

Asbestos Removal Procedures

Service Abatement has designed its procedures for handling of asbestos contaminated material (ACM) with OSHA and EPA standards as only minimum requirements. The limitation of long term liabilities to the generator of ACM, as well as Service Abatement Company, is a goal. But the objective is to ensure the health and safety of all employees, owners, contractors, and their families. To meet these goals and objectives Service Abatement Company has made a 40 year commitment, and invites Champlin Refining Co. to join in the commitment, to perform the asbestos removal in the safest manner possible.

Metal jacketing will be removed from the surfaces and placed in fiberboard drums, chosen over bags or cardboard boxes for their strength and durability.

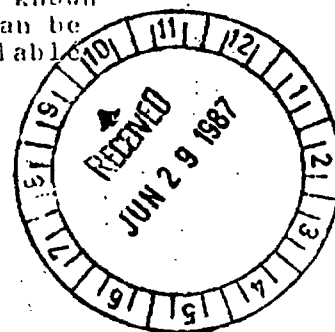
Asbestos insulation will be wetted (during removal of jacketing), then placed in properly marked disposal bags. These bags are then put into second bags in the load out area.

Disposal bags and fiberboard drums will be placed in an owner supplied bin for disposal by owner.

Upon completion of removal of all ACM, the items stripped, and the enclosure, will be cleaned of stray fibers and coated with "lock-down". An air sample will be taken to verify clean air. After the clean air reading is returned, the visqueen from the enclosure will be removed, placed in double bags, and disposed with the other ACM.

Service Abatement Company will use a 40' decontamination trailer, complete with equipment (dirty) room, shower room, and clean room, all separated by air locks, as its hygiene facility.

A full time hygienist will be onsite to continually monitor air during removal procedures. With results known within hours, prompt adjustments to the procedures can be made if necessary. Air sample readings will be available onsite at all times.



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Asbestos Removal Procedures
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Asbestos workers working inside negative pressure enclosures will wear full face, air-supplied respirators with back up cartridges. Asbestos workers hauling disposal bags to bins will wear half mask, dual HEPA cartridge respirators. All asbestos workers will wear steel toed rubber boots, rubber gloves, and "Ty-vek" suits, as well as standard safety gear (hard hats, safety glasses, safety belts) etc.

A full time certified competent person will be on site at all times to verify compliance with procedures. The responsibility of the competent person is worker safety, adherence to rules and regulations, and proper documentation. Therefore, he will not participate in the actual removal process.

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): O				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Citgo Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi,	State: Texas	Zip: 78407		
Contact: Eric Bigelow	Tel: (512) 887-3344			
REMOVAL CONTRACTOR: Service Environmental Company				
Address: 1801 Nueces Bay Boulevard		TDH Lic. No: 80-0446		
City: Corpus Christi,	State: Texas	Zip: 78407		
Contact: J.R. Arevalo/ Bob Baldwin	Tel: (512) 888-5803			
OTHER OPERATOR: N/A				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): R				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: #1 FCCU Unit		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Blvd.		County: Nueces		
City: Corpus Christi	State: Texas	Zip: 78407		
Site Location: Reactor Structure		Site Tel:		
Building Size:	# of Floors:	Age in Years:		
Present Use: Yes		Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACM To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes				LnFt: Ln m:
Surface Area		236		SqFt: 236 Sq m:
Vol RACM Off Facility Component		71		CuFt: 71 Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/17/93 Complete: 11/30/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/10/93 Complete: 12/2/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002399

Operator Project	Postmark	Date Received	Is Notified?	Notification # 006668
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): O				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Citgo Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi,	State: Texas	Zip: 78407		
Contact: Eric Bigelow	Tel: (512) 887-3344			
REMOVAL CONTRACTOR: Service Environmental Company				
Address: 1801 Nueces Bay Boulevard		TDR Lic. No: 80-0446		
City: Corpus Christi,	State: Texas	Zip: 78407		
Contact: J.R. Arevalo/ Bob Baldwin	Tel: (512) 888-5803			
OTHER OPERATOR: N/A				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emergency Renovation P=Planned): R				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: #1 FCCU Unit		TACS Account: KE-0027-V		
Address: 1801 Nueces Bay Blvd.		County: Nueces		
City: Corpus Christi	State: Texas	Zip: 78407		
Site Location: Reactor Structure		Site Tel:		
Building Size:	# of Floors:	Age in Years:		
Present Use: Yes		Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM Not Removed		Cat I	Cat II	UNIT
3. Category II ACM Not Removed				
Pipes				Ln Ft: Ln m:
Surface Area		236		Sq Ft: 236 Sq m:
Vol RACH off Facility Component		71		Cu Ft: 71 Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/17/93 Complete: 11/30/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/10/93 Complete: 12/2/93				

Please Type or Print

ACR-99B (3/1/91)

A 0002403

RECEIVED
OCT 26 1993
TECHNICAL SERVICES

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Gross Removal, Amended water, encapsulant, hepa vac, and negative air machine.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Amended water		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FR 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:	Tel: 364-4232	
XIII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone: (512) 364-4232	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
Immediately suspend removal operation, notify owner and local air control agency, amend notification (If applicable)		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Bob Baldwin	J.R. Arevalo	
TDH Lic. No.: 80-2215	(Signature of Owner/Operator)	10/26/93 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
(Signature of Owner/Operator)		10/26/93 (Date)

Please Type or Print

ACB-99C (3/1/91)

A 0002404

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDH Notified?	Notification # 006693
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): O				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Citgo Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi,	State: Texas	Zip: 78407		
Contact: Eric Bigelow			Tel: (512) 887-3344	
REMOVAL CONTRACTOR: Service Environmental Company				
Address: 1801 Nueces Bay Boulevard			TDH Lic. No: 80-0446	
City: Corpus Christi,	State: Texas	Zip: 78407		
Contact: J.R. Arevalo/ Bob Baldwin			Tel: (512) 888-5803	
OTHER OPERATOR: N/A				
Address:				
City:	State:	Zip:		
Contact:			Tel:	
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): R				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Unit Name: #1 FCCU Unit			TACB Account: NE-0027-V	
Address: 1801 Nueces Bay Blvd.			County: Nueces	
City: Corpus Christi	State: Texas	Zip: 78407		
Site Location: Reactor Structure			Site Tel:	
Building Size:		# of Floors:	Age in Years:	
Present Use: Yes			Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACH To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes				Ln Ft: Ln m:
Surface Area		236		Sq Ft: 236 Sq m:
Vol RACH Off Facility Component		71		Cu Ft: 71 Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/17/93 Complete: 11/30/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/10/93 Complete: 12/2/93				

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OCT 28 1993

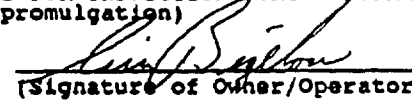
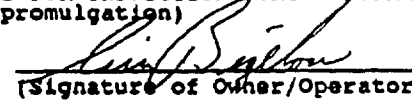
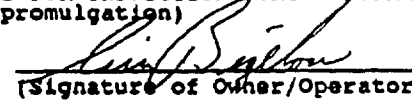
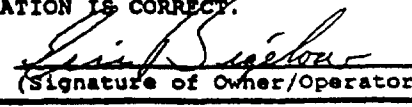
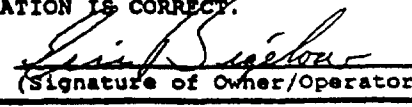
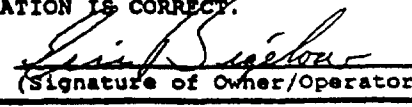
TECHNICAL SERVICES

