For Office Use Only ☐TAHPA ☐NESHAP ☐T ☐H ☐L VIOLATION ☐YES ☐NO RCVD / / / / POSTMARK / /

TEXAS DEPARTMENT OF HEALTH — DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED — T D H — NOTIFICATION#_____

1) Abatement Contractor: NA License No.: NA
Address: NA City: NA State: NA Zip: NA
Office Phone Number: NA Job Site Phone Number: ( ) N/A
Site Supervisor: NA TDH License Number: NA
Site Supervisor: NA TDH License Number: NA
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

Demolition Contractor: Robles & Sons, Inc. Office Phone Number: 915 591-2600
Address: 9207 Montana, Suite B City: El Paso State: TX Zip: 79925

2) Project Consultant or Operator: NA TDH License Number: NA
Mailing address: NA
City: NA State: NA Zip: NA Office Phone Number: NA

3) Facility Owner: ASARCO Inc.
Attention: Peggy Munsell
Mailing Address: P.O. Box 1111
City: El Paso State: TX Zip: 79999 Owner Phone Number: (915)541-1800

4) Description or Facility Name: ASARCO Inc.
Physical Address: 2301 W. Paisano Rd County: El Paso
City: El Paso Zip: 79922 Facility Phone Number: (915) 541-1800
Facility Contact Person: Peggy Munsell or Greg Parham
Description of Area/Room Number: Zinc Baghouse
Prior Use: Zinc Baghouse Future Use: None
Age of Building: 57yrs. Size: 392,832 cu. ft. Number of Floors: one
School (K-12): ☐ YES [x] NO

5) Type of Work: [x] Demolition [ ] Renovation (Abatement) ☐ Annual Consolidated
Work will be during: [x] Day ☐ Evening ☐ Night ☐ Phased Project
Description of work Schedule: Monday- Friday 7:00 to 5:00 p.m. Occasional Saturday.

6) Is this a **Public Building?** ☐ YES [x] NO **Federal Facility?** ☐ YES [x] NO **Industrial Site?** [x] YES ☐ NO
NESHAP-Only Facility? [x] YES ☐ NO **Is building /Facility Occupied?** ☐ YES [x] NO

7) Notification Type **CHECK ONLY ONE**
[x] **Original (10 Working Days)** ☐ **Cancellation** ☐ **Amendment** ☐ **Emergency/Ordered**

If this is an amendment, which amendment number is this? N/A **(ENCLOSE COPY OF ORIGINAL)**
If an emergency, who did you talk with at TDH? N/A Emergency# N/A
Date and Hour of Emergency (HH/MM/DD/YY) N/A
Description of the sudden, unexpected even 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: Affected area will be immediately restricted with barrier tapes, signs and material wetted, if applicable. Consultant will be contacted and arrangements made for abatement. Local authorities to be contacted.

9) Was an Asbestos survey performed? [x] YES ☐ NO Date: 5/1997 TDH Inspector License No: NA
Analytical Method: [x] PLM ☐ TEM ☐ Assumed TDH Laboratory License No: 30-0011
(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:
Demolition of a concrete baghouse. Crane with wrecking bar & excavator with hydraulic hammer will be utilized.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: No asbestos present.

PLAINTIFF'S EXHIBIT

ASA-1373

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

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed	N/A	N/A						
RACM NOT removed	N/A	N/A						
Interior Category I non-friable removed	N/A	N/A						
Exterior Category I non-friable removed	N/A	N/A						
Category I non-friable NOT removed	N/A	N/A						
Interior Category II non-friable removed	N/A	N/A						
Exterior Category II non-friable removed	N/A	N/A						
Category II non-friable NOT removed	N/A	N/A						
RACM Off-Facility Component	N/A	N/A						

13) Waste Transporter Name: NA TDH License No: NA
Address: NA City: NA State: NA Zip: NA
Contact Person: NA Phone Number: NA

14) Waste Disposal Site Name: NA
Address: NA City: NA State: NA Zip: NA
Telephone: NA TNRCC Permit Number: NA

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: 05/30/2000 Complete: 06/23/2000

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: N/A Complete: N/A

**** Note: If the start date on this notification can not be met, the TDH Regional or Local Program office *Must* be contracted 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.

