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

PLAINTIFF'S EXHIBIT
VRC-7

February 9, 1995

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

RE: Amendment to Original "Notification of Renovation"

Dear Sir:

Enclosed is an amendment to the original "Notification of Demolition and Renovation" form submitted on January 25, 1995. Additional information for items number 4, 6, 7, 9, and 12 have been added to the notification. The start date for the abatement will remain the same. The project is expected to last approximately two weeks.

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

Sincerely,

Jose M. Almaraz
Environmental Engineer

xc: C. Spiekerman, TNRCC
N. Renfro
R. Tompkins

NOTE: CIRCLE ITEMS THAT ARE AMENDED

Amount:
Notification#

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

1) Abatement Contractor: Myane Insulation Company TDH License No.: 80-0146
Address: 101 S. Broadway City: Premont State: TX Zip: 783
Office Phone Number: (512) 348-2818 Job Site Phone Number: -
Site Supervisor: Robelin Saenz TDH License Number: 80-3287
Trained On-Site NESHAP Individual: Certification Date: 6/22/94

2) Project Consultant or Operator: Robelin Saenz TDH License Number: 80-328
Mailing address: 101 S. Broadway
City: Premont State: TX Zip: 7837 Office Phone Number: 512/348-2818

3) Facility Owner: Valero Refining Company
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 Boiler
Address: 5900 Up River Road, Valero Refining Company County: Nueces
City: Corpus Christi Zip: 78407 Facility Phone Number: 512/289-6000
Description of Area/Room Number: Boiler
Prior Use: Boiler 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? 1 (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 and double wrap material

9) Was an Asbestos survey performed? ☒ YES NO TDH Inspector License No.: NA**
Analytical Method: ☒ PLM ☐ TEM Laboratory License Number: N/A
**Note: Thorpe Insulation - (Russell Mok)

10) Description of planned demolition or renovation work, and method(s) to be used:
Remove pipe insulation from boiler

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.

RACM Material Type	Asbestos		Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
	Pipes	Surface Area						
RACM to be removed (friable)	1620		X					
RACM NOT removed (friable)								
Category I removed (non-friable)								
Category I NOT removed (non-friable)								
Category II removed (non-friable)								
Category II NOT removed (non-friable)								
RACM Off-Facility Component (friable)								

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

14) Waste Disposal Site Name: BFI
Address: Corner of FM 1445 and 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: 2/13/95 Complete: 2/27/95

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 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 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.

Jose M. Almaraz | Jose M. Almaraz | 2.9.95 | 512.269.3305
(Signature of Building Owner/ Operator) | (Printed Name) | (Date) | (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

Amount:
Notification#

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Joe Moake — JOSE M. ALMAIZAZ — 1/25/95 — (512) 289-3305

(Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)

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DIVISION OF OCCUPATIONAL HEALTH
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