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A 0002405

ACB-99B (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Gross Removal, Amended water, encapsulant, hepa vac, and negative air machine.								
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Amended water								
XII. WASTE TRANSPORTER #1 Name: Condor Waste Transportation Address: P.O. Box 1430, FR 1945 and County Road 39 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City: Sinton</td> <td style="width:20%;">State: Texas</td> <td style="width:40%;">Zip: 78387</td> </tr> <tr> <td>Contact:</td> <td colspan="2">Tel: 364-4232</td> </tr> </table>			City: Sinton	State: Texas	Zip: 78387	Contact:	Tel: 364-4232	
City: Sinton	State: Texas	Zip: 78387						
Contact:	Tel: 364-4232							
WASTE TRANSPORTER #2 Name: Address: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City:</td> <td style="width:20%;">State:</td> <td style="width:40%;">Zip:</td> </tr> <tr> <td>Contact:</td> <td colspan="2">Tel:</td> </tr> </table>			City:	State:	Zip:	Contact:	Tel:	
City:	State:	Zip:						
Contact:	Tel:							
XIII. WASTE DISPOSAL SITE Name: BFI - Sinton Landfill Address: FM 1945 and County Road 39 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City: Sinton</td> <td style="width:20%;">State: Texas</td> <td style="width:40%;">Zip: 78387</td> </tr> <tr> <td>Telephone: (512) 364-4232</td> <td colspan="2">TDH/TWC Permit No.:</td> </tr> </table>			City: Sinton	State: Texas	Zip: 78387	Telephone: (512) 364-4232	TDH/TWC Permit No.:	
City: Sinton	State: Texas	Zip: 78387						
Telephone: (512) 364-4232	TDH/TWC Permit No.:							
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name:</td> <td style="width:50%;">Title:</td> </tr> </table>			Name:	Title:				
Name:	Title:							
Authority: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date of Order (MM/DD/YY):</td> <td style="width:50%;">Date Ordered to Begin (MM/DD/YY):</td> </tr> </table>			Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):				
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):							
XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:								
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (If applicable)								
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) J.R. Arevalo Job Supervisor: Bob Baldwin TDH Lic. No.: 80-2215 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">  (Signature of Owner/Operator) </td> <td style="width:40%; text-align: center;"> 10/26/93 (Date) </td> </tr> </table>			 (Signature of Owner/Operator)	10/26/93 (Date)				
 (Signature of Owner/Operator)	10/26/93 (Date)							
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">  (Signature of Owner/Operator) </td> <td style="width:40%; text-align: center;"> 10/26/93 (Date) </td> </tr> </table>			 (Signature of Owner/Operator)	10/26/93 (Date)				
 (Signature of Owner/Operator)	10/26/93 (Date)							

Please Type or Print

ACR-990 (3/1/91)

A 0002406

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDN Notified?	Notification # 004822
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): R, VIII				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other OPERATOR)				
OWNER NAME: <u>Citgo Refinery & Chemicals, Inc.</u>				
Address: <u>1801 Nueces Bay Blvd.</u>				
City: <u>Corpus Christi,</u>	State: <u>Texas</u>	Zip: <u>78407</u>		
Contact: <u>Eric Bigelow</u>			Tel: <u>512-887-3344</u>	
REMOVAL CONTRACTOR: <u>Service Environmental Co.</u>				
Address: <u>1801 Nueces Bay Blvd.</u>			TDN Lic. No: <u>80-0446</u>	
City: <u>Corpus Christi</u>	State: <u>Texas</u>	Zip: <u>78407</u>		
Contact: <u>J.R. Arevalo</u>			Tel: <u>512-888-5803</u>	
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:			Tel:	
III. TYPE OF OPERATION (D=Demo O=Ordered Demo (R=Renovation E=EmerRenovation P=Planned):				
IV. IS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: <u>Demex Solvent Prep. Tower</u>			TACS Account: <u>NE-0027-V</u>	
Address:			County:	
City: <u>Corpus Christi</u>	State: <u>Texas</u>	Zip: <u>78407</u>		
Site Location: <u>Hydrar Unit</u>			Site Tel:	
Building Size: <u>N/A</u>	# of Floors: <u>N/A</u>	Age in Years:		
Present Use: <u>N/A</u>			Prior Use: <u>Demex Solvent Prep. Twr.</u>	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>Bulk Samples</u>				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM Not Removed		Cat I	Cat II	
3. Category II ACM Not Removed				UNIT
<u>Pipes</u>				<u>Ln ft</u> <u>Ln mi</u>
<u>Surface Area</u>	<u>3,596</u>			<u>Sq Ft</u> <u>3596</u> <u>Sq mi</u>
<u>Vol RACH Off Facility Component</u>				<u>Cu Ft</u> <u>438</u> <u>Cu mi</u>
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>07/12/93</u> Complete: <u>8/17/93</u>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>6/21/93</u> Complete: <u>8/24/93</u>				

Please Type or Print

ACE-99B (3/1/91)

A 0002412

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Full enclosure, negative Air, Hepa Vac, Amended water, and Encapsulate.		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:	Tel: 512-364-4232	
XII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone: 512-394-4232	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/HH/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Bob Baldwin	<i>Bob Baldwin</i>	7/2/93
TDH Lic. No.: 80-2215	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
<i>Bob Baldwin</i>		7/2/93
(Signature of Owner/Operator)		(Date)

Please Type or Print

A 0002413

ACE-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDH Notified?	Notification # 004822
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): 0				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Citgo Refinery & Chemicals, Inc.				
Address: 1801 Nueces Bay Blvd.				
City: Corpus Christi,	State: Texas	Zip: 78407		
Contact: Eric Bigelow	Tel: 512-887-3344			
REMOVAL CONTRACTOR: Service Environmental Co.				
Address: 1801 Nueces Bay Blvd.		TDH Lic. No: 80-0446		
City: Corpus Christi	State: Texas	Zip: 78407		
Contact: J.R. Arevalo	Tel: 512-888-5803			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo (R=Renovation E=EmerRenovation P=Planned):				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Demex Solvent Prep. Tower		TACB Account: NE-0027-V		
Address:		County:		
City: Corpus Christi	State: Texas	Zip: 78407		
Site Location: Hydrar Unit		Site Tel:		
Building Size: N/A	# of Floors: N/A	Age in Years:		
Present Use: N/A		Prior Use: Demex Solvent Prep. Twr.		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACM To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes				Ln Ft: Ln m:
Surface Area	3,596			Sq Ft: 3596 Sq m:
Vol RACM Off Facility Component				Cuft: 1438 Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/8/93 Complete: 8/17/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/21/93 Complete: 8/24/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002417

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Full enclosure, negative Air, Hepa Vac, Amended water, and Encapsulate.			
XII. WASTE TRANSPORTER #1			
Name: <u>Condor Waste Transportation</u>			
Address: <u>P.O. Box 1430, FM 1945 and County Road 39</u>			
City: <u>Sinton</u>	State: <u>Texas</u>	Zip: <u>78387</u>	
Contact: _____	Tel: <u>512-364-4232</u>		
XII. WASTE TRANSPORTER #2			
Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact: _____	Tel: _____		
XIII. WASTE DISPOSAL SITE			
Name: <u>BFI - Sinton Landfill</u>			
Address: <u>FM 1945 and County Road 39</u>			
City: <u>Sinton</u>	State: <u>Texas</u>	Zip: <u>78387</u>	
Telephone: <u>512-394-4232</u>	TDH/TWC Permit No.: _____		
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:			
Name: _____		Title: _____	
Authority: _____			
Date of Order (MM/DD/YY): _____		Date Ordered to Begin (MM/DD/YY): _____	
XV. FOR EMERGENCY RENOVATIONS			
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 or an unreasonable financial burden: _____			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
Job Supervisor: <u>Bob Baldwin</u>	<u>[Signature]</u>	<u>6/11/93</u>	
TDH Lic. No.: <u>80-2215</u>	(Signature of Owner/Operator)	(Date)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
<u>[Signature]</u>		<u>6/11/93</u>	
(Signature of Owner/Operator)		(Date)	

Please Type or Print

ACB-99C (3/1/91)