Peggy A Munsell — Peggy Munsell — 05/12/2000 — (915) 521-3640
(Signature of Building Owner/ Operator or Delegated Consultant/Contractor) — (Printed Name) — (Date) — (Telephone)
915) 541-1811
(Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
TOXIC SUBSTANCE CONTROL DIVISION
TEXAS DEPARTMENT OF HEALTH
EXCHANGE BUILDING, SUITE N320
8407 WALL STREET
AUSTIN, TX 78754

f\users\peggy\asbestos\revcont.wpd
Faxes are not accepted
f\users\peggy\asbestos\zincbh\wp1

PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Form APB#-5, dated 12/08/98. Replaces TDH form dated 09/15/97. For assistance in completing form, call 1-800-572-5548

[redacted]

[redacted]

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ASARCO INCORPORATED
EL PASO PLANT
P.O. BOX 1111
EL PASO, TEXAS 79999-1111

P. Mursell

3333/1111

Wedge - 10 day

[redacted]

[redacted]

[redacted]

[redacted]

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Asbestos Notification
Toxic Substance Division
TDH
Exchange Bldg. Suite N330
8407 Wall Street
Austin TX 78754

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

TX NORTHEAST AUSTIN

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7 157 842 220

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

[redacted]

[redacted]

TEXAS DEPARTMENT OF HEALTH — DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED — T D H — NOTIFICATION#_____

For Office Use Only ☐TAHPA ☐NESHAP ☐T ☐H ☐L VIOLATION ☐YES ☐NO RCVD / / / / POSTMARK / /

1) Abatement Contractor: NA License No.: NA
Address: NA City: NA State: NA Zip: NA
Office Phone Number: NA Job Site Phone Number: ( ) N/A
Site Supervisor: NA TDH License Number: NA
Site Supervisor: NA TDH License Number: NA
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

Demolition Contractor: Robles & Sons, Inc. Office Phone Number: 915 591-2600
Address: 9207 Montana, Suite B City: El Paso State: TX Zip: 79925

2) Project Consultant or Operator: NA TDH License Number: NA
Mailing address: NA
City: NA State: NA Zip: NA Office Phone Number: NA

3) Facility Owner: ASARCO Inc.
Attention: Peggy Munsell
Mailing Address: P.O. Box 1111
City: El Paso State: TX Zip: 79999 Owner Phone Number: (915)541-1800

4) Description or Facility Name: ASARCO Inc.
Physical Address: 2301 W. Paisano Rd County: El Paso
City: El Paso Zip: 79922 Facility Phone Number: (915) 541-1800
Facility Contact Person: Peggy Munsell or Greg Parham
Description of Area/Room Number: Copper Wedge Roaster Building
Prior Use: Copper Wedge Roaster Building Future Use: None
Age of Building: 68 Size: 36,000 sq. ft. Number of Floors: 7
School (K-12): ☐ YES [x] NO

5) Type of Work: [x] Demolition [ ] Renovation (Abatement) ☐ Annual Consolidated
Work will be during: [x] Day ☐ Evening ☐ Night ☐ Phased Project
Description of work Schedule: Monday- Friday 7:00 to 5:00 p.m. Occasional Saturday.

6) Is this a Public Building? ☐ YES [x] NO Federal Facility? ☐ YES [x] NO Industrial Site? [x] YES ☐ NO
NESHAP-Only Facility? [x] YES ☐ NO Is building /Facility Occupied? ☐ YES [x] NO

7) Notification Type CHECK ONLY ONE
[x] Original (10 Working Days) [ ] Cancellation [ ] Amendment [ ] Emergency/Ordered

If this is an amendment, which amendment number is this? NA (ENCLOSE COPY OF ORIGINAL)
If an emergency, who did you talk with at TDH? N/A Emergency# N/A
Date and Hour of Emergency (HH/MM/DD/YY) N/A
Description of the sudden, unexpected even 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: Affected area will be immediately restricted with barrier tapes, signs and material wetted, if applicable. Consultant will be contacted and arrangements made for abatement. Local authorities to be contacted.

