NESHAP ☐ OTHER ☐ VIOLATION? ☐ YES ☐ NO

1) Abatement Contractor: Basic Industries, Inc DSHS License Number: 80-0155
Address: 3840 W. 12th Street City: Houston State: TX Zip: 77008-6008
Office Phone Number: (713) 671-9036 Job Site Phone Number: N/A
Site Supervisor: Mauro Vizcarra DSHS License Number: 80-2596
Site Supervisor: See Attached List DSHS License Number: See Attached List
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

Demolition Contractor: Midwest Steel Company, Inc. Office Phone Number (713) 991-7843
Address: 9825 Meers Road City: Houston State: TX Zip: 77075

2) Project Consultant or Operator: Envirotest, LTD. DSHS License Number: 10-0006
Mailing Address: 3902 Brexton
City: Houston State: TX Zip: 77063 Office Phone Number: (713) 782-4411

3) Facility Owner: Union Carbide Corporation
Attention: Randy Holcomb
Mailing Address: 3301 5th Avenue South
City: Texas City State: TX Zip: 77590 Owner Phone Number (409) 948-5447
**Note: The invoice for the notification fee will be sent to the owner of the building and the billing address for the invoice will be obtained from the information that is provided in this section.

4) Description or Facility Name: Union Carbide Corporation
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77590
Facility Phone Number (409) 948-5447 Facility Contact Person: Randy Holcomb
Description of Area/Room Number: Ethanol Unit
Prior Use: Ethanol Unit Future Use: Demolished
Age of Building/Facility: 34+ Years Size: 1 Acre Number of Floors: N/A School (K - 12): ☐ YES X NO

5) Type of Work (CHECK ONLY ONE): X Demolition ☐ Renovation (Abatement) ☐ Annual Consolidated
Work will be during: X Day ☐ Evening ☐ Night ☐ Phased Project
Description of work schedule: 7:00 until 6:00 pm, Monday through Friday (Saturday and Sunday Optional)

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

7) Notification Type (CHECK ONLY ONE):
X 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): / 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:
All work will stop and suspected materials will be sampled and analyzed for asbestos. Area will be wetted and barricaded. Proper authorities will be notified. Work will then resume.

9) Was an Asbestos survey performed? X YES ☐ NO Date: 05 / 23 / 04 DSHS Inspector License No: 60-2539
Analytical Method: X PLM ☐ TEM ☐ Assumed DSHS Laboratory License No: 30-0005
(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:
Removal of pipe and tower insulation by using glovebags, removal of transite by using wet method, all within negative air pressure containment.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: All debris will be removed using the wet method, glove-bags and within negative air pressure containment. All debris will be double wrapped, labeled and disposed of properly

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	7,240	11,500	X		X			
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 Houston Commercial DSHS License Number: 40-0278
Address: 8101 Little York Road City: Houston State: TX Zip: 77016
Contact Person: Toni Garner Phone Number: (713) 539-5784

14) Waste Disposal Site Name: BFI McCarty Road Landfill
Address: 11013 Old Beaumont Hwy City: Houston State: TX Zip: 77078
Telephone: (713) 675-8101 TCEQ Permit Number: H-0261A

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: 05 / 31 / 05 Complete: 07 / 12 / 05

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 08 / 13 / 05 Complete: 08 / 05 / 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Robert Resuriz (Printed Name)	05 / 17 / 05 (Date)	(713) 671-9036 (Telephone)

(713) 675-8691
(Fax Number)

MAIL TO:

Faxes are not accepted

ASBESTOS NOTIFICATION SECTION
DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538
PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

APB#5, dated 09/01/04. Replaces TDH form. For assistance in completing form, call 1-800-572-5548

ITION / RENOVATION
ATION FORM

TEXAS Department of State Health Services

(81)

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#: _____

Contractor: Basic Industries, Inc DSHS License Number: 80-0155
3640 W. 12th Street City: Houston State: TX Zip: 77008-6008
e Phone Number: (713) 671-9036 Job Site Phone Number: N/A
Site Supervisor: Mauro Vizcarra DSHS License Number: 80-2598
Site Supervisor: See Attached List DSHS License Number: See Attached List
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

Demolition Contractor: Midwest Steel Company, Inc. Office Phone Number (713) 991-7843
Address: 9825 Moers Road City: Houston State: TX Zip: 77075

2) Project Consultant or Operator: Envirotest, LTD. DSHS License Number: 10-0006
Mailing Address: 3902 Braxton
City: Houston State: TX Zip: 77063 Office Phone Number: (713) 782-4411

3) Facility Owner: Union Carbide Corporation
Attention: Randy Holcomb
Mailing Address: 3301 5th Avenue South
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*Note: The invoice for the notification fee will be sent to the owner of the building and the billing address for the invoice will be obtained from the information that is provided in this section.

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Description of Area/Room Number: Ethanol Unit
Prior Use: Ethanol Unit Future Use: Demolished
Age of Building/Facility: 34+ Years Size: 1 Acre Number of Floors: N/A School (K - 12): ☐ YES X NO

5) Type of Work (CHECK ONLY ONE): X Demolition ☐ Renovation (Abatement) ☐ Annual Consolidated
Work will be during: X Day ☐ Evening ☐ Night ☐ Phased Project
Description of work schedule: 7:00 until 6:00 pm, Monday through Friday (Saturday and Sunday Optional)

6) Type of Building (CHECK ONLY ONE): ☐ Public Building ☐ Federal Facility X Industrial Site ☐ NESHAP-Only Facility
s Building/Facility Occupied? ☐ YES X NO

7) Notification Type (CHECK ONLY ONE):
☐ Original (10 Working Days) X Amendment ☐ Cancellation ☐ Emergency ☐ Ordered (see item 15)
If this is an amendment, which amendment number is this? 1 (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): / 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

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 stop and suspected materials will be sampled and analyzed for asbestos. Area will be wetted and barricaded. Proper thorities will be notified. Work will then resume.

Was an Asbestos survey performed? X YES ☐ NO Date: 05 / 23 / 04 DSHS Inspector License No: 60-2539
Analytical Method: X PLM ☐ TEM ☐ Assumed DSHS Laboratory License No: 30-0005
(For TAHPA (public building) projects: an assumption must be made by a DSHS Licensed Inspector)

Description of planned demolition or renovation work, type of material, and method(s) to be used: Removal of pipe and tower insulation by using glovebags, removal of transite by using wet method, all within negative air pressure containment.

