VALERO
REFINING COMPANY - TEXAS
Post Office Box 9370 • Corpus Christi, Texas 78469-9370 • Telephone (512) 289-6000

MEMBER
CLEAN INDUSTRIES 2000

PLAINTIFF'S EXHIBIT
VRC-2

February 27, 1998

Texas Department of Health
Division of Occupational Health
Asbestos Program Branch
1100 West 49th Street
Austin, TX 78756

RE: Notification of Renovation

Dear Sir:

Enclosed is a completed "Notification of Demolition or Renovation" form for the work we plan to start on 3/16/98. The RACM (regulated asbestos containing material) is being removed from steam lines at the powerhouse unit. The material is classified as a category II "non-friable" asbestos.

Please contact me at (512) 289-3305 if you have any questions or need additional information.

Sincerely,

Jose M. Almaraz
Environmental Engineer

Z 238 664 124

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to
Street & Number
Post Office, State, & ZIP Code

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form 3800, April 1995

SENDER:
- Complete items 1 a
- Complete items 3,
- Print your name an
- Attach this form to t card to you.
- Write "Return Recei permit.
- The Return Receipt delivered.

3. Article Address

5. Received By: (P

6. Signature: (Addr X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side

ASBESTOS DEMOLITION/ RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED

Amount:
Notification# 1

1) Abatement Contractor: Basic Industries Ltd. TDH License No.: N/A
Address: P. O. Box 23001 City: Corpus Christi State: TX Zip: 78403
Office Phone Number: (512) 884-4906 Job Site Phone Number:
Site Supervisor: Fred Martinez/George Gonzales TDH License Number: N/A
Trained On-Site NESHAP Individual: Certification Date: 8/2/97

2) Project Consultant or Operator: Fred Martinez/George Gonz TDH License Number: N/A
Mailing address: P. O. Box 23001
City: Corpus Christi State: TX Zip: 78403 Office Phone Number: (512) 884-4906

3) Facility Owner: Valero Refining Company - Texas
Mailing Address: P. O. Box 9370
City: Corpus Christi State: TX Zip: 78469 Owner Phone Number: (512) 289-6000

4) Description or Facility Name: Powerhouse
Address: 5900 Up River Road County: Nueces
City: Corpus Christi Zip: 78407 Facility Phone Number: (512) 289-6000
Description of Area/Room Number: Steam Lines
Prior Use: Steam Lines Future Use: Same
Age of Building: N/A Size: N/A Number of Floors: N/A

5) Type of Work: ☐ Demolition: ☒ Renovation: ☐ O&M:

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

7) Notification Type **CHECK ONLY ONE**
☒ Original (10 Working Days) ☐ Cancellation ☐ Amendment ☐ Emergency/Ordered
If this is an amendment, which amendment number is this? ___ (Enclose copy of original)
If an emergency, who did you talk with at TDH? Emergency # _____
Date and Hour of Emergency (HH/MM/DD/YY): _____
Description of the sudden, unexpected event: _____

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:
wet material for removal and handling, double wrap material

9) Was an Asbestos survey performed? ☐ YES ☒ NO TDH Inspector License No.: _____
Analytical Method: ☒ PLM ☐ TEM Laboratory License Number: N/A

10) Description of planned demolition or renovation work, and method(s) to be used:
remove insulation from steam lines and replace with non-asbestos insulation

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: wet and double wrap each section with plastic during removal operation.

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

12) ALL applicable items in a [illegible]

RACM 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 (friable)								
RACM NOT removed (friable)								
Category I removed (non-friable)								
Category I NOT removed (non-friable)								
Category II removed (non-friable)	360		X					
Category II NOT removed (non-friable)								
RACM Off-Facility Component (friable)								

13) Waste Transporter Name: BFI TDH License No: N/A
Address: P. O: Drawer C City: Sinton State: TX Zip: 78387-0167
Contact Person: Zol Harvey Phone Number: 1-800-274-0649

14) Waste Disposal Site Name: BFI
Address: Corner of FM 1445 & CR 39 City: Sinton State: TX Zip: 78387
Telephone: 1-800-274-0649 TNRCC Permit Number: 242A

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: _____ 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: 3 / 16 / 98 Complete: 3 / 27 / 98

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

Note: If the start date on this notification can not be met, the Asbestos Notification Section must be contacted by phone prior to the start date. Failure to do so is a violation and will result in official action being taken in accordance with TAHPA, Section 285.61.

I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I acknowledge that the building owner/operator is 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)	Jose M. Almaraz (Printed Name)	2/26/98 (Date)	512) 289 - 3305 (Telephone)

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756
PH:512-834-6600, 1-800-572-5548

Faxes are not accepted *Faxes are not accepted* *Faxes are not accepted* *Faxes are not accepted*

Form dated 04/01/94. This form replaces TDH form (04/07/93) and TNRCC form (ACB-99B&C)(3/1/91)
For assistance in completing this form, call 800-572-5548 toll-free in Texas