A 0002418

NOTIFICATION OF DEMOLITION AND RENOVATION

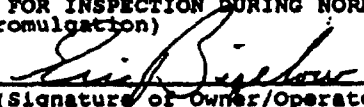
Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): 0				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City:	Corpus Christi	State:	TX	Zip: 78407
Contact:	Mr. Eric Bigelow			Tel: 512-887-3344
REMOVAL CONTRACTOR: IAM Environmental, Inc.				
Address:		2525 McAllister		
City:		Houston		State: TX
Contact:		Mr. Brad Clark		
Address:		25 27th Street		
City:		Kenner		State: LA
Contact:		Mr. Chris Schillesci		
OTHER OPERATOR: Louisiana Chemical Dismantling Co., Inc.				
Address: 25 27th Street				
City:		Kenner		State: LA
Contact:		Mr. Chris Schillesci		
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): Demo				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name:		Area #1		
Address:		1801 Nueces Bay Boulevard		
City:		Corpus Christi		State: TX
Site Location:		1801 Nueces Bay Boulevard		
Building Size:		N/A		# of Floors: N/A
Present Use:		Idle		
TACB Account:		NE-0027-V		
County:		Nueces		
Zip:		78407		
Site Tel:		N/A		
Age in Years:		Pre 1950		
Prior Use:		Petroleum Refinery		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed		RACH To Be Removed		Nonfriable Asbestos Material Not To Be Removed
2. Category I ACM Not Removed				Cat I Cat II
3. Category II ACM Not Removed				Indicate Unit of Measurement Below
Pipes				UNIT
Surface Area				Ln Ft: Ln m:
Vol RACH Off Facility Component		27000		Sq Ft: Sq m:
				Cu Ft: X Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/31/93 Complete: 08/23/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/24/93 Complete: 10/30/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002420

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Full containment with negative pressure, wet method and decontamination. Double bag disposal.		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Contact:	Tel: 512-364-4232	
XII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Telephone: - 512-364-4232	TDH/TMC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.		
Shutdown, advise owner and get authorization to proceed after containing with wetting agent, vacuum, bag and disposal.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Eddie Barns		5/13/93
TDH Lic. No.: 80-2849	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
		5/13/93
(Signature of Owner/Operator)		(Date)

Please Type or Print

ACB-99C (3/1/91)

A 0002421

NOTIFICATION OF DEMOLITION AND RENOVATION

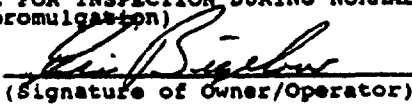
Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): 0				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: P.O. Box 9176				
City:	Corpus Christi	State:	Texas	Zip: 78469
Contact:	Eric Bigelow			Tel: 512-887-3344
REMOVAL CONTRACTOR: Gilman Insulation Co., Inc.				
Address: P.O. Box 4074		TDH Lic. No: 80-2317		
City:	Corpus Christi	State:	Texas	Zip: 78469
Contact:	Robert Esparza/Mark Gottlich			Tel: (512) 884-4906
OTHER OPERATOR:				
Address:				
City:		State:		Zip:
Contact:				Tel:
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): P.D.				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Area 1 Boiler #10		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Blvd.		County: Nueces		
City:	Corpus Christi	State:	Texas	Zip: 78407
Site Location: CITGO Refining and Chemicals, Inc.		Site Tel: (512) 882-887		
Building Size: 14' x 17' x 24'		# of Floors: N/A		Age in Years:
Present Use: Out of Service		Prior Use: Boiler		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACH To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes				Ln Ft: Ln m:
Surface Area				Sq Ft: Sq m:
Vol RACH off Facility Component	1435			Cu Ft: X Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/28/93 Complete: 05/13/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/12/93 Complete: 05/13/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002425

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Full containment, negative air machine with back-up, wet method removal, double bag 6 mil poly disposal bags		
XII. WASTE TRANSPORTER #1		
Name: BFI		
Address: P.O. Drawer C		
City: Sinton	State: Texas	Zip: 78387
Contact: Johnnie Bosworth	Tel: (512) 364-4232	
XIII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone: (512) 364-4232	TDH/TWC Permit No.: 00242A	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER.		
Contain with Wetting Agent, vacuum, Bag, Dispcse		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Robert Esparza		4/13/93 (Date)
TDH Lic. No.: 80-2317	(Signature of Owner/Operator)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
		4/13/93 (Date)
	(Signature of Owner/Operator)	

Please Type or Print

A 0002426

ACB-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDH Notified?	Notification #	
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled):					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <i>Citgo Refining and Chemicals, Inc.</i>					
Address: <i>7350 IH 37</i>					
City: <i>Corpus Christi,</i>		State: <i>Texas</i>		Zip: <i>78409</i>	
Contact: <i>Eric Bigelow</i>			Tel: <i>(512)887-3344</i>		
REMOVAL CONTRACTOR: <i>Service Environmental Company</i>					
Address: <i>1801 Nueces Bay Blvd.</i>			TDH Lic. No: <i>80-0446</i>		
City: <i>Corpus Christi,</i>		State: <i>Texas</i>		Zip: <i>78407</i>	
Contact: <i>Eustolio Anevalo Jr.</i>			Tel: <i>(512)888-5803</i>		
OTHER OPERATOR: <i>N/A</i>					
Address:					
City:		State:		Zip:	
Contact:			Tel:		
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned):					
IV. IS ASBESTOS PRESENT? (Yes/No):					
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)					
Unit Name: <i>#5 Compressor Building</i>			TACB Account: <i>NE-0192-F</i>		
Address: <i>7350 IH 37</i>			County: <i>Nueces</i>		
City: <i>Corpus Christi,</i>		State: <i>Texas</i>		Zip: <i>78409</i>	
Site Location: <i>Citgo/West Plant</i>			Site Tel:		
Building Size: <i>22'X60'</i>		# of Floors: <i>1</i>		Age in Years: <i>12</i>	
Present Use: <i>Compressor Building</i>			Prior Use: <i>Same</i>		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:					
1. Regulated ACM to be Removed		RACH To Be Removed	Nonfriable Asbestos Material To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM Not Removed			Cat I Cat II		
3. Category II ACM Not Removed			UNIT		
Pipes					Ln Ft: Ln m:
Surface Area			<i>7980'</i>		Sq Ft: <i>7980</i> Sq m:
Vol RACH Off Facility Component					Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>04-22-93</i> Complete: <i>05-03-93</i>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>04-12-93</i> Complete: <i>05-21-93</i>					

Please Type or Print

ACB-99B (3/1/91)

A 0002428

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: <i>Removal of transite Panels</i>		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: <i>Amended water and Hepa Vac.</i>		
XII. WASTE TRANSPORTER #1		
Name: <i>Condon Waste Transportation</i>		
Address: <i>P.O. Box 1430., FM 1945, and County Road 39</i>		
City: <i>Sinton</i>	State: <i>Texas</i>	Zip: <i>78387</i>
Contact:		Tel:
XII. WASTE TRANSPORTER #2		
Name: <i>N/A</i>		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: <i>BFI Sinton Landfill</i>		
Address: <i>FM 1945 and County Road 39</i>		
City: <i>Sinton</i>	State: <i>Texas</i>	Zip: <i>78387</i>
Telephone: <i>(512) 364-4232</i>	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name: <i>N/A</i>	Title:	
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER. <i>Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable)</i>		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: <i>Bob Baldwin</i>	<i>[Signature]</i>	<i>4/6/93</i>
TDH Lic. No.: <i>80-2215</i>	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
<i>[Signature]</i>		<i>4/6/93</i>
(Signature of Owner/Operator)		(Date)

Please Type or Print

ACB-99C (3/1/91)

A 0002429

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): R - IX				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi	State: Texas	Zip: 78407		
Contact: Eric Bigelow	Tel: (512) 887-3344			
REMOVAL CONTRACTOR: Service Environmental Company				
Address: 1801 Nueces Bay Boulevard		TDH Lic. No: 80-0446		
City: Corpus Christi	State: Texas	Zip: 78407		
Contact: J.R. Arevalo/Bob Baldwin	Tel: (512) 888-5803			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): D				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: #3 Vacuum		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City: Corpus Christi	State: Texas	Zip: 78407		
Site Location: Boilers 7, 8, & 9			Site Tel:	
Building Size:	# of Floors:	Age in Years:		
Present Use:		Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACH To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes				Ln Ft: Ln m:
Surface Area				Sq Ft: Sq m:
Vol RACH Off Facility Component				Cu Ft: 2700 Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/23/93 Complete: 04/16/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002433