Description of work practices and engineering controls to be used to prevent emissions of asbestos at the nolition/renovation: All debris will be removed using the wet method, glove-bags and within negative air pressure containment. All debris will be double wrapped, labeled and disposed of properly

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	7,240	11,500	X		X			
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 Houston Commercial DSHS License Number: 40-0278
Address: 8101 Little York Road City: Houston State: TX Zip: 77016
Contact Person: Toni Garner Phone Number: (713) 539-5784

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: H-0261A

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: 06 / 06 / 05 Complete: 07 / 15 / 05

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 06 / 13 / 05 Complete: 08 / 05 / 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Samuel DiCesare (Printed Name)	05 / 27 / 05 (Date)	(713) 671-9036 (Telephone)

(713) 675-8691 (Fax Number)

MAIL TO:

"Faxes are not accepted"

ASBESTOS NOTIFICATION SECTION
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 09/01/04. Replaces TDH form. For assistance in completing form, call 1-800-572-5548

MOLITION / RENOVATION
FICATION FORM

TEXAS Department of State Health Services

(83) NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

6125

FICE USE ONLY ☐ TAHPA ☐ NES

1) Abatement Contractor: Basic Industries, Inc DSHS License Number: 80-0155
Address: 3640 W. 12th Street City: Houston State: TX Zip: 77008-6008
Office Phone Number: (713) 671-9036 Job Site Phone Number: N/A
Site Supervisor: Mauro Vizcarra DSHS License Number: 80-[illegible]598
Site Supervisor: See Attached List DSHS License Number: See Attached List
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

Demolition Contractor: Midwest Steel Company, Inc. Office Phone Number (713) 991-7843
Address: 9825 Moers Road City: Houston State: TX Zip: 77075

2) Project Consultant or Operator: Envirotest, LTD. DSHS License Number: 10-0006
Mailing Address: 3902 Braxton
City: Houston State: TX Zip: 77063 Office Phone Number: (713) 782-4411

3) Facility Owner: Union Carbide Corporation
Attention: Randy Holcomb
Mailing Address: 3301 5th Avenue South
City: Texas City State: TX Zip: 77590 Owner Phone Number (409) 948-5447
**Note: The invoice for the notification fee will be sent to the owner of the building and the billing address for the invoice will be obtained from the information that is provided in this section.

4) Description or Facility Name: Union Carbide Corporation
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77590
Facility Phone Number (409) 948-5447 Facility Contact Person: Randy Holcomb
Description of Area/Room Number: Ethanol Unit
Prior Use: Ethanol Unit Future Use: Demolished
Age of Building/Facility: 34+ Years Size: 1 Acre Number of Floors: N/A School (K - 12): ☐ YES X NO

5) Type of Work (CHECK ONLY ONE): X Demolition ☐ Renovation (Abatement) ☐ Annual Consolidated
Work will be during: X Day ☐ Evening ☐ Night ☐ Phased Project
Description of work schedule: 7:00 until 6:00 pm, Monday through Friday (Saturday and Sunday Optional)

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

7) Notification Type (CHECK ONLY ONE):
☐ Original (10 Working Days) X Amendment ☐ Cancellation ☐ Emergency ☐ Ordered (see item 15)
If this is an amendment, which amendment number is this? 2 (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): / 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:
All work will stop and suspected materials will be sampled and analyzed for asbestos. Area will be wetted and barricaded. Proper authorities will be notified. Work will then resume.

9) Was an Asbestos survey performed? X YES ☐ NO Date: 06 / 23 / 04 DSHS Inspector License No: 60-2539
Analytical Method: X PLM ☐ TEM ☐ Assumed DSHS Laboratory License No: 30-0005
(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:
Removal of pipe and tower insulation by using glovebags, removal of transite by using wet method, all within negative air pressure containment.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: All debris will be removed using the wet method, glove-bags and within negative air pressure containment. All debris will be double wrapped, labeled and disposed of properly

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	7,240	11,500	X		X			
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 Houston Commercial DSHS License Number: 40-0278
Address: 8101 Little York Road City: Houston State: TX Zip: 77016
Contact Person: Toni Garner Phone Number: (713) 539-5784

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: H-0261A

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: 06 / 06 / 05 Complete: 07 / 29 / 05

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 08 / 13 / 05 Complete: 08 / 05 / 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Samuel DiCesare (Printed Name)	07 / 08 / 05 (Date)	(713) 671-9036 (Telephone)
			(713) 675-8601 (Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538
PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Faxes are not accepted

n APB#6, dated 09/01/04. Replaces TDH form. For assistance in completing form, call 1-800-572-5548

(84)

7004 1160 0001 4032 0917

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

OFFICE USE ONLY TAHPA NESHAP

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Jimbo Canchola DSHS License Number: NA (Not a public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Jimbo Canchola Certification Date: 10/28/05
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: NA Office Phone Number NA
Address: _____ City: _____ State: _____ Zip: _____

2) Project Consultant or Operator: NA
Mailing Address: _____ DSHS License Number: NA
City: _____ State: _____ Zip: _____ Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number (409) 948-5589
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: Building 92 Control Room
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number (409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 92
Prior Use: Control Room & Offices Future Use: Control Room & Offices
Age of Building/Facility: 30 yrs Size: 5000 sq ft. Number of Floors: 2 School (K - 12): YES x NO

5) Type of Work **(CHECK ONLY ONE):** _ **Demolition** X **Renovation (Abatement)** **Annual Consolidated**
Work will be during: x Day Evening Night Phased Project
Description of work schedule: Saturday & Sunday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
X **Original (10 Working Days)** **Amendment** **Cancellation** **Emergency** **Ordered (see item 15)**
If this is an amendment, which amendment number is this? No **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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 _____

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum.

9) Was an Asbestos survey performed? X YES NO Date 11/1/05 DSHS Inspector License No: NA (not a puplic building)
Analytical Method: X PLM TEM Assumed DSHS Laboratory License No: NA
(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:
Remove 2000 square feet of asbestos containing floor tile from building 92.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Double bagging asbestos containing material. Follow approved work procedures and controls.

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								
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		2000			X			
Exterior Category II non-friable removed								
Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: BFI DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 11 / 19 / 05 Complete: 11 / 20 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 11 / 17 / 05 Complete: 12 / 31 / 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.

Debbie J. Seid — (Signature of Building Owner/ Operator or Delegated Consultant/Contractor)
Debbie J. Seid — (Printed Name)
11 /02/ 05 — (Date)
(409) 948-5589 — (Telephone)
(409) 948-5339 — (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

(65) 7004 2890 0000 1171 5454

MOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#_____

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Alfredo Cuevas DSHS License Number: NA (Not a public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Alfredo Cuevas Certification Date: 6/14/05
Individual: Eulalio Garcia Certification Date: 11/15/2005
Demolition Contractor: NA Office Phone Number NA
Address: City: State: Zip:

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
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: Building 92 Control Room
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 92
Prior Use: Control Room & Offices Future Use: Control Room & Offices
Age of Building/Facility: 30 yrs Size: 5000 sq ft. Number of Floors: 2 School (K - 12): YES x NO

5) Type of Work **(CHECK ONLY ONE):** **Demolition** **X Renovation (Abatement)** **Annual Consolidated**
Work will be during: x Day Evening Night Phased Project
Description of work schedule: Saturday & Sunday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) **X Amendment** **Cancellation** **Emergency** **Ordered (see item 15)**
If this is an amendment, which amendment number is this? 01 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum.

9) Was an Asbestos survey performed? X YES NO Date 11/1/05 DSHS Inspector License No: NA (not a puplic building)
Analytical Method: X PLM TEM Assumed DSHS Laboratory License No: NA
(For TAHPA (public building) projects: an assumption must be made by a DSHS Licensed Inspector)

0) Description of planned demolition or renovation work, type of material, and method(s) to be used:
Remove 2000 square feet of asbestos containing floor tile from building 92.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Double bagging asbestos containing material. Follow approved work procedures and controls.

