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

NOTE: CIRCLE ITEMS THAT ARE AMENDED **NOTIFICATION #** _____

1) Abatement Contractor: N/A TDH License No.: _____
Address: _____ City: _____ State: _____ Zip: _____
Office Phone Number ( ) _____ Job Site Phone Number: ( ) _____
Site Supervisor: _____ TDH License Number: _____
Site Supervisor: _____ TDH License Number: _____

Demolition Contractor: GEMCO Const., Inc. Office Phone Number: (915) 533-8851
Mailing address: 415 N. Mesa Suite #110 City: El Paso State: Tx Zip: 79901
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

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

3) Facility Owner: Asarco, Inc.
Attention: M.D. Varner
Mailing Address: 180 Maiden Lane
City: New York State: NY Zip: 10038 Owner Phone Number: (212) 510-2000

4) Description or Facility Name: Asarco, Inc. - El Paso
Physical Address: 2301 W. Paisano County: El Paso
City: El Paso, Texas Zip: 79922 Facility Phone Number: (915) 541-1895
Facility Contact Person: J.A. Baca
Description of Area/Room Number: Copper Hy line Larry Car Area
Prior Use: Copper Future Use: N/A
Age of Building: 60yrs Size: 500x20x20 Number of Floors: N/A

5) Type of Work: ☑ Demolition ☐ Renovation ☐ Annual O&M ☐ Phased Project
Work will be during ☑ Day ☐ Evening ☐ Night Weekends only? ☐ YES ☑ NO

6) Is this a Public Building? ☐ YES ☑ NO Federal Facility? ☐ YES ☑ NO Industrial Site? ☑ YES ☐ NO
Is building occupied? ☐ 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? N/A **(Enclose copy of original)**
If an emergency, who did you talk with at TDH? N/A Emergency# _____
Date and Hour of Emergency (HH/MM/DD/YY): N/A
Description of the sudden, unexpected event: N/A

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: Wet down area

9) Was an Asbestos survey performed? ☑ YES ☐ NO TDH Inspector License No: 7ME112095021R00
Survey Date: 12/95 Analytical Method: ☑ PLM ☐ TEM TDH Laboratory License No: #10847

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: Remove Copper Hy line (Larry Car Area) to ground level, and salavage all

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

PLAINTIFF'S EXHIBIT
ASA-1387

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: wet down area to keep emissions down if material is encountered

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

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 (friable)								
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: N/A TDH License No: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: (___) _____

14) Waste Disposal Site Name: N/A
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (___) _____ TNRCC Permit Number: _____

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: N/A / / Complete: / /

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 8 / 28 / 96 Complete: 11 / 28 / 96

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 building owner/operator is responsible for all aspects of the notification form, including, but not limiting, content and submission dat The maximum penalty is $10,000 per day per violation.

Steven S. Jones — STEVEN S. JONES — 8/14/96 — (915) 541-1832 (Telephone) — (915) 54-1866 (Fax Number)

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

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756