William R. Archer III, M.D.
Commissioner of Health

Texas Department of Health
Toxic Substances Control Division
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6610

Patti J. Patterson, M.D., M.P.H.
Executive Deputy Commissioner

PLAINTIFF'S EXHIBIT
UC-4459

April 24, 1998

RICHARD E. LA COUR UNION CARBIDE CO
3301 5th Avenue South
Texas City, Tx 77592

ATTN: MR. RICHARD E. LA COUR
RE: NOTIFICATION DEFICIENCY FOR Notification # 1998041557
UNION CARBIDE CORPORATION
3301 5TH AVENUE SOUTH, TEXAS CITY

45 VAPORIZER

Dear Notifier:

The notification submitted for the above referenced project is considered an improper notification. The following information was omitted and/or incorrect:

Waste Transporter License is Inactive
DEMOLITION CONTRACTOR INFORMATION IS MISSING

No information may be omitted from the notification. All items are used to prioritize the project and provide critical information for inspection purposes. All requested information is required to satisfy the provisions of the Texas Asbestos Health Protection Rules.

Within fifteen (15) days from receipt of this letter you must send a corrected notification, along with a copy of this letter, to the attention of the Asbestos Programs Branch. The corrections must be submitted in the form of an amended notification. The dates of the abatement or demolition do not have to be changed, unless that is your deficiency.

If you have any questions in regard to this matter, you may call me at (512) 834-6600 or (800) 572-5548.

2779

Sincerely,

Deborah L. Marlow, RA

Deborah L. Marlow, R.S., Coordinator
Asbestos Notification and Information Section

cc: Texas Dept of Health, Public Health Region 6
mp

READ ATTACHMENT FOR LEGAL PROVISIONS

NONCOMPLIANCE OF NOTIFICATION PROVISIONS

The Texas Asbestos Health Protection Rules (TAHPR), Section 295.70(f)(2) designates the submitting of an improper notification as a serious violation. The penalty for this violation is $1000 per day, for the first offense, and may be as much as $5000 per day for subsequent violations.

The authority to enforce the provisions of the National Emission Standards for Hazardous Air Pollutants regulations was added to TAHPR on January 28, 1994. The addition allows the Texas Department of Health (the department) to assess an administrative penalty in accordance with TAHPR, section 295.70.

The file will be sent to the Asbestos Enforcement Section for review and possible penalties *only* if an amended notification, with the requested information, is not submitted to the Asbestos Programs Branch. The file will be removed from deficiency status when the corrected notification has been received by the department.

For Office Use Only ☐ TAHPA ☐ NESAP ☐ TDH ☐ LVIolation? ☐ YES ☐ NO ☐ RCVD / / POSTMARK / /

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED TDH **Notification #** [illegible]

1) Abatement Contractor: Performance Contracting Inc. TDH License No.: NA
Address: 9408 North Loop East City: Houston State: Texas Zip: 77029
Office Phone Number: (713) 675-8586 Job Site Phone Number: (409) 948 -5818
Site Supervisor: Lacy Wolf TDH License Number: NA
Site Supervisor: ____ TDH License Number: ____
Trained On-Site NESHAP Individual: Jimmy Covington Certification Date: 4-98
Demolition Contractor: ____ Office Phone Number: ____
Address: ____ City: ____ State: ____ Zip: ____

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

3) Facility Owner: Richard E. La Cour Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592 Owner Phone Number: (409) 948 - 5818

4) Description or Facility Name: Union Carbide Corporation
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948 - 5818
Facility Contact Person: Richard E. La Cour
Description of Area/Room Number: Bldg. 45 Vaporizer
Prior Use: OXO vaporizer Future Use: N/A Same
Age of Building: 40 years Size: 10,000 sq ft 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? 1 (**Enclose copy of original**)
If an emergency, whom did you talk with at TDH? NA Emergency # NA
Date and Hour of Emergency (HH/MM/DD/YY): NA
Description of the sudden, unexpected event: NA

Explanation of how the event caused unsafe conditions or would cause equipment damage (computers, machinery, etc.): NA

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: All material will be removed of as ACM.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 2/18/98 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: ____

10) Description of planned demolition or renovation work, type of material, and method(s) to be used:
Strip Asbestos Containing Materials from Vaporizer for vessel inspection.

UCTC 18289

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be done using wet methods, glove bag and negative pressure enclosure.

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)	20	525	☒	☐	☒	☐		
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: 40-0199
Address: 8101 Littleyork City: Houston State: Texas Zip: 77016
Contact Person: Judy Williams Phone Number: (713) 471-9142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell Road City: Texas City State: Texas Zip: 77590
Telephone: (409) 948 - 4783 TNRCC Permit Number: HW50133

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: NA 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: 5/18/98 Complete: 5/29/98

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 5/4/98 Complete: 6/19/98

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

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) Richard E. La Cour (Printed Name) 5/8/98 (Date) (409) 948-5818 (Telephone) (409) 948-5546 (Fax Number)

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

UCTC 18290

Faxes are not accepted

Faxes are not accepted

FormAP-#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

For Office Use Only ☐ TAHPA ☐ NESAP ☐ T ☐ H ☐ L Violation? ☐ YES ☐ NO ☐ RCVD [redacted] POSTMARK

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Richard E. La Cour — (Printed Name)
5/8/98 — (Date)
(409) 948-5818 — (Telephone)
(409) 948-5546 — (Fax Number)

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DIVISION OF OCCUPATIONAL HEALTH
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1100 WEST 49th STREET
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