OFFICE USE ONLY
TAHPA
NESHAP
THE VIOLATION? YES NO

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								
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		2000			X			
Exterior Category II non-friable removed								
Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: BFI DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 11 / 19 / 05 Complete: 11 / 20 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 11 / 17 / 05 Complete: 12 / 31 / 05

Note: If the start date on this notification can not be met, the DSHS Regional or Local Program office *Must* be contacted by hone prior to the start date. Failure to do so is a violation in accordance to TAHPA, Section 295.61.

hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I acknowledge at I am responsible for all aspects of the notification form, including, but not limiting, content and submission dates. The aximum penalty is $10,000 per day per violation.

Debbie J. Seid — Signature of Building Owner/ Operator r Delegated Consultant/Contractor)
Debbie J. Seid (Printed Name)
11 /16/ 05 (Date)
(409) 948-5589 (Telephone)
(409) 948-5339 (Fax Number)

AIL TO:

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

Faxes are not accepted

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

(129)

7002 0860 0008 7130 1030

TEXAS DEPARTMENT OF HEALTH

ProtectTexas
Texas Department of Health

DEMOLITION / RENOVATION NOTIFICATION FORM

NOTIFICATION# 2004031174

For Office Use Only TAHPA NESHAP THL Violation? YES GN

NOTE: CIRCLE ITEMS THAT ARE AMENDED

1) Abatement Contractor: Union Carbide Corporation TDH License Number: N/A
Address : 3301-5th Avenue South City: Texas City State: TX Zip: 77592
Office Phone Number: (409) 948-5589 Job Site Phone Number: 409-948-5818
Site Supervisor: E. J. Vicknair TDH License Number: N/A
Site Supervisor: TDH License Number:
Trained On-Site NESHAP Individual: E. J. Vicknair Certification Date: 08/04/03

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

2) Project Consultant or Operator: N/A TDH License Number:
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Debbie Seid
Attention: Debbie Seid
Mailing Address: 3301 5th Avenue South Bldg. 585
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5187

****Note: The invoice for the notification fee will be sent to the owner of the building and the billing address for the invoice will be obtained from the information that is provided in this section.**

4) Description or Facility Name: Union Carbide a wholly owned subsidiary of the Dow Chemical Company
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5187 Facility Contact Person: Debbie Seid
Description of Area/Room Number: Asbestos Work classified as O&M done at Union Carbide/Texas City
Prior Use: Chemical Production/Refining Future Use: Same
Age of Building/Facility: N/A Size: N/A Number of Floors: N/A School (K - 12): YES X NO

5) Type of Work **(CHECK ONLY ONE): Demolition Renovation (Abatement) X Annual Consolidated**
Work will be during: X Day Evening Night Phased Project
Description of work schedule: Small/short duration jobs that are categorized as O&M work

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

7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) Cancellation X Amendment Emergency/Ordered
If this is an amendment, which amendment number is this?___ **(Enclose copy of original and/or last amendment)**
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

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: Job will be stopped and inspected. Materials will be removed as ACM using appropriate personal protective equipment, negative pressure enclosure, glove bag wet methods. Debris and insulation material will be picked up and appropriately bagged for proper disposal.

9) Was an Asbestos survey performed? X YES NO Date: 01 /03-12 /03 TDH Inspector License No: N/A
Analytical Method:X PLM TEM Assumed TDH Laboratory License No:
(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:Work will be done in negative pressure enclosure when possible, glove bags and wet method using HEPA vacuum. Personnel will wear appropriate PPE including ½ face APR or PAPR and full body protective clothing when applicable.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Work will be done using wet methods, glove bag, and negative pressure enclosures where required. Personnel will wear appropriate PPE including respiratory protection, PAPR or ½ APR and protective clothing as required.

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	2000	1500	X		X			
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 TDH License Number: 40-0278
Address: 5301 BROOK GLEN City: HOUSTON State: TX Zip: 77017
Contact Person: JUDY WILLIAMS Phone Number: ( )713-671-1527

14) Waste Disposal Site Name: GULF COAST DISPOSAL AUTHORITY
Address: 1600 CAMPBELL ROAD City: TEXAS CITY State: TX Zip: 77590
Telephone: (409) 948-4783 TCEQ Permit Number: HW50133

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: 01 / 01 /04 Complete: 12/ 31 /04

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 01 / 01 /04 Complete: 12/ 31 /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 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	(Printed Name)	(Date)	(Telephone)
	DEBBIE SEID	3/15/04	(409) 948-5589

(Fax Number) (409) 948-5339

MAIL TO:

ASBESTOS NOTIFICATION SECTION
TOXIC SUBSTANCES CONTROL DIVISION
TEXAS DEPARTMENT OF HEALTH
PO BOX 143538
AUSTIN, TX 78714-3538
PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Faxes are not accepted

Form APB#5, dated 11/05/03. Replaces TDH form dated 04/30/03. For assistance in completing form, call 1-800-572-5548

ProtectTexas™
Texas Department of Health

Eduardo J. Sanchez , M.D.,M.P.H.
Texas Commissioner of Health

Charles E. Bell, M.D.
Executive Deputy Commissioner

Texas Department of Health
Toxic Substances Control Division
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6610

March 3, 2004

REC'D MAR 09 2004

UNION CARBIDE CORPORATION
3301 5th Avenue South
Texas City, Tx 77592

ATTN: DEBBIE SEID
RE: NOTIFICATION DEFICIENCY FOR Notification # 2004031174
UNION CARBIDE A WHOLLY OWNED SUBSIDARY O&M04
3301 5TH AVE., SOUTH BLDG 585, TEXAS CITY

Dear Notifier:

The notification submitted for the above referenced project is considered an improper notification. The following information was omitted and/or incorrect:

Waste Transporter License is Inactive

No information may be omitted from the notification. All items are used to prioritize the project and provide critical information for inspection purposes. All requested information is required by the Environmental Protection Agency to satisfy the provisions of the National Emission Standards for Hazardous Air Pollutants.

Within fifteen (15) days from receipt of this letter you must send a corrected notification, along with a copy of this letter, to the attention of the Asbestos Programs Branch. The corrections must be submitted in the form of an amended notification. The dates of the abatement or demolition do not have to be changed, unless that is your deficiency.

If you have any questions in regard to this matter, you may call me at (512) 834-6600 or (800) 572-5548.

Sincerely,

for Kath

Terry T McCassell, Coordinator
Asbestos Notification and Information Section

cc: Texas Dept of Health, Public Health Region 6
eo

READ ATTACHMENT FOR LEGAL PROVISIONS

NONCOMPLIANCE OF NOTIFICATION PROVISIONS

The Texas Asbestos Health Protection Rules (TAHPR), Sections 295.70(f)(2) designates the submitting of an improper notification as a serious violation. The penalty for this violation is $1000 per day, for the first offense, and may be as much as $5000 per day for subsequent violations.

The authority to enforce the provisions of the National Emission Standards for Hazardous Air Pollutants regulations was added to TAHPR on January 28, 1994. The addition allows the Texas Department of Health (the department) to assess as administrative penalty in accordance with TAHPR, section 295.70.

The file will be sent to the Asbestos Enforcement section for review and possible penalties *only* if an amended notification, with requested information, is not submitted to the Asbestos Programs Branch. The file will be removed from deficiency status when the corrected notification has been received by the department.