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Seal to transport.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Amended water, encapsulant, hepa vac, and negative air sealed with poly and labeled.		
XII. WASTE TRANSPORTER #1		
Name: Berry Contracting		
Address: 1414 Corn Products		
City: Corpus Christi	State: Texas	Zip: 78409
Contact: Marty Berry	Tel: 512/289-2100	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name: BFI-Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone: 512/364-4232	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name: N/A	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBED, PULVERIZED, OR REDUCED TO POWDER.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Bob Baldwin	<i>Lin Bigelow</i>	4/5/93
TDH Lic. No.: 80-2215	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
	<i>Lin Bigelow</i>	4/5/93
	(Signature of Owner/Operator)	(Date)

Please Type or Print

A 0002434

ACB-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): 0				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <i>Citgo Refinery & Chemicals, Inc.</i>				
Address: <i>1801 NUECES Bay BLVD.</i>				
City: <i>Corpus Christi,</i>	State: <i>Texas</i>	Zip: <i>78407</i>		
Contact: <i>ERIC BIGELOW</i>	Tel: <i>15121887-3344</i>			
REMOVAL CONTRACTOR: <i>SERVICE ENVIRONMENTAL CO</i>				
Address: <i>1801 NUECES BAY BLVD.</i>		TDH Lic. No: <i>80-0446</i>		
City: <i>CORPUS CHRISTI,</i>	State: <i>TEXAS</i>	Zip: <i>78407</i>		
Contact: <i>J.R. AREVALO</i>	Tel: <i>15121888-5803</i>			
OTHER OPERATOR: <i>LDH</i>				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo X=R=Renovation E=EmerRenovation P=Planned): <i>D</i>				
IV. IS ASBESTOS PRESENT? (Yes/No): <i>YES</i>				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: <i>PENEX UNIT-971-863</i>		TACB Account:		
Address: <i>PX-H1</i>		County:		
City:	State:	Zip:		
Site Location: <i>CITGO-CORPUS</i>		Site Tel:		
Building Size:	# of Floors:	Age in Years:		
Present Use: <i>N/A</i>		Prior Use: <i>CAN HEATER #1</i>		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <i>BULK SAMPLE</i>				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACH To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes	<i>45' Lt.</i>			Ln Ft: <i>45</i> Ln m:
Surface Area	<i>410' Sq Ft</i>			Sq Ft: <i>410</i> Sq m:
Vol RACH Off Facility Component				Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>04/12/93</i> Complete: <i>04/19/93</i>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>04/12/93</i> Complete: <i>04/19/93</i>				

Please Type or Print

ACB-99B (3/1/91)

A 0002438

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: <i>GLOVEBAG PIPING, AMENDED, HEPA VAC. ENCAPSULATED SEAL OPENINGS. FOR TRANSPORTING.</i>		
XII. WASTE TRANSPORTER #1		
Name: <u>Berry Contracting</u>		
Address: <u>1414 Corn Products</u>		
City: <u>Corpus Christi</u>	State: <u>Texas</u>	Zip: <u>78409</u>
Contact: <u>Marty Berry</u>		Tel: <u>(512) 289-2100</u>
XII. WASTE TRANSPORTER #2		
Name: <u>Condor Waste Transportation</u>		
Address: <u>P.O. Box 1430, FM 1945 and County Road 39</u>		
City: <u>Sinton</u>	State: <u>Texas</u>	Zip: <u>78387</u>
Contact: _____		Tel: <u>(512) 364-4232</u>
XIII. WASTE DISPOSAL SITE		
Name: <u>BFI - Sinton Landfill</u>		
Address: <u>FM 1945 and County Road 39</u>		
City: <u>Sinton</u>	State: <u>Texas</u>	Zip: <u>78387</u>
Telephone: <u>(512) 364-4232</u>		TDH/TWC Permit No.: _____
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name: _____		Title: _____
Authority: _____		
Date of Order (MM/DD/YY): _____		Date Ordered to Begin (MM/DD/YY): _____
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY): _____		
Description of the Sudden, Unexpected Event: _____		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. <i>GLOVEBAG, AMENDED WATER, HEPA FILTER/NEGATIVE AIR</i>		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: <u>J. R. Arevalo</u>	<u><i>Jim Bigelow</i></u> (Signature of Owner/Operator)	<u>3/25/93</u> (Date)
TDH Lic. No.: _____		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
<u><i>Jim Bigelow</i></u> (Signature of Owner/Operator)		<u>3/25/93</u> (Date)

Please Type or Print

ACB-99C (3/1/91)

A 0002439

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDR Modified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): 0				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City:	Corpus Christi	State:	Texas	Zip: 78407
Contact:	Mr. Eric Bigelow			Tel: (512) 887-3344
REMOVAL CONTRACTOR: Service Environmental Company				
Address: 1801 Nueces Bay Boulevard		TDR Lic. No: 80-0446		
City:	Corpus Christi	State:	Texas	Zip: 78407
Contact:	J. R. Arevalo			Tel: (512) 888-5803
OTHER OPERATOR: N/A				
Address:				
City:		State:		Zip:
Contact:				Tel:
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): 0				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: No. 3 Vacuum Unit		TACS Account: NE-0027-V		
Address: 1801 Nueces Bay Blvd.		County: Nueces		
City:	Corpus Christi	State:	Texas	Zip: 78407
Site Location: CITGO Corpus Christi Refinery - East Plant		Site Tel: 78407		
Building Size: N/A	# of Floors: N/A	Age in Years:		
Present Use: None		Prior Use: Crude Oil Distillation		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT
2. Category I ACM Not Removed		Cat I	Cat II	
3. Category II ACM Not Removed				
Pipes	30		900	Ln ft: X Ln m:
Surface Area				Sq ft: Sq m:
Vol RACH Off Facility Component				Cu ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/19/93 Complete: 03/31/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/19/93 Complete: 03/31/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002443

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Removal of asbestos containing vessel insulation by wet method.			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
Amended water and HEPA Filter/Negative Air.			
XII. WASTE TRANSPORTER #1			
Name: Condor Waste Transportation			
Address: P.O. Box 1430, FM 1945 and County Road 39			
City: Sinton	State: Texas	Zip: 78387	
Contact:		Tel: 512 364-4232	
XIII. WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
XIV. WASTE DISPOSAL SITE			
Name: BFI-Sinton Landfill			
Address: FM 1945 and County Road 39			
City: Sinton	State: Texas	Zip: 78387	
Telephone: (512) 364-4232	TDH/TWC Permit No.:		
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.			
Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
Job Supervisor: Bob Baldwin		<i>Bob Baldwin</i> 3/4/93	
TDH Lic. No.: 80-2215		(Signature of Owner/Operator) (Date)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
		<i>Bob Baldwin</i> 3/4/93	
		(Signature of Owner/Operator) (Date)	

Please Type or Print

ACB-99C (3/1/91)

A 0002444

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): 0				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City:	Corpus Christi	State:	Texas	Zip: 78407
Contact:	Mr. Eric Bigelow			Tel: 512-887-3344
REMOVAL CONTRACTOR: Brand Remediation Services, Inc.				
Address: P.O. Box 3109		TDH Lic. No: 80-0031		
City:	Orange	State:	Texas	Zip: 77630
Contact:	Charlotte Castleman			Tel: 409-883-4344
OTHER OPERATOR: Olshan Demolishing Company				
Address: 2707 North Loop West, Suite 200				
City:	Houston	State:	Texas	Zip: 77008
Contact:	Bill Bartlett			Tel: (713) 867-9200
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): D				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Old Alkylation Unit - Area 3		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City:	Corpus Christi	State:	Texas	Zip: 78407
Site Location: Old Alkylation Unit - Area 3		Site Tel: 512-887-2742		
Building Size: N/A	# of Floors: N/A	Age in Years: 30+		
Present Use: Inactive		Prior Use: Petroleum Refining		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACM To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				Ln Ft: X Ln m:
3. Category II ACM Not Removed				Sq Ft: Sq m:
Pipes	130			Cu Ft: Cu m:
Surface Area				
Vol RACM Off Facility Component				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/29/93 Complete: 04/05/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/29/93 Complete: 04/05/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002448