9) Was an Asbestos survey performed? [x] YES ☐ NO Date: 2/4/1997 TDH Inspector License No: NA
Analytical Method: [x] PLM ☐ TEM ☐ Assumed TDH Laboratory License No: 30-0011
(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:
Demolition of a Copper Wedge Roaster Facility (steel structures, foundations, hoppers, flues, etc.). Crane with wrecking bar & excavator with hydraulic hammer will be utilized.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: No asbestos present.

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

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed	N/A	N/A						
RACM NOT removed	N/A	N/A						
Interior Category I non-friable removed	N/A	N/A						
Exterior Category I non-friable removed	N/A	N/A						
Category I non-friable NOT removed	N/A	N/A						
Interior Category II non-friable removed	N/A	N/A						
Exterior Category II non-friable removed	N/A	N/A						
Category II non-friable NOT removed	N/A	N/A						
RACM Off-Facility Component	N/A	N/A						

13) Waste Transporter Name: Union Pacific Railroad TDH License No: NA
Address: 210 North 13th Street City: St. Louis State: MO Zip: 63103
Contact Person: Cy Grvenloh Phone Number: 800 243-5416

14) Waste Disposal Site Name: Waste Control Specialists
Address: 9998 W. Hwy 176 City: Andrews State: NM Zip: 79714
Telephone: 505 394-4300 TNRCC Permit Number: 50358

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: NA Complete: NA

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 06/20/2000 Complete: 7/21/2000

**** Note: If the start date on this notification can not be met, the TDH Regional or Local Program office *M*ust be contracted 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)	Peggy Munsell (Printed Name)	06/01/2000 (Date)	(915) 521-3640 (Telephone) 915) 541-1866 (Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
TOXIC SUBSTANCE CONTROL DIVISION
TEXAS DEPARTMENT OF HEALTH
EXCHANGE BUILDING, SUITE N320
8407 WALL STREET
AUSTIN, TX 78754

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Faxes are not accepted
f\users\peggy\asbestos\wedge\wp1

PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Form APB#-5, dated 12/08/98. Replaces TDH form dated 09/15/97. For assistance in completing form, call 1-800-572-5548

[redacted]

[redacted]

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ~~ZIP+4~~ in this box •

ASARCO INCORPORATED
EL PASO PLANT
P.O. BOX 1111
EL PASO, TEXAS 79999-

P. Munsell

Amendment #1 Wedge Roasters 7/30/2002

[redacted]

[redacted]

[redacted]

[redacted]

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Asbestos Notification
Toxic substance Control
TDH
Exchange Bldg Suite N320
8407 Wall Street
Austin TX 78754

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4/3/00

C. Signature
X Deborah L. Marlow, R.S. ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
Z 157 242 221

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

[redacted]

[redacted]

For Office Use Only ☐TAHPA ☐NESHAP ☐T ☐H ☐L VIOLATION ☐YES ☐NO RCVD / / POSTMARK / /

TEXAS DEPARTMENT OF HEALTH **DEMOLITION / RENOVATION NOTIFICATION FORM**

NOTE: CIRCLE ITEMS THAT ARE AMENDED T D H **NOTIFICATION#**_____

1) Abatement Contractor: NA License No.: NA
Address: NA City: NA State: NA Zip: NA
Office Phone Number: NA Job Site Phone Number: ( ) N/A
Site Supervisor: NA TDH License Number: NA
Site Supervisor: NA TDH License Number: NA
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