(130)

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

FOR OFFICE USE ONLY TAHPA NESHAP THIL VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 Job Site Phone Number: (409) 641-4323
Site Supervisor: Eddie Garcia DSHS License Number: 80-0089
Site Supervisor: NA DSHS License Number: NA
Trained On-Site NESHAP Individual: Eddie Garcia Certification Date: 11/16/04

Demolition Contractor: NA Office Phone Number( ) NA
Address: _____ City: _____ State: _____ Zip: _____

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address: _____
City: _____ State: _____ Zip: _____ Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589

****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: Auto Mechanic Shop
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Auto Mechanic Shop Future Use: Auto Mechanic Shop
Age of Building/Facility: 30 yrs. Size: 2000 sq. ft. Number of Floors: 1 School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE):** **Demolition** × **Renovation (Abatement)** **Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:30 a.m. – 4:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
× **Original (10 Working Days)** **Amendment** **Cancellation** **Emergency** **Ordered (see item 15)**
If this is an amendment, which amendment number is this?___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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 _____

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: Barricade area, follow approved wet methods, and HEPA Vacuum.

9) Was an Asbestos survey performed? × YES NO Date: 10 / 28 / 04 DSHS Inspector License No: NA
Analytical Method: × PLM TEM Assumed DSHS Laboratory License No: 30-0005
(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: Remove 1100 sq. ft. of flooring.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and controls.

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								
RACM NOT removed								
Interior Category I non-friable removed		1100			X			
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 DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 01 / 03 / 05 Complete: 01 / 07 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 12 / 25 / 04 Complete: 02 / 15 / 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) Debbie J. Seid (Printed Name) 12/14/04 (Date) (409) 948-5589 (Telephone)

(409) 948-5339 (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

(131)

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Se

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# 7004 0750 0002 7035 2321

FOR OFFICE USE ONLY TAHPA NESHAP TOTAL VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 Job Site Phone Number: (409) 641-4323
Site Supervisor: Eddie Garcia DSHS License Number: 80-0089
Site Supervisor: NA DSHS License Number: NA
Trained On-Site NESHAP Individual: Eddie Garcia Certification Date: 11/16/04

Demolition Contractor: NA Office Phone Number( ) NA
Address: City: State: Zip:

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Auto Mechanic Shop
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Auto Mechanic Shop Future Use: Auto Mechanic Shop
Age of Building/Facility: 30 yrs. Size: 2000 sq. ft. Number of Floors: 1 School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE):** **Demolition** × **Renovation (Abatement)** **Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:30 a.m. – 4:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
× **Original (10 Working Days)** **Amendment** **Cancellation** **Emergency** **Ordered (see item 15)**
If this is an amendment, which amendment number is this? ___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, follow approved wet methods, and HEPA Vacuum.

9) Was an Asbestos survey performed? × YES NO Date: 10 / 28 / 04 DSHS Inspector License No: NA
Analytical Method: × PLM TEM Assumed DSHS Laboratory License No: 30-0005
(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: Remove 1100 sq. ft. of flooring.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and controls.

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								
RACM NOT removed								
Interior Category I non-friable removed		1100			X			
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 DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 01 / 03 / 05 Complete: 01 / 07 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 12 / 25 / 04 Complete: 02 / 15 / 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) Debbie J. Seid (Printed Name) 12/14/04 (Date) (409) 948-5589 (Telephone)

(409) 948-5339 (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

(132)

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# 7004 0750 0002 7035 2352

FOR OFFICE USE ONLY TAHPA NE HAPTHL VIOLATION? Y NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 Job Site Phone Number: (409) 641-4323
Site Supervisor: Eddie Garcia DSHS License Number: 80-0089
Site Supervisor: NA DSHS License Number: NA
Trained On-Site NESHAP Individual: Eddie Garcia Certification Date: 11/16/04

Demolition Contractor: NA Office Phone Number( ) NA
Address: City: State: Zip:

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Union Carbide Corporation, Texas City Operations Site
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Asbestos work classified as O&M at Union Carbide, Texas City
Prior Use: Future Use:
Age of Building/Facility: Size: of Floors: School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): Demolition Renovation (Abatement) × Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:30 a.m. – 4:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
× **Original (10 Working Days) Amendment Cancellation Emergency Ordered (see item 15)**
If this is an amendment, which amendment number is this? ___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, follow approved wet methods, and HEPA Vacuum.

9) Was an Asbestos survey performed? × YES NO Date: / / DSHS Inspector License No: NA
Analytical Method: PLM TEM × Assumed DSHS Laboratory License No: 30-0005
(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: Work will be done in negative pressure enclosure when possible, glove bags and wet method using HEPA vacuum. Personnel will wear appropriate PPE including respiratory protection as required.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Work will be done in negative pressure enclosure when possible, glove bags and wet method using HEPA vacuum. Personnel will wear appropriate PPE including respiratory protection as required.

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	2000	1500	X		X			
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 DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 01 / 01 / 05 Complete: 12 / 31 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 1 / 01 / 05 Complete: 12 / 31 / 05
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(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Debbie J. Seid (Printed Name)	12/16/04 (Date)	(409) 948-5589 (Telephone)

(409) 948-5339
(Fax Number)

MAIL TO:

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

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

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# 7004 0750 0002 7035 2475

FOR OFFICE USE ONLY TAHPA SHAPTHL VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 Job Site Phone Number: (409) 641-4323
Site Supervisor: Eddie Garcia DSHS License Number: 80-0089
Site Supervisor: NA DSHS License Number: NA
Trained On-Site NESHAP Individual: Eddie Garcia Certification Date: 11/16/04

Demolition Contractor: NA Office Phone Number( ) NA
Address: City: State: Zip:

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Auto Mechanic Shop
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Auto Mechanic Shop Future Use: Auto Mechanic Shop
Age of Building/Facility: 30 yrs. Size: 2000 sq. ft. Number of Floors: 1 School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE):** **Demolition** × **Renovation (Abatement)** **Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:30 a.m. – 4:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) × **Amendment** **Cancellation** **Emergency** **Ordered (see item 15)**
If this is an amendment, which amendment number is this? 01 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: BFI DSHS License Number: 40-0278
Address: 5301 Brook Glen, City: Houston State: TX Zip: 77017
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Name: NA Registration No: NA
Title:
Date of order (MM/DD/YY) / / Date order to begin (MM/DD/YY) / /

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 01 / 17 / 05 Complete: 01 / 21 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 12 / 25 / 04 Complete: 02 / 15 / 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Debbie J. Seid (Printed Name)	01/10/05 (Date)	(409) 948-5589 (Telephone)

(409) 948-5339
(Fax Number)

MAIL TO:

Faxes are not accepted

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

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Se

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# 7004 0750 0002 7035 2321

1) Abatement Contractor: ISI DSHS License Number: 80-0089
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Office Phone Number: (979) 265-4709 Job Site Phone Number: (409) 641-4323
Site Supervisor: Eddie Garcia DSHS License Number: 80-0089
Site Supervisor: NA DSHS License Number: NA
Trained On-Site NESHAP Individual: Eddie Garcia Certification Date: 11/16/04

Demolition Contractor: NA Office Phone Number( ) NA
Address: City: State: Zip:

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Auto Mechanic Shop
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Auto Mechanic Shop Future Use: Auto Mechanic Shop
Age of Building/Facility: 30 yrs. Size: 2000 sq. ft. Number of Floors: 1 School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): Demolition × Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:30 a.m. – 4:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
× **Original (10 Working Days) Amendment Cancellation Emergency Ordered (see item 15)**
If this is an amendment, which amendment number is this? ___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, follow approved wet methods, and HEPA Vacuum.