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Wet removal of piping insulation.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Wet removal, glovebag method, protective clothing & equipment, ACM will be double bagged in 6 ml poly with appropriate warnings and labels.		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:		Tel:
XII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State: Texas	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone:		TDH/TWC Permit No.:
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.		
Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Brian Major	<i>Brian Major</i>	3/12/93
TDH Lic. No.: 80-3293	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
<i>Brian Major</i>		3/12/93
(Signature of Owner/Operator)		(Date)

Please Type or Print

A 0002449

ACB-99C (3/1/91)

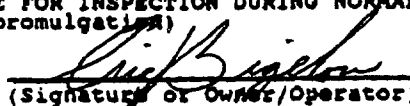
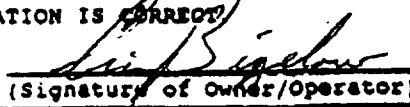
Operator Project #	Postmark	Date Received	TDH Verified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): R VIII & IX				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi	State: Texas	Zip: 78407		
Contact: Eric Bigelow	Tel: 512-887-3344			
REMOVAL CONTRACTOR: Brand Remediation Services, Inc. (aka Thermo Tech, Inc.)				
Address: P.O. Box 3109		TDH Lic. No: 80-0031		
City: Orange	State: Texas	Zip: 77630		
Contact: Charlotte Castleman	Tel: 409-883-4344			
OTHER OPERATOR: Olshan Demolishing Company				
Address: 2707 North Loop West, Suite 200				
City: Houston	State: Texas	Zip: 77008		
Contact: Bill Bartlett	Tel: 713-867-9200			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): D				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Area 3, from Old Alkylation Unit to Cooling Tower Area		TACS Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City: Corpus Christi	State: Texas	Zip: 78407		
Site Location: Area 3 from Old Alkylation Unit to Cooling Tower Area		Site Tel: 512-887-2742		
Building Size: N/A	# of Floors: N/A	Age in Years: 30+		
Present Use: Inactive		Prior Use: Petroleum Refining		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT
2. Category I ACM Not Removed		Cat I	Cat II	
3. Category II ACM Not Removed				
Pipes	208			LnFt: XX Ln m:
Surface Area				SqFt: Sq m:
Vol RACH Off Facility Component				CuFt: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/04/93 Complete: 03/12/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/01/93 Complete: 03/12/93				

Please Type or Print

ACB-99B (3/1/93)

A 0002454

NOTIFIC ON OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wet removal of pipe insulation.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Wet removal, glovebag method, protective clothing & equipment, ACM will be double bagged in 6 mil poly w/appropriate warning and labels.		
XII. WASTE TRANSPORTER #1 Name: Condor Waste Transportation Address: P.O. Box 1430, FM 1945 and County Road 39 City: Sinton State: Texas Zip: 78387 Contact: Tel:		
XII. WASTE TRANSPORTER #2 Name: BFI - Sinton Landfill Address: FM 1945 and Conty Road 39 City: Sinton State: Texas Zip: 78387 Contact: Tel:		
XIII. WASTE DISPOSAL SITE Name: Address: City: State: Zip:		
Telephone: TDH/TMC Permit No.:		
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW: Name: Title:		
Authority:		
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
XV. FOR EMERGENCY RENOVATIONS 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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) Job Supervisor: Ray Gayle TDH Lic. No.: 80-2257  3/9/93 (Signature of Owner/Operator) (Date)		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT  3/9/93 (Signature of Owner/Operator) (Date)		

Please Type or Print

ACB-99C (3/1/91)

A 0002455

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): 0				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Blvd.				
City: Corpus Christi	State: Texas	Zip: 78408		
Contact: Eric Bigelow			Tel: 887-3344	
REMOVAL CONTRACTOR: Service Environmental Co.				
Address: 1801 Nueces Bay Blvd.		TDH Lic. No: 80-0446		
City: Corpus Christi	State: Texas	Zip: 78408		
Contact: J.R. Anevalo Bob Baldwin			Tel: 888-5803	
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:			Tel:	
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): D				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: #3 Vacuum		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Blvd.		County: Nueces		
City: Corpus Christi,	State: Texas	Zip: 78408		
Site Location: Boilers #9, 8, & 7			Site Tel:	
Building Size:	# of Floors:	Age in Years:		
Present Use:		Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT
2. Category I ACM Not Removed		Cat I	Cat II	
3. Category II ACM Not Removed				
Pipes				Ln Ft: Ln m:
Surface Area				Sq Ft: Sq m:
Vol RACH Off Facility Component				Cu Ft: 2700 Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/23/93 Complete: 4/7/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002459

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: <i>Seal to transport</i>		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: <i>Amended water, encapsulant, hepa vac, and neg. air sealed with poly and labeled.</i>		
XII. WASTE TRANSPORTER #1		
Name: <u>Berry Contracting</u>		
Address: <u>1414 Corn Products</u>		
City: <u>Corpus Christi</u>	State: <u>Texas</u>	Zip: <u>78409</u>
Contact: <u>Marty Berry</u>	Tel: <u>512-289-2100</u>	
XIII. WASTE TRANSPORTER #2		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact: _____	Tel: _____	
XIII. WASTE DISPOSAL SITE		
Name: <u>BFI - Sinton Landfill</u>		
Address: <u>FM 1945 and County Road 39</u>		
City: <u>Sinton</u>	State: <u>TX</u>	Zip: <u>78387</u>
Telephone: <u>512-364-4232</u>	TDH/TWC Permit No.: _____	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name: <u>N/A</u>	Title: _____	
Authority: _____		
Date of Order (MM/DD/YY): _____		Date Ordered to Begin (MM/DD/YY): _____
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/HH/DD/YY): _____		
Description of the Sudden, Unexpected Event: _____		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: <u>Bob Baldwin</u> TDH Lic. No.: <u>80-2215</u>	<u><i>Lin R. Risher</i></u> (Signature of Owner/Operator)	<u>3/9/93</u> (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
<u><i>Lin R. Risher</i></u> (Signature of Owner/Operator)		<u>3/9/93</u> (Date)

Please Type or Print

A 0002460

ACB-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDN #	Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): R - VIII, IX					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CITGO Refining and Chemicals, Inc.					
Address: 1801 Nueces Bay Boulevard					
City:	Corpus Christi	State:	Texas	Zip:	78407
Contact:	Philip Vrazel			Tel:	(512) 887-3359
REMOVAL CONTRACTOR: Brand Remediation Services, Inc. (aka Thermo Tech, Inc.)					
Address:		P.O. Box 3109	TDN Lic. No:	80-0031	
City:	Orange	State:	Texas	Zip:	77630
Contact:	Charlotte Castleman			Tel:	409-883-4344
OTHER OPERATOR: Olshan Demolishing Company					
Address: 2707 North Loop West, Suite 200					
City:	Houston	State:	Texas	Zip:	77008
Contact:	Bill Bartlett			Tel:	(713) 867-9200
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): Demo					
IV. IS ASBESTOS PRESENT? (Yes/No): Yes					
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)					
Unit Name:		Alkylation Unit		TACB Account: NE-0027-V	
Address:		1801 Nueces Bay Boulevard		County: Nueces	
City:	Corpus Christi	State:	Texas	Zip:	78407
Site Location:		Alkylation Unit		Site Tel: 512-887-2742	
Building Size:		N/A	# of Floors:	N/A	Age in Years: 30+
Present Use:		Inactive		Prior Use: Petroleum Refining	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:					
1. Regulated ACM to be Removed		RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT
2. Category I ACM Not Removed			Cat I	Cat II	
3. Category II ACM Not Removed					
Pipes					Ln Ft: Ln m:
Surface Area					Sq Ft: Sq m:
Vol RACH Off Facility Component		810			Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/27/93 Complete: 04/02/93					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/27/93 Complete: 04/02/93					

Please Type or Print

ACB-998 (3/1/91)