Demolition Contractor: Robles & Sons, Inc. Office Phone Number: 915 591-2600
Address: 9207 Montana, Suite B City: El Paso State: TX Zip: 79925

2) Project Consultant or Operator: NA TDH License Number: NA
Mailing address: NA
City: NA State: NA Zip: NA Office Phone Number: NA

3) Facility Owner: ASARCO Inc.
Attention: Peggy Munsell
Mailing Address: P.O. Box 1111
City: El Paso State: TX Zip: 79999 Owner Phone Number: (915)541-1800

4) Description or Facility Name: ASARCO Inc.
Physical Address: 2301 W. Paisano Rd County: El Paso
City: El Paso Zip: 79922 Facility Phone Number: (915) 541-1800
Facility Contact Person: Peggy Munsell or Greg Parham
Description of Area/Room Number: Copper Wedge Roaster Building
Prior Use: Copper Wedge Roaster Building Future Use: None
Age of Building: 68 Size: 36,000 sq. ft. Number of Floors: 7
School (K-12): ☐ YES [x]NO

5) **Type of Work:** [x] **Demolition** [ ] **Renovation (Abatement)** ☐ **Annual Consolidated**
Work will be during: [x] Day ☐ Evening ☐ Night ☐ **Phased Project**
Description of work Schedule: Monday- Friday 7:00 to 5:00 p.m. Occasional Saturday.

6) Is this a **Public Building?** ☐ YES [x] NO **Federal Facility?** ☐ YES [x] NO **Industrial Site?** [x] YES ☐ NO
NESHAP-Only Facility? [x] YES ☐ NO **Is building /Facility Occupied?** ☐ YES [x] 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? 1 **(ENCLOSE COPY OF ORIGINAL)**
If an emergency, who did you talk with at TDH? N/A Emergency# N/A
Date and Hour of Emergency (HH/MM/DD/YY) N/A
Description of the sudden, unexpected even 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: Affected area will be immediately restricted with barrier tapes, signs and material wetted, if applicable. Consultant will be contacted and arrangements made for abatement. Local authorities to be contacted.

9) Was an Asbestos survey performed? [x] YES ☐ NO Date: 2/4/1997 TDH Inspector License No: NA
Analytical Method: [x] PLM ☐ TEM ☐ Assumed TDH Laboratory License No: 30-0011
(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:
Demolition of a Copper Wedge Roaster Facility (steel structures, foundations, hoppers, flues, etc.). Crane with wrecking bar & excavator with hydraulic hammer will be utilized.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: No asbestos present.

CAll into Dan Luhan on 7/30/00 pmm

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

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed	N/A	N/A						
RACM NOT removed	N/A	N/A						
Interior Category I non-friable removed	N/A	N/A						
Exterior Category I non-friable removed	N/A	N/A						
Category I non-friable NOT removed	N/A	N/A						
Interior Category II non-friable removed	N/A	N/A						
Exterior Category II non-friable removed	N/A	N/A						
Category II non-friable NOT removed	N/A	N/A						
RACM Off-Facility Component	N/A	N/A						

13) Waste Transporter Name: Union Pacific Railroad TDH License No: NA
Address: 210 North 13th Street City: St. Louis State: MO Zip: 63103
Contact Person: Cy Grvenloh Phone Number: 800 243-5416

14) Waste Disposal Site Name: Waste Control Specialists
Address: 9998 W. Hwy 176 City: Andrews State: NM Zip: 79714
Telephone: 505 394-4300 TNRCC Permit Number: 50358

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: NA Complete: NA

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 06/20/2000 Complete: 9/01/2000

**** Note: If the start date on this notification can not be met, the TDH Regional or Local Program office Must be contracted 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.