9) Was an Asbestos survey performed? × YES NO Date: 10 / 28 / 04 DSHS Inspector License No: NA
Analytical Method: × PLM TEM Assumed DSHS Laboratory License No: 30-0005
(For TAHPA (public building) projects: an assumption must be made by a DSHS Licensed Inspector)

0) Description of planned demolition or renovation work, type of material, and method(s) to be used: Remove 1100 sq. ft. of flooring.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and controls.

FOR OFFICE USE ONLY TAHPA NESHAP THE VIOLATION? YES

7004 0750 0002 7035 2321

SENDER:
- Complete items 1 and/or
- Complete items 3, 4a, an
- Print your name and add card to you.
- Attach this form to the fro permit.
- Write "Return Receipt Re
- The Return Receipt will s delivered.

3. Article Addressed to

Environmental H
Notifications Gro
Dept. of State He
P.O. Box 143538
Austin, TX 78714

5. Received By: (Print

6. Signature: (Address

X B. Stif

PS Form **3811**, Dece

Is your RETURN ADDRESS completed on the reverse side?

PS Form

Sent To

Environmental Health
Notifications Group
Dept. of State Health Services
P.O. Box 143538
Austin, TX 78714-3538

Street, or PO
City, St

Total Postage & Fees $ 4.42

Postage $ .37

Certified Fee 2.30

Return Reciept Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

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...ee's Address
...ed Delivery
...ster for fee.

.7035 2321

☐ Certified
☐ Insured
☐ COD

...if requested

...urn Receipt

Thank you for using Return Receipt Service.

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								
RACM NOT removed								
Interior Category I non-friable removed		1100			X			
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 DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 01 / 03 / 05 Complete: 01 / 07 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 12 / 25 / 04 Complete: 02 / 15 / 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) Debbie J. Seid (Printed Name) 12/14/04 (Date) (409) 948-5589 (Telephone)

(409) 948-5339 (Fax Number)

MAIL TO:

*F^^es 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

(134)

7004 0750 0002 7035 2833

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION#_____

FOR OFFICE USE ONLY TAHPA NESHAP THIL VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 Job Site Phone Number: (409) 641-4323
Site Supervisor: Eddie Garcia DSHS License Number: 80-0089
Site Supervisor: NA DSHS License Number: NA
Trained On-Site NESHAP Individual: Henry Kindle Certification Date: 07/22/04

Demolition Contractor: Earth Tech Office Phone Number (409)641-4650
Address: P.O. Box 249 City: Texas City State: TX Zip: 7590

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number (409) 948-5589

****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: Cooling Tower 13
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number (409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Cooling Tower 13
Prior Use: Cooling Tower Future Use: None
Age of Building/Facility: 39 yrs. Size: 50,000 sq. ft. Number of Floors: N/A School (K - 12): YES ☑ NO

5) Type of Work **(CHECK ONLY ONE):** ☑ **Demolition** **Renovation (Abatement)** **Annual Consolidated**
Work will be during: ☑ Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:30 a.m. – 4:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
☑ **Original (10 Working Days)** **Amendment** **Cancellation** **Emergency** **Ordered (see item 15)**
If this is an amendment, which amendment number is this?___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, follow approved methods, and wrap each piece in plastic and place in dumpster.

9) Was an Asbestos survey performed? ☑ YES NO Date: 3 / 1 / 05 DSHS Inspector License No: NA
Analytical Method: ☑ PLM TEM Assumed DSHS Laboratory License No: 30-0005
(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: Remove 20,000 sq. ft. of transite panels.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Follow approved work procedures and controls as per Dow Chemical.

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								
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		20,000			X			
Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: BFI DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

.5) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: NA Registration No: NA
Title:
Date of order (MM/DD/YY) / / Date order to begin (MM/DD/YY) / /

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 03 / 21 / 05 Complete: 04 / 22 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 04 / 25 / 05 Complete: 08 / 16 / 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.

Debbie J. Seid — Debbie J. Seid — 03/03/05 — (409) 948-5589
(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) — (Printed Name) — (Date) — (Telephone)

(409) 948-5339
(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

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

(135)

7004 0750 0002 7035 3052

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# 2005042062

FOR OFFICE USE ONLY TAHPA HAPTHL VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Himburg DSHS License Number: NA (not public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Robert D. Himburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
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: Building 11 Boiler #4 and #5 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8200 cu ft. Number of Floors: n/a School (K - 12): YES x NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: x Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) x Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this? 01 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum, use of glove bags.

9) Was an Asbestos survey performed? x YES NO Date 10/6/04 DSHS Inspector License No: NA (not public building)
Analytical Method: x PLM TEM Assumed DSHS Laboratory License No: NA (not public building)
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the

demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and controls.

2) 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		8200			X			
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: Clean Harbors DSHS License Number: 40-0290
Address: 500 Battleground Rd. City: Laporte State: TX Zip: 77571
Contact Person: Christina Moore Phone Number: (281) 727-7608

14) Waste Disposal Site Name: Lone Mountain
Address: Route 2, Box 170 City: Waynoka State: OK Zip: 73860
Telephone: (580) 697-3500 ~~TCEQ~~ EPA Permit Number: OKD065438376
(Disposal site is in Oklahoma)

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 07 / 29 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06

**** 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Debbie J. Seid (Printed Name)	05 /11/ 05 (Date)	(409) 948-5589 (Telephone)

(409) 948-5339
(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

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D.,M.P.H.
COMMISSIONER

1100 West 49th Street Austin, Texas 78756-3199
(512) 834-6610 http://www.dshs.state.tx.us

April 28, 2005

RECEIVED
MAY 0 6 2005

ISI SPECIALISTS INC
Po Box 1630
Lake Jackson, Tx 77566

ATTN: DEBBIE J. SEID
RE: NOTIFICATION DEFICIENCY FOR Notification # 2005042062
BUILDING 11 BOILER #4 AND #5 ABATEMENT
3301 5TH AVENUE SOUTH, GALVESTON

Dear Notifier:

The notification submitted for the above referenced project is considered an improper notification. The following information was omitted and/or incorrect:

License Number for Supervisor #1 is Invalid
Survey Data Missing
Survey Date Missing

No information may be omitted from the notification. All items are used to prioritize the project and provide critical information for inspection purposes. All requested information is required to satisfy the provisions of the Texas Asbestos Health Protection Rules.

Within fifteen (15) days from receipt of this letter you MUST send a corrected notification, ALONG WITH A COPY OF THIS LETTER, to the attention of the Environmental Health Notifications Group. The corrections must be submitted in the form of an amended notification. The dates of the abatement or demolition do not have to be changed, unless that is your deficiency.

If you have any questions in regard to this matter, you may call me at (512) 834-6600 or (800) 572-5548.