A 0002462

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wet removal, hepa vac and decontamination of scaffolding equipment.								
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Wet removal, containment & open air methods, protective clothing & equipment, ACM will be double bagged in 6 mil poly w/ appropriate warnings & labels.								
XII. WASTE TRANSPORTER #1 Name: Condor Waste Transportation Address: P.O. Box 1430, FM 1945 and County Road 39 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City: Sinton</td> <td style="width:20%;">State: Texas</td> <td style="width:40%;">Zip: 78387</td> </tr> <tr> <td colspan="2">Contact:</td> <td>Tel:</td> </tr> </table>			City: Sinton	State: Texas	Zip: 78387	Contact:		Tel:
City: Sinton	State: Texas	Zip: 78387						
Contact:		Tel:						
XIII. WASTE TRANSPORTER #2 Name: Address: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City:</td> <td style="width:20%;">State:</td> <td style="width:40%;">Zip:</td> </tr> <tr> <td colspan="2">Contact:</td> <td>Tel:</td> </tr> </table>			City:	State:	Zip:	Contact:		Tel:
City:	State:	Zip:						
Contact:		Tel:						
XIV. WASTE DISPOSAL SITE Name: BFI - Sinton Landfill Address: FM 1945 and County Road 39 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City: Sinton</td> <td style="width:20%;">State: Texas</td> <td style="width:40%;">Zip: 78387</td> </tr> <tr> <td colspan="2">Telephone:</td> <td>TDH/TWC Permit No.:</td> </tr> </table>			City: Sinton	State: Texas	Zip: 78387	Telephone:		TDH/TWC Permit No.:
City: Sinton	State: Texas	Zip: 78387						
Telephone:		TDH/TWC Permit No.:						
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW: Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):								
XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:								
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable)								
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) <table style="width:100%;"> <tr> <td style="width:30%;">Job Supervisor: Ray Gayle</td> <td style="width:40%; text-align: center;"> (Signature of Owner/Operator) </td> <td style="width:30%; text-align: center;"> 3/19/93 (Date) </td> </tr> <tr> <td>TDH Lic. No.: 80-2257</td> <td colspan="2"></td> </tr> </table>			Job Supervisor: Ray Gayle	 (Signature of Owner/Operator)	3/19/93 (Date)	TDH Lic. No.: 80-2257		
Job Supervisor: Ray Gayle	 (Signature of Owner/Operator)	3/19/93 (Date)						
TDH Lic. No.: 80-2257								
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <table style="width:100%;"> <tr> <td style="width:40%; text-align: center;"> (Signature of Owner/Operator) </td> <td style="width:60%; text-align: center;"> 3/19/93 (Date) </td> </tr> </table>			 (Signature of Owner/Operator)	3/19/93 (Date)				
 (Signature of Owner/Operator)	3/19/93 (Date)							

Please Type or Print

ACB-99C (3/1/91)

A 0002463

NOTIFICATION OF DEMOLITION AND RENOVATION

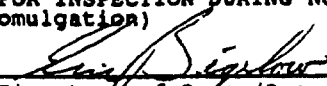
Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): 0				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City:	Corpus Christi	State:	Texas	Zip: 78407
Contact:	Eric Bigelow			Tel: 512-887-3344
REMOVAL CONTRACTOR: Brand Remediation Services, Inc. (aka Thermo Tech, Inc.)				
Address: P.O. Box 3109		TDH Lic. No: 80-0031		
City:	Orange	State:	Texas	Zip: 77630
Contact:	Charlotte Castleman			Tel: 409-883-4344
OTHER OPERATOR: Olshan Demolishing Company				
Address: 2707 North Loop West, Suite 200				
City:	Houston	State:	Texas	Zip: 77008
Contact:	Bill Bartlett			Tel: 713-867-9200
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): D				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Area 3, from Old Alkylatlon Unit to Cooling Tower Area		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City:	Corpus Christi	State:	Texas	Zip: 78407
Site Location: Area 3 from Old Alkylatlon Unit to Cooling Tower Area		Site Tel: 512-887-2742		
Building Size:	N/A	# of Floors:	N/A	Age in Years: 30+
Present Use: Inactive		Prior Use: Petroleum Refining		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACH To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes	208			LnFt: XX Ln m:
Surface Area				SqFt: Sq m:
Vol RACH Off Facility Component				CuFt: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/04/93 Complete: 03/09/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/01/93 Complete: 03/09/93				

Please Type or Print

ACB-99B (3/1/91)

A 0002465

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Wet removal of pipe insulation.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Wet removal, glovebag method, protective clothing & equipment, ACM will be double bagged in 6 mil poly w/appropriate warning and labels.		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:		Tel:
WASTE TRANSPORTER #2		
Name: BFI - Sinton Landfill		
Address: FM 1945 and Conty Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name:		
Address:		
City:	State:	Zip:
Telephone:		TDH/TWC Permit No.:
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Ray Gayle		2/17/93
TDH Lic. No.: 80-2257	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
		2/17/93
(Signature of Owner/Operator)		(Date)

Please Type or Print

A 0002466

ACB-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # 8074	Postmark	Date Received	TDH Notified? YES	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): Original				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO REFINING AND CHEMICALS, INC.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi	State: Texas	Zip: 78407		
Contact: Philip Vrazel	Tel: (512) 887-3359			
REMOVAL CONTRACTOR: BRAND REMEDIATION SERVICES, INC. (AKA THERMO TECH, INC.)				
Address: P.O. BOX 3109		TDH Lic. No: 80-0031		
City: Orange	State: Texas	Zip: 77630		
Contact: Charlotte Castleman	Tel: (409) 883-4344			
OTHER OPERATOR: OLSHAN DEMOLISHING COMPANY				
Address: 2707 North Loop West, Suite 200				
City: Houston	State: Texas	Zip: 77008		
Contact: Bill Bartlett	Tel: (713) 867-9200			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): Demo				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: <i>Area 3, from old Alkylation Unit to Alkylation Unit Cooling Towers Area</i>		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City: Corpus Christi	State: Texas	Zip: 78407		
Site Location: <i>Alkylation Unit - Area 3 from old Alkylation Unit to Cooling Towers Area</i>		Site Tel: (512) 887-2742		
Building Size: N/A	# of Floors: N/A	Age in Years: 30+		
Present Use: Inactive		Prior Use: Petroleum Refining		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACM To Be Removed 208	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes				LnFt: XX Ln m:
Surface Area				SqFt: Sq m:
Vol RACM Off Facility Component				CuFt: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/01/93 Complete: 03/09/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/01/93 Complete: 03/09/93				

*east
down the
side of
the road
over road
to Cooling Towers*

Please Type or Print

ACB-99B (3/1/91)

*Will Smith
Date Start of Activity
Sub: 1555*

A 0002467

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND METHOD(S) TO BE USED: Wet removal of pipe insulation.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Wet removal, glovebag method, protective clothing & equipment, ACM will be double bagged in 6 mil poly w/appropriate warnings & labels.		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:		Tel:
XII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone:		TDH/TWC Permit No.:
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Ray Gayle		02/16/93
TDH Lic. No.: 80-2257	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
	(Signature of Owner/Operator)	02/16/93 (Date)

Please Type or Print

ACB-99C (3/1/91)

A 0002468

Texas Department of Health
ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION FORM

(THIS SECTION FOR TDH USE ONLY)

NOTIFICATION RECEIVED DATE: _____ POSTMARK: _____
INVESTIGATION DATE: / _____ INVESTIGATOR: _____
FOLLOW-UP INSPECTION? YES NO