Peggy A Munsell — Peggy Munsell (Printed Name) — 07/30/2000 (Date) — (915) 521-3640 (Telephone)

(Signature of Building Owner/ Operator or Delegated Consultant/Contractor)

915) 541-1866 (Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
TOXIC SUBSTANCE CONTROL DIVISION
TEXAS DEPARTMENT OF HEALTH
EXCHANGE BUILDING, SUITE N320
8407 WALL STREET
AUSTIN, TX 78754

f\users\peggy\asbestos\revcont.wpd
Faxes are not accepted
f\users\peggy\asbestos\wedge\wp1

PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Form APB#-5, dated 12/08/98. Replaces TDH form dated 09/15/97. For assistance in completing form, call 1-800-572-5548

TEXAS DEPARTMENT OF HEALTH — DEMOLITION / RENOVATION NOTIFICATION FORM

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1) Abatement Contractor: NA License No.: NA
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Office Phone Number: NA Job Site Phone Number: ( ) N/A
Site Supervisor: NA TDH License Number: NA
Site Supervisor: NA TDH License Number: NA
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

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City: El Paso Zip: 79922 Facility Phone Number: (915) 541-1800
Facility Contact Person: Peggy Munsell or Greg Parham
Description of Area/Room Number: Copper Wedge Roaster Building
Prior Use: Copper Wedge Roaster Building Future Use: None
Age of Building: 68 Size: 36,000 sq. ft. Number of Floors: 7
School (K-12): ☐ YES [x] NO

5) **Type of Work:** [x] **Demolition** [ ] **Renovation (Abatement)** ☐ **Annual Consolidated**
Work will be during: [x] Day ☐ Evening ☐ Night ☐ **Phased Project**
Description of work Schedule: Monday- Friday 7:00 to 5:00 p.m. Occasional Saturday.

6) **Is this a Public Building?** ☐ YES [x] NO **Federal Facility?** ☐ YES [x] NO **Industrial Site?** [x] YES ☐ NO
NESHAP-Only Facility? [x] YES ☐ NO **Is building /Facility Occupied?** ☐ YES [x] NO

7) Notification Type **CHECK ONLY ONE**
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Date and Hour of Emergency (HH/MM/DD/YY) N/A
Description of the sudden, unexpected even explanation of how the event caused unsafe conditions or would cause equipment damage (computers,machinery, etc.): N/A

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Analytical Method: [x] PLM ☐ TEM ☐ Assumed TDH Laboratory License No: 30-0011
(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:
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11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: No asbestos present.

For Office Use Only ☐TAHPA ☐NESHAP ☐T ☐H ☐L VIOLATION ☐YES ☐NO RCVD / / POSTMARK / /

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

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
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RACM NOT removed	N/A	N/A						
Interior Category I non-friable removed	N/A	N/A						
Exterior Category I non-friable removed	N/A	N/A						
Category I non-friable NOT removed	N/A	N/A						
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Exterior Category II non-friable removed	N/A	N/A						
Category II non-friable NOT removed	N/A	N/A						
RACM Off-Facility Component	N/A	N/A						

13) Waste Transporter Name: Union Pacific Railroad TDH License No: NA
Address: 210 North 13th Street City: St. Louis State: MO Zip: 63103
Contact Person: Cy Grvenloh Phone Number: 800 243-5416

14) Waste Disposal Site Name: Waste Control Specialists
Address: 9998 W. Hwy 176 City: Andrews State: NM Zip: 79714
Telephone: 505 394-4300 TNRCC Permit Number: 50358

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: NA Complete: NA

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 06/20/2000 Complete: 10/01/2000

**** Note: If the start date on this notification can not be met, the TDH Regional or Local Program office *Must* be contracted 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) — Gregory Parham (Printed Name) — 08/18/2000 (Date) — (915) 521-3640 (Telephone) — 915) 541-1866 (Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
TOXIC SUBSTANCE CONTROL DIVISION
TEXAS DEPARTMENT OF HEALTH
EXCHANGE BUILDING, SUITE N320
8407 WALL STREET
AUSTIN, TX 78754

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

Faxes are not accepted

Form APB#-5, dated 12/08/98. Replaces TDH form dated 09/15/97. For assistance in completing form, call 1-800-572-5548