Sincerely,

Gloria Valdez
Environmental Health Notifications
Group
512-834-6600 x2177

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D.,M.P.H.
COMMISSIONER

1100 West 49th Street Austin, Texas 78756-3199
(512) 834-6610 http://www.dshs.state.tx.us

April 28, 2005

cc: Texas Department of State Health Services, Public Health Region 6
gv

READ ATTACHMENT FOR LEGAL PROVISIONS

7004 0750 0002 7035 3526

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDE
NOTIFICATION#_____

FOR OFFICE USE ONLY TAHPA NESHAP

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Hamburg DSHS License Number: 10828507
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX

Trained On-Site NESHAP Individual: Robert D. Hamburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA
Mailing Address: DSHS License Number: NA
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589

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: Building 11 Boiler #4 and #5 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8200 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
X Original (10 Working Days) Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this?___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA
Date and Hour of Emergency (HH/MM/DD/YY): / / / Emergency#: NA
Description of the sudden, unexpected event and explanation of how the event caused unsafe conditions or would cause equipment damage (computers, machinery, etc

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum.

9) Was an Asbestos survey performed? YES × NO Date DSHS Inspector License No: NA
Analytical Method: PLM TEM × Assumed DSHS Laboratory License No:
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material.

11) Description

demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures an
controls.

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		8200			X			
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
Address: 5301 Brook Glen City: Houston DSHS License Number: 40-0278
Contact Person: Cherie Clark State: TX Zip: 77017
Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 07 / 29 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06

Note: If the start date on this notification can not be met, the DSHS Regional or Local Program office *Must* be contacted by hone prior to the start date. Failure to do so is a violation in accordance to TAHPA, Section 295.61.

hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I acknowledge at I am responsible for all aspects of the notification form, including, but not limiting, content and submission dates. The aximum penalty is $10,000 per day per violation.

Signature of Building Owner/ Operator r Delegated Consultant/Contractor) — Debbie J. Seid (Printed Name) — 04 /21/ 05 (Date) — (409) 948-5589 (Telephone)

(409) 948-5339 (Fax Number)

M' D:

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

*axes are not accepted**

Faxes are not accepted

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

(136)

7004 0750 0002 7035 3526

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

FOR OFFICE USE ONLY TAHPA NESHAP THL VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Hamburg DSHS License Number: 10828507
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX

Trained On-Site NESHAP Individual: Robert D. Hamburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Building 11 Boiler #4 and #5 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8200 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
X Original (10 Working Days) Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this?___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum.

9) Was an Asbestos survey performed? YES × NO Date DSHS Inspector License No: NA
Analytical Method: PLM TEM × Assumed DSHS Laboratory License No: _____
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the

demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and controls.

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		8200			X			
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 DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 07 / 29 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06
**** 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) | Debbie J. Seid (Printed Name) | 04 /21/ 05 (Date) | (409) 948-5589 (Telephone)

(409) 948-5339 (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

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED

NOTIFICATION# 2005042062

FOR TAHPA OFFICE USE ONLY

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Himburg DSHS License Number: NA (not public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Robert D. Himburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589

****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: Building 11 Boiler #4 and #5 and Boiler Stacks 4,5, and 6 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 11
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8824 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Saturday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) × Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this? 02 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum, use of glove bags.

9) Was an Asbestos survey performed? × YES NO Date 10/6/04 DSHS Inspector License No: NA (not public building)
Analytical Method: × PLM TEM Assumed DSHS Laboratory License No: NA (not public building)
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material. Remove asbestos insulation from boiler stacks 4, 5, and 6.

TAHPA VIOLATION? YES NO

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and controls.

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		11,300			X			
RACM NOT removed		2,850			X			
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								

Waste Transporter Name: Clean Harbors DSHS License Number: 40-0290
Address: 500 Battleground Rd. City: Laporte State: TX Zip: 77571
Contact Person: Christina Moore Phone Number: (281) 727-7608

14) Waste Disposal Site Name: Lone Mountain
Address: Route 2, Box 170 City: Waynoka State: OK Zip: 73860
Telephone: (580) 697-3500 ~~TCEQ~~ EPA Permit Number: OKD065438376
(Disposal site is in Oklahoma)

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 08 / 06 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06

**** 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Debbie J. Seid (Printed Name)	07 /15/ 05 (Date)	(409) 948-5589 (Telephone)

(409) 948-5339
(Fax Number)

MAIL TO:

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

Faxes are not accepted

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDE
NOTIFICATION# 2005042062

FOR OFFICE USE ONLY TAHPA NESHAP

(1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4623
Site Supervisor: Robert Himburg DSHS License Number: NA (not public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Robert D. Himburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
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: Building 11 Boiler #4 and #5 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8200 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:00 a.m. – 5:00 p.m.

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

(7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) X Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this? 01 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum, use of glove bags.

(9) Was an Asbestos survey performed? X YES NO Date 10/6/04 DSHS Inspector License No: NA (not public building)
Analytical Method: X PLM TEM Assumed DSHS Laboratory License No: NA (not public building)
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material.

demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and controls.

2) 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		8200			X			
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: Clean Harbors DSHS License Number: 40-0290
Address: 500 Battleground Rd. City: Laporte State: TX Zip: 77571
Contact Person: Christina Moore Phone Number: (281) 727-7608

14) Waste Disposal Site Name: Lone Mountain
Address: Route 2, Box 170 City: Waynoka State: OK Zip: 73860
Telephone: (580) 697-3500 ~~TCEQ~~ EPA Permit Number: OKD065438376
(Disposal site is in Oklahoma)

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 07 / 29 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06
*** 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Debbie J. Seid (Printed Name)	05 /11/ 05 (Date)	(409) 948-5589 (Telephone)

(409) 948-5339
(Fax Number)

MAIL TO:

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

Faxes are not accepted

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

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

FOR OFFICE USE ONLY TAHPA NESHAP

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Hamburg DSHS License Number: 10828507
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX

Trained On-Site NESHAP Individual: Robert D. Hamburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address: _____
City: _____ State: _____ Zip: _____ Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Building 11 Boiler #4 and #5 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8200 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
X Original (10 Working Days) Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this?___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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 _____

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum.

9) Was an Asbestos survey performed? YES × NO Date DSHS Inspector License No: NA
Analytical Method: PLM TEM × Assumed DSHS Laboratory License No: _____
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material.

11) Description of work

demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures an controls.

2) 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
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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
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600
DSHS License Number: 40-0278

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 07 / 29 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06

*** 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) Debbie J. Seid (Printed Name) 04 /21/ 05 (Date) (409) 948-5589 (Telephone)

(409) 948-5339 (Fax Number)

MAIL TO:

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

Faxes are not accepted

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

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# 2005042062

FOR OFFICE USE ONLY TAHPA SHAPT HL VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Himburg DSHS License Number: NA (not public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Robert D. Himburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
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Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Building 11 Boiler #4 and #5 and Boiler Stacks 4,5, and 6 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
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Description of Area/Room Number: Bldg. 11
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8824 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Saturday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) × Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this? 03 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum, use of glove bags.