- Brand Remediation Services, Inc.
- 1) Removal Contractor: _____ TDH License No.: 80-0031
Office Phone No.: 409/883-4344 Job Site Phone: 512/8873359
Project Supervisor: Ray Gayle TDH License No.: 80-2257
- 2) Facility Owner: Citgo Refining and Chemicals, Inc.
Mailing Address: 1801 Nueces Bay Boulevard Phone: 512/887-3359
City: Corpus Christi State: Texas Zip: 78407
Principal Business: Petroleum Refining
- 3) Description of Facility Name: Citgo Refining and Chemicals, Inc.
Address: 1801 Nueces Bay Boulevard County: _____
City: Corpus Christi Bldg. Ph. No.: 512/887-3359
Description of Area/Room No.: Alkylation Unit
Prior Use: Petroleum Refining Future Use: Petroleum Refining
- 4) Type of Work Demolition: XX Renovation: _____ O&M: _____
- 5) Notification Type:
XX 10 Day
____ Cancellation
____ Amendment, and if so, Which Amendment Number is this? _____
____ Emergency Who did you talk to at TDH about emergency? _____
- 6) Asbestos Type Friable: XX Non-Friable: _____
- 7) Amount Asbestos: _____ linear feet (pipes) _____ sq.ft. (other)
- 8) Method of Removal: Wet removal, glove bag method, protective clothing & equipment, ACM
will be double bagged in 6 mil poly w/appropriate warnings & labels.
- 9) Description of material to be removed: Wet removal of pipe insulation.
- 10) Work will be during normal work hours: XX evening: _____ night: _____
Weekends only? yes no
- 11) Disposal Site Name: BFI - Sinton Address: FM 1945 and County Rd. 39
City: Sinton State: Texas Zip: 78387
- 12) Scheduled Start Date: 03/03/93
- 13) Scheduled Completion Date: 03/09/93

*NOTE: If the start time on this notification is not met within 24 hours of the start date indicated, the Asbestos Licensing Section must be notified by telephone or fax of the new start date. Failure to do so will result in official action being taken.

02/16/93

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

Mail to:
TEXAS DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH DIVISION
ASBESTOS LICENSING SECTION
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

PH: 512-459-1611

FAX: 512-459-1872

This form supersedes all previous forms. 10/21/91

A 0002469

NOTIFICATION OF DEMOLITION AND RENOVATION

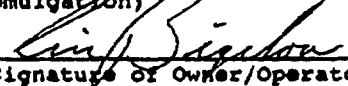
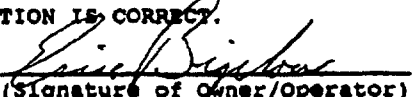
Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): R - VIII, IX, & X				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi	State: Texas	Zip: 78407		
Contact: Philip Vrazel	Tel: (512) 887-3359			
REMOVAL CONTRACTOR: Brand Remediation Services, Inc. (aka Thermo Tech, Inc.)				
Address: P.O. Box 3109		TDH Lic. No: 80-0031		
City: Orange	State: Texas	Zip: 77630		
Contact: Charlotte Castleman	Tel: 409-883-4344			
OTHER OPERATOR: Olshan Demolishing Company				
Address: 2707 North Loop West, Suite 200				
City: Houston	State: Texas	Zip: 77008		
Contact: Bill Bartlett	Tel: (713) 867-9200			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): Demo				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Alkylation Unit		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City: Corpus Christi	State: Texas	Zip: 78407		
Site Location: Alkylation Unit		Site Tel: 512-887-2742		
Building Size: N/A	# of Floors: N/A	Age in Years: 30+		
Present Use: Inactive		Prior Use: Petroleum Refining		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed	RACM To Be Removed	Cat I	Cat II	UNIT
2. Category I ACM Not Removed				
3. Category II ACM Not Removed				
Pipes				LnFt: Ln m:
Surface Area				SqFt: Sq m:
Vol RACM Off Facility Component	810			CuFt: XX Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/27/93 Complete: 03/12/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/27/93 Complete: 03/12/93				

Please Type or Print

ACB-90a (3/1/91)

A 0002473

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Wet removal, hepavac and decontamination of scaffolding equipment.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Wet removal, containment & open air methods, protective clothing & equipment, ACM will be double bagged in 6 mil poly w/ appropriate warnings & labels.		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:		Tel:
XII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone:	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.		
Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable)		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Ray Gayle		2/19/93
TDH Lic. No.: 80-2257	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
		2/19/93
(Signature of Owner/Operator)		(Date)

Please Type or Print

A 0002474

ACB-99C (3/1/91)

**AMENDED EMERGENCY NOTIFICATION
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project # 8074	Postmark	Date Received	TDH Notified? YES	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): Revised (Method of removal)				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO REFINING AND CHEMICALS, INC.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi	State: Texas		Zip: 78407	
Contact: Philip Vrazel			Tel: (512) 887-3359	
REMOVAL CONTRACTOR: BRAND REMEDIATION SERVICES, INC. (AKA THERMO TECH, INC.)				
Address: P.O. Box 3109		TDH Lic. No: 80-0031		
City: Orange	State: Texas		Zip: 77630	
Contact: Charlotte Castleman			Tel: (409) 883-4344	
OTHER OPERATOR: OLSHAN DEMOLISHING COMPANY				
Address: 2707 North Loop West, Suite 200				
City: Houston	State: Texas		Zip: 77008	
Contact: Bill Bartlett			Tel: (713) 867-9200	
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): Demo				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Alkylation Unit		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City: Corpus Christi	State: Texas		Zip: 78407	
Site Location: Alkylation Unit		Site Tel: (512) 887-2742		
Building Size: N/A	# of Floors: N/A		Age in Years: 30+	
Present Use: Inactive		Prior Use: Petroleum Refining		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM Not Removed		Cat I	Cat II	UNIT
3. Category II ACM Not Removed				
Pipes				Ln Ft: Ln m:
Surface Area				Sq Ft: Sq m:
Vol RACH Off Facility Component	810			Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/27/93 Complete: 02/19/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/27/93 Complete: 02/19/93				

Please Type or Print

ACB-998 (3/1/91)

A 0002478

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND METHOD(S) TO BE USED: Wet removal and decontamination of scaffolding equipment.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Wet removal, containment & open air methods, protective clothing & equipment, ACM will be double bagged in 6 mil poly w/appropriate warnings & labels.		
XII. WASTE TRANSPORTER #1		
Name: <u>Condor Waste Transportation</u>		
Address: <u>P.O. Box 1430, FM 1945 and County Road 39</u>		
City: <u>Sinton</u>	State: <u>Texas</u>	Zip: <u>78387</u>
Contact: _____		Tel: _____
XII. WASTE TRANSPORTER #2		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact: _____		Tel: _____
XIII. WASTE DISPOSAL SITE		
Name: <u>BFI - Sinton Landfill</u>		
Address: <u>FM 1945 and County Road 39</u>		
City: <u>Sinton</u>	State: <u>Texas</u>	Zip: <u>78387</u>
Telephone: _____		TDH/TWC Permit No.: _____
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW.		
Name: _____		Title: _____
Authority: _____		
Date of Order (MM/DD/YY): _____		Date Ordered to Begin (MM/DD/YY): _____
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden: _____		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable)		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: <u>Ray Gayle</u> TDH Lic. No.: <u>80-2257</u>	<u><i>Ray Gayle</i></u> (Signature of Owner/Operator)	<u>2/4/93</u> (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
<u><i>Ray Gayle</i></u> (Signature of Owner/Operator)		<u>2/4/93</u> (Date)

Please Type or Print

ACB-99C (3/1/91)

A 0002479

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: <i>Removal of transite panels</i>		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: <i>Amended water</i>		
XII. WASTE TRANSPORTER #1		
Name: <i>Condon Waste Transportation</i>		
Address: <i>P.O. Box 1430., FM 1945, and County Road 39</i>		
City: <i>Sinton,</i>	State: <i>Texas</i>	Zip: <i>78387</i>
Contact:		Tel:
XII. WASTE TRANSPORTER #2		
Name: <i>N/A</i>		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: <i>BFI - Sinton Landfill</i>		
Address: <i>FM 1945 and County Road 39</i>		
City: <i>Sinton</i>	State: <i>Texas</i>	Zip: <i>78387</i>
Telephone: <i>512/ 364-4232</i>	TDH/TNC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name: <i>N/A</i>	Title:	
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. <i>Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable)</i>		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: <i>Bob Baldwin</i> TDH Lic. No.: <i>80-2215</i>	<i>[Signature]</i> (Signature of Owner/Operator)	<i>2/8/93</i> (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
<i>[Signature]</i> (Signature of Owner/Operator)		<i>2/8/93</i> (Date)

