# ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

PLAINTIFF'S EXHIBIT

VRC-13

(THIS SECTION FOR TACB USE ONLY)

DISTRIBUTION
Blue - Region/Local
Green - Region/Local
Canary - Data Entry
Pink - Dept. of Health

☐ ADD
☐ CHANGE
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* ASTERISKED ITEMS TO BE FILLED IN BY TECHNICAL SERVICES

CNTY: *_____ SOURCE: *_____ PTNO: *_____ APST: *___
TACB ACCOUNT: ___-_____-__ FEDERAL FACILITY: __(Y/N) CMST: *__
NOTIFICATION RECEIVED DATE (MMDDYY):___/___/___ POSTMARK:___/___/___
INVESTIGATION DATE:___/___/___ INVESTIGATOR STAFFCODE: _____
INVESTIGATOR JURISCODE: _____ INVESTIGATION TYPE: _____
NOV SENT DATE:___/___/___ COMPLAINT:___/___/___ PSDB INV NO: _____
COMPLIANCE STATUS (C,N,U): ___ REVIEWER:_____

1) Removal Contractor:_____
Mailing Address:_____ Phone:(___)_____
City: Corpus Christi, State:_____ Zip:_____
TDH License No.: N/A Job Site Phone:(___)_____
Project Supv.: Valero Refining Company TDH License No.:_____
2) Other Contractor: N/A
Mailing Address:_____ Phone:(___)_____
City:_____ State:_____ Zip:_____
3) Facility Owner: Valero Refining Company
Mailing Address: P. O. Box 9370 Phone:(512) 289-6000
City: Corpus Christi State: TX Zip: 78469
Principal Business: Petroleum Refining
4) Description of Facility
Name:_____
Address: 5900 Up River Road City: Corpus Christi
County: Nueces State: TX Zip: 78408
Size:_____sq.ft. Age:_____yrs.
Prior Use:_____
5) Demolition: ___ Renovation: ___ Encapsulation: ___ Non-Friable: ___
6) Notification Type: ___ Planned ___ 10 Day ___ 20 Day
___ Renovation ___ Emergency ___ Ordered
Ordered By:_____
7) Amount Asbestos: _____ linear feet (pipes) ___ sq.ft. (other)
8) Method Of Removal:_____
_____
9) Scheduled Start Date: __/__/__
10) Scheduled Completion Date: __/__/__
11) Disposal Site: Brown Ferris Industry
Address: FM 1945 and County Rd 39 City: Sinton
County: San Patricio State: TX Zip: 78387-0167
Phone: (512) 364-4232 TDH/TWC Permit No: 00242

_____ _____ _____
(Signature, Title of Contact) (Date) (Telephone Number)

ACB-99

# ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

(THIS SECTION FOR TACB USE ONLY)

☐ ADD
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☐ DELETE

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DISTRIBUTION
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Green - Region/Local
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Pink - Dept. of Health

CNTY: *_____ SOURCE: *_____ PTNO: *_____ APST: *___
TACB ACCOUNT: ___-_____-__ FEDERAL FACILITY: __(Y/N) CMST: *__
NOTIFICATION RECEIVED DATE (MMDDYY): ___/___/___ POSTMARK: ___/___/___
INVESTIGATION DATE: ___/___/___ INVESTIGATOR STAFFCODE: _____
INVESTIGATOR JURISCODE: _____ INVESTIGATION TYPE: _____
NOV SENT DATE: ___/___/___ COMPLAINT: ___/___/___ PSDB INV NO: _____
COMPLIANCE STATUS (C,N,U): ___ REVIEWER: _____

1) Removal Contractor: Gilman Insulation Company, Inc.
Mailing Address: P.O. Box 4074 Phone: (512) 854-4906
City: Corpus Christi State: Tx Zip: 78469
TDH License No.: NA Job Site Phone: (512) 289-6000
Project Supv.: Valero Refining Co. TDH License No.: _____
2) Other Contractor: NA
Mailing Address: _____ Phone: (___) _____
City: _____ State: _____ Zip: _____
3) Facility Owner: Valero Refining Co.
Mailing Address: PO Box 9370 Phone: (512) 289-6000
City: Corpus Christi State: Tx Zip: _____
Principal Business: Petroleum Refining
4) Description of Facility
Name: Valero Refining Company Main Laboratory (Air Conditioning Replacement)
Address: 5900 Up River Road City: Corpus Christi
County: Nueces State: Tx Zip: 78469
Size: _____ sq.ft. Age: _____ yrs.
Prior Use: Laboratory Heating and Air-conditioning
5) Demolition: ___ Renovation: X Encapsulation: ___ Non-Friable: ___
6) Notification Type: ___ Planned ___ 10 Day ___ 20 Day
X Renovation ___ Emergency ___ Ordered
Ordered By: NA
7) Amount Asbestos: < 100 linear feet (pipes) _____ sq.ft. (other)
8) Method Of Removal: Glove Bag Wet Method
9) Scheduled Start Date: 5/19/90
10) Scheduled Completion Date: 5/20/90
11) Disposal Site: BFI
Address: FM 1945 and County Rd 39 City: Sinton
County: San Patricio State: Tx Zip: 78387-0167
Phone: (512) 364-4232 TDH/TWC Permit No: 00242

Norman Reyes Manager Env. Eng. 5-9-90 (512) 289 3328
(Signature, Title of Contact) (Date) (Telephone Number)

ACB-99