9) Was an Asbestos survey performed? × YES NO Date 10/6/04 DSHS Inspector License No: NA (not public building)
Analytical Method: × PLM TEM Assumed DSHS Laboratory License No: NA (not public building)
(For TAHPA (public building) projects: an assumption must be made by a DSHS Licensed Inspector)

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

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	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
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RACM NOT removed		2,850			X			
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: Clean Harbors DSHS License Number: 40-0290
Address: 500 Battleground Rd. City: Laporte State: TX Zip: 77571
Contact Person: Christina Moore Phone Number: (281) 727-7608

14) Waste Disposal Site Name: Lone Mountain
Address: Route 2, Box 170 City: Waynoka State: OK Zip: 73860
Telephone: (580) 697-3500 ~~TCEQ~~ EPA Permit Number: OKD065438376
(Disposal site is in Oklahoma)

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 08 / 31 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 10 / 01 / 05 Complete: 03 / 31 / 06

**** 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.

Debbie J. Seid — (Signature of Building Owner/ Operator or Delegated Consultant/Contractor)
Debbie J. Seid (Printed Name)
07 /26/ 05 (Date)
(409) 948-5589 (Telephone)
(409) 948-5339 (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

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# 2005042062

FOR OFFICE USE ONLY TAHPA NESHAP THIRD VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Himburg DSHS License Number: NA (not public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Robert D. Himburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Building 11 Boiler #4 and #5 and Boiler Stacks 4,5, and 6 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 11
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8824 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Saturday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) × Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this? 02 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum, use of glove bags.

9) Was an Asbestos survey performed? × YES NO Date 10/6/04 DSHS Inspector License No: NA (not public building)
Analytical Method: × PLM TEM Assumed DSHS Laboratory License No: NA (not public building)
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material. Remove asbestos insulation from boiler stacks 4, 5, and 6.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and controls.

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		11,300			X			
RACM NOT removed		2,850			X			
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: Clean Harbors DSHS License Number: 40-0290
Address: 500 Battleground Rd. City: Laporte State: TX Zip: 77571
Contact Person: Christina Moore Phone Number: (281) 727-7608

14) Waste Disposal Site Name: Lone Mountain
Address: Route 2, Box 170 City: Waynoka State: OK Zip: 73860
Telephone: (580) 697-3500 ~~TCEQ~~ EPA Permit Number: OKD065438376
(Disposal site is in Oklahoma)

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 08 / 06 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06

**** 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) Debbie J. Seid (Printed Name) 07 /15/ 05 (Date) (409) 948-5589 (Telephone)

(409) 948-5339 (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

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDE
NOTIFICATION# 2005042062

FOR OFFICE USE ONLY TAHPA

(1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number:(409) 641-4323
Site Supervisor: Robert Himburg DSHS License Number: NA (not public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Robert D. Himburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip:77592 Owner Phone Number(409) 948-5589
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: Building 11 Boiler #4 and #5 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip:77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8200 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:00 a.m. – 5:00 p.m.

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

(7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) X Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this? 01 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum, use of glove bags.

(9) Was an Asbestos survey performed? X YES NO Date 10/6/04 DSHS Inspector License No: NA (not public building)
Analytical Method: X PLM TEM Assumed DSHS Laboratory License No: NA (not public building)
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material.

demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures an
controls.

2) 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		8200			X			
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								

3) Waste Transporter Name: Clean Harbors DSHS License Number: 40-0290
Address: 500 Battleground Rd. City: Laporte State: TX Zip: 77571
Contact Person: Christina Moore Phone Number: (281) 727-7608

4) Waste Disposal Site Name: Lone Mountain
Address: Route 2, Box 170 City: Waynoka State: OK Zip: 73860
Telephone: (580) 697-3500 ~~TCEQ~~ EPA Permit Number: OKD065438376
(Disposal site is in Oklahoma)

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

6) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 07 / 29 /05

7) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06

Note: If the start date on this notification can not be met, the DSHS Regional or Local Program office *Must* be contacted by one prior to the start date. Failure to do so is a violation in accordance to TAHPA, Section 295.61.

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Debbie J. Seid
ignature of Building Owner/ Operator Delegated Consultant/Contractor)

Debbie J. Seid (Printed Name) 05 /11/ 05 (Date) (409) 948-5589 (Telephone)

(409) 948-5339 (Fax Number)

IL TO:
)
*xes 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

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDE
NOTIFICATION#

FOR OFFICE USE ONLY TAHPA

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Hamburg DSHS License Number: 10828507
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX

Trained On-Site NESHAP Individual: Robert D. Hamburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA
Mailing Address: DSHS License Number: NA
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Building 11 Boiler #4 and #5 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 189
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8200 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
X Original (10 Working Days) Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this?___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum.

9) Was an Asbestos survey performed? YES × NO Date DSHS Inspector License No: NA
Analytical Method: PLM TEM × Assumed DSHS Laboratory License No:
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material.

demolition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures a
controls.

2) 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		8200			X			
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
ddress: 5301 Brook Glen City: Houston DSHS License Number: 40-0278
Contact Person: Cherie Clark State: TX Zip: 77017
Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

6) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 07 / 29 /05

7) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 08 / 08 / 05 Complete: 08 / 31 / 06
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ignature of Building Owner/ Operator Delegated Consultant/Contractor) — Debbie J. Seid (Printed Name) — 04 /21/ 05 (Date) — (409) 948-5589 (Telephone)

(409) 948-5339 (Fax Number)

IL :

*kes 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

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED

NOTIFICATION# 2005042062

FOR OFFICE USE ONLY TAHPA NESHAP TH VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Himburg DSHS License Number: NA (not public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Robert D. Himburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589

****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: Building 11 Boiler #4 and #5 and Boiler Stacks 4,5, and 6 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
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Description of Area/Room Number: Bldg. 11
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8824 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Saturday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
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Waste Transporter Name: Clean Harbors DSHS License Number: 40-0290
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Telephone: (580) 697-3500 ~~TCEQ~~ EPA Permit Number: OKD065438376
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Name: NA Registration No: NA
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(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) Debbie J. Seid (Printed Name) 08 /18/ 05 (Date) (409) 948-5589 (Telephone)

(409) 948-5339 (Fax Number)

M. TO:

Faxes are not accepted

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DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# 2005042062

F OFFICE USE ONLY TAHPA SHAPT

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Robert Himburg DSHS License Number: NA (not public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Robert D. Himburg Certification Date: 1/14/2006
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: Earth Tech Office Phone Number(409) 641-4150
Address: 3301 5th Ave. S., Bldg. 5 City: Texas City State: TX Zip: 77059

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589
****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: Building 11 Boiler #4 and #5 and Boiler Stacks 4,5, and 6 abatement
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 11
Prior Use: Fuel Fired steam generating boilers Future Use: demolition
Age of Building/Facility: 45 yrs. Size: 8824 cu ft. Number of Floors: n/a School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE): X Demolition Renovation (Abatement) Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Saturday, 7:00 a.m. – 5:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
Original (10 Working Days) × Amendment Cancellation Emergency Ordered (see item 15)
If this is an amendment, which amendment number is this? 03 **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum, use of glove bags.

9) Was an Asbestos survey performed? × YES NO Date 10/6/04 DSHS Inspector License No: NA (not public ilding)
Analytical Method: × PLM TEM Assumed DSHS Laboratory License No: NA (not public building)
(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:
Remove 4100 cubic feet of ACM from each #4 and #5 boilers for a total of 8200 cu ft of material. Remove asbestos insulation from boiler stacks 4, 5, and 6.

Description of work practices and engineering controls to be used to prevent emissions of asbestos at the ...molition/renovation: Build negative pressure enclosure, seal off HVAC system. Follow approved work procedures and ...ntrols.

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		11,300			X			
RACM NOT removed		2,850			X			
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								

Waste Transporter Name: Clean Harbors DSHS License Number: 40-0290
Address: 500 Battleground Rd. City: Laporte State: TX Zip: 77571
Contact Person: Christina Moore Phone Number: (281) 727-7608

14) Waste Disposal Site Name: Lone Mountain
Address: Route 2, Box 170 City: Waynoka State: OK Zip: 73860
Telephone: (580) 697-3500 ~~TCEQ~~ EPA Permit Number: OKD065438376
(Disposal site is in Oklahoma)

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 05 / 09 / 05 Complete: 08 / 31 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 10 / 01 / 05 Complete: 03 / 31 / 06

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.

Debbie J. Seid — Signature of Building Owner/ Operator or Delegated Consultant/Contractor
Debbie J. Seid (Printed Name)
07 /26/ 05 (Date)
(409) 948-5589 (Telephone)
(409) 948-5339 (Fax Number)

MAIL TO:

*Faxes are not accepted**

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538

Faxes are not accepted

140

7004 2890 0000 1171 5478

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

FOR OFFICE USE ONLY TAHPA NESHAP THL VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 x-4300 Job Site Phone Number: (409) 641-4323
Site Supervisor: Alfredo Quevas DSHS License Number: NA (Not a public building)
Site Supervisor: Eulalio Garcia DSHS License Number: 80-0089 / 23012-TX
Trained On-Site NESHAP Individual: Alfredo Quevas Certification Date: 06/14/05
Individual: Eulalio Garcia Certification Date: 11/16/2005
Demolition Contractor: NA Office Phone Number NA
Address: _____ City: _____ State: _____ Zip: _____

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address: _____
City: _____ State: _____ Zip: _____ Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number (409) 948-5589

****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: Building 88 Offices
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number (409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Bldg. 88
Prior Use: Offices Future Use: Offices
Age of Building/Facility: 30 yrs Size: 13000sq ft. Number of Floors: 1 School (K - 12): YES x NO

5) Type of Work **(CHECK ONLY ONE):** _ **Demolition** X **Renovation (Abatement)** **Annual Consolidated**
Work will be during: x Day x Evening x Night Phased Project
Description of work schedule: Monday – Friday, 6: p. m.. – 6:00 a. m.; Saturday & Sunday, 24 hrs.

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

7) Notification Type **(CHECK ONLY ONE):**
X **Original (10 Working Days)** **Amendment** **Cancellation** **Emergency** **Ordered (see item 15)**
If this is an amendment, which amendment number is this? No **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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 _____

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: Barricade area, construct enclosures, follow approved wet methods, double bag material and HEPA Vacuum.

9) Was an Asbestos survey performed? X YES NO Date 11/01/01 DSHS Inspector License No: NA (not a puplic building)
Analytical Method: X PLM TEM Assumed DSHS Laboratory License No: NA
(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:
Remove 2000 square feet of asbestos containing floor tile from building 88.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Double bagging asbestos containing material. Follow approved work procedures and controls.

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								
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		13000			X			
Exterior Category II non-friable removed								
Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: BFI DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 12 / 04 / 05 Complete: 12 / 31 /05

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 12 / 04 / 05 Complete: 12 / 31 / 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Debbie J. Seid (Printed Name)	11 /23/ 05 (Date)	(409) 948-5589 (Telephone)

(409) 948-5339
(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

(141)

7004 2890 0000 1171 5423

DEMOLITION / RENOVATION NOTIFICATION FORM

TEXAS Department of State Health Services

NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

FOR OFFICE USE ONLY TAHPA NESHAP THIRD VIOLATION? YES NO

1) Abatement Contractor: ISI DSHS License Number: 80-0089
Address : P.O. Box 1630 City: Lake Jackson State: TX Zip: 77566
Office Phone Number: (979) 265-4709 Job Site Phone Number: (409) 641-4323
Site Supervisor: Eddie Garcia DSHS License Number: 80-0089
Site Supervisor: NA DSHS License Number: NA
Trained On-Site NESHAP Individual: Eddie Garcia Certification Date: 11/15/05

Demolition Contractor: NA Office Phone Number( ) NA
Address: City: State: Zip:

2) Project Consultant or Operator: NA DSHS License Number: NA
Mailing Address:
City: State: Zip: Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation
Attention: Debbie Seid
Mailing Address: P.O. Box 471
City: Texas City State: TX Zip: 77592 Owner Phone Number(409) 948-5589

****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: Union Carbide Corporation, Texas City Operations Site
Physical Address: 3301 5th Avenue South County: Galveston City: Texas City Zip: 77592
Facility Phone Number(409) 948-5660 Facility Contact Person: Earl Vicknair
Description of Area/Room Number: Asbestos work classified as O&M at Union Carbide, Texas City
Prior Use: Future Use:
Age of Building/Facility: Size: of Floors: School (K - 12): YES × NO

5) Type of Work **(CHECK ONLY ONE):** **Demolition** **Renovation (Abatement)** × **Annual Consolidated**
Work will be during: × Day Evening Night Phased Project
Description of work schedule: Monday – Friday, 7:30 a.m. – 4:00 p.m.

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

7) Notification Type **(CHECK ONLY ONE):**
× **Original (10 Working Days)** **Amendment** **Cancellation** **Emergency** **Ordered (see item 15)**
If this is an amendment, which amendment number is this?___ **(Enclose copy of original and/or last amendment)**
If an emergency, who did you talk with at DSHS? NA Emergency#: NA
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

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: Barricade area, follow approved wet methods, and HEPA Vacuum.

9) Was an Asbestos survey performed? × YES NO Date: / / DSHS Inspector License No: NA
Analytical Method: PLM TEM × Assumed DSHS Laboratory License No: 30-0005
(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: Work will be done in negative pressure enclosure when possible, glove bags and wet method using HEPA vacuum. Personnel will wear appropriate PPE including respiratory protection as required.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: Work will be done in negative pressure enclosure when possible, glove bags and wet method using HEPA vacuum. Personnel will wear appropriate PPE including respiratory protection as required.

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	2000	1500	X		X			
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 DSHS License Number: 40-0278
Address: 5301 Brook Glen City: Houston State: TX Zip: 77017
Contact Person: Cherie Clark Phone Number: (713) 948-7600

14) Waste Disposal Site Name: Gulf Coast Waste Disposal Authority, 40 Acre Facility
Address: 1600 Campbell Bayou Rd City: Texas City State: TX Zip: 77590
Telephone: (409) 935-4783 TCEQ Permit Number: HW50133001

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 01 / 01 / 06 Complete: 12 / 31 /06

17) Scheduled Dates Demolition/**Renovation** (MM/DD/YY) Start: 1 / 01 / 06 Complete: 12 / 31 / 06
**** 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.

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)	Debbie J. Seid (Printed Name)	12/14/05 (Date)	(409) 948-5589 (Telephone)

(409) 948-5339
(Fax Number)

MAIL TO:

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DEPARTMENT OF STATE HEALTH SERVICES
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AUSTIN, TX 78714-3538
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