Please Type or Print

A 0002487

ACB-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDH Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): <i>Original</i>				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <i>Citgo Refining and Chemicals, Inc.</i>				
Address: <i>7350 IH 37</i>				
City: <i>Corpus Christi,</i>	State: <i>Texas</i>	Zip: <i>78409</i>		
Contact: <i>Eric Bigelow</i>	Tel: <i>512-887-3344</i>			
REMOVAL CONTRACTOR: <i>Service Environmental Company</i>				
Address: <i>1801 Nueces Bay Blvd.</i>		TDH Lic. No: <i>80-0446</i>		
City: <i>Corpus Christi,</i>	State: <i>Texas</i>	Zip: <i>78407</i>		
Contact: <i>Eustolio Anevalo, Jr.</i>	Tel: <i>512-888-5803</i>			
OTHER OPERATOR: <i>N/A</i>				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): <i>R</i>				
IV. IS ASBESTOS PRESENT? (Yes/No): <i>Yes</i>				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: <i>#5 Compressor Building</i>		TACB Account: <i>NE-0192-F</i>		
Address: <i>7350 IH 37</i>		County: <i>Nueces</i>		
City: <i>Corpus Christi</i>	State: <i>Texas</i>	Zip: <i>78409</i>		
Site Location: <i>Citgo/ West Plant</i>		Site Tel:		
Building Size: <i>22 x 60</i>	# of Floors: <i>1</i>	Age in Years: <i>12</i>		
Present Use: <i>Compressor Building</i>		Prior Use: <i>Compressor Building</i>		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT
2. Category I ACM Not Removed		Cat I	Cat II	
3. Category II ACM Not Removed				
Pipes				LnFt: Ln m:
Surface Area	<i>1,000'</i>			SqFt: 1000 Sq m:
Vol RACH Off Facility Component				CuFt: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>2/24/93</i> Complete: <i>2/26/93</i>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

Please Type or Print

ACB-99B (3/1/91)

A 0002486

AMENDED EMERGENCY NOTIFICATION

Texas Department of Health
ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION FORM

(THIS SECTION FOR TDH USE ONLY)

NOTIFICATION RECEIVED DATE: _____ POSTMARK: _____
INVESTIGATION DATE: _____ INVESTIGATOR: _____
FOLLOW-UP INSPECTION? YES NO

- 1) Removal Contractor: Brand Remediation Services, Inc. TDH License No.: 80-0031
Office Phone No.: 409/883-4344 Job Site Phone: 512/887-2742
Project Supervisor: Ray Gayle TDH License No.: 80-2257
- 2) Facility Owner: Citgo Refining and Chemicals, Inc.
Mailing Address: 1801 Nueces Bay Boulevard Phone: 512/887-3359
City: Corpus Christi State: Texas Zip: 78407
Principal Business: Petroleum Refining
- 3) Description of Facility Name: Citgo Refining and Chemicals, Inc.
Address: 1801 Nueces Bay Boulevard County: _____
City: Corpus Christi Bldg. Ph. No.: 512/887-3359
Description of Area/Room No.: Alkylation Unit
Prior Use: Petroleum Refining Future Use: Petroleum Refining
- 4) Type of Work Demolition: xx Renovation: _____ O&M: _____
- 5) Notification Type:
____ 10 Day
____ Cancellation
xx Amendment, and if so, Which Amendment Number is this? 01
____ Emergency Who did you talk to at TDH about emergency? _____
- 6) Asbestos Type Friable: xx Non-Friable: _____
- 7) Amount Asbestos: _____ linear feet (pipes) _____ sq.ft. (other) 810 Cuft
- 8) Method of Removal: Wet removal, containment & open air methods, protective clothing & equipment, ACM will be double bagged in 6 mil poly w/appropriate labels.
- 9) Description of material to be removed: Wet removal and decontamination of scaffolding equipment.
- 10) Work will be during normal work hours: xx evening: _____ night: _____
Weekends only? yes no
- 11) Disposal Site Name: BFI- Sinton Address: FM 1945 and County Rd. 39
City: Sinton State: Texas Zip: 78387
- 12) Scheduled Start Date: 01/27/93
- 13) Scheduled Completion Date: 02/19/93

*NOTE: If the start time on this notification is not met within 24 hours of the start date indicated, the Asbestos Licensing Section must be notified by telephone or fax of the new start date. Failure to do so will result in official action being taken.

Eric Beisler 02/03/93 (512) 887-3344
(Signature, Title of Contact) (Date) (Telephone Number)
Environmental Engineer

Mail to:
TEXAS DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH DIVISION
ASBESTOS LICENSING SECTION
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

PH: 512-459-1611

FAX: 512-459-1872

This form supersedes all previous forms. 10/21/91

834-6644

A 0002484

**Texas Department of Health
ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION FORM**

(THIS SECTION FOR TDH USE ONLY)

NOTIFICATION RECEIVED DATE: _____ POSTMARK: _____
INVESTIGATION DATE: _____ INVESTIGATOR: _____
FOLLOW-UP INSPECTION? YES NO

- 1) Removal Contractor: Brand Remediation Services, Inc. TDH License No.: 80-0031
Office Phone No.: (409) 883-4344 Job Site Phone: (512) 887-2742
Project Supervisor: Ray Gayle TDH License No.: 80-2257
- 2) Facility Owner: Citgo Refining and Chemicals, Inc.
Mailing Address: 1801 Nueces Bay Boulevard Phone: (512) 887-3359
City: Corpus Christi State: Texas Zip: 78407
Principal Business: Petroleum Refining
- 3) Description of Facility Name: Citgo Refining and Chemicals, Inc.
Address: 1801 Nueces Bay Boulevard County: _____
City: Corpus Christi Bldg. Ph. No.: (512) 887-2742
Description of Area/Room No.: Alkylation Unit
Prior Use: Petroleum Refining Future Use: Petroleum Refining
- 4) Type of Work Demolition: xx Renovation: _____ O&M: _____
- 5) Notification Type: _____
 10 Day
 ____ Cancellation
 ____ Amendment, and if so, Which Amendment Number is this? _____
 xx Emergency Who did you talk to at TDH about emergency? William Ashton
- 6) Asbestos Type Friable: xx Non-Friable: _____
- 7) Amount Asbestos: _____ linear feet (pipes) _____ sq.ft. (other)
- 8) Method of Removal: Wet removal, containment method, protective clothing & equipment, ACM will double bagged in 6 mil poly w/appropriate warnings & labels.
- 9) Description of material to be removed: Wet removal and decontamination of scaffolding equipment.
- 10) Work will be during normal work hours: xx evening: _____ night: _____
Weekends only? yes no
- 11) Disposal Site Name: BFI - Sinton Landfill Address: FM 1945 and County Rd 39
City: Sinton State: Texas Zip: 78387
- 12) Scheduled Start Date: 01/27/93
- 13) Scheduled Completion Date: 02/19/93

*NOTE: If the start time on this notification is not met within 24 hours of the start date indicated, the Asbestos Licensing Section must be notified by telephone or fax of the new start date. Failure to do so will result in official action being taken.

 01/27/93 (512) 887-3344
(Signature, Title of Contact) (Date) (Telephone Number)

Mail to:
TEXAS DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH DIVISION
ASBESTOS LICENSING SECTION
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

PH: 512-459-1611

FAX: 512-459-1872

This form supersedes all previous forms. 10/21/91

A 0002491

NOTIFICATION OF DEMOLITION AND RENOVATION

EMERGENCY NOTIFICATION

Operator Project # 8074	Postmark	Date Received	TDH Notified? YES	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): EMERGENCY				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO REFINING AND CHEMICALS, INC.				
Address: 1801 Nueces Bay Boulevard				
City: Corpus Christi	State: Texas		Zip: 78407	
Contact: Philip Vrazel			Tel: (512) 887-3359	
REMOVAL CONTRACTOR: BRAND REMEDIATION SERVICES, INC. (AKA THERMO TECH, INC.)				
Address: P.O. Box 3109		TDH Lic. No: 80-0031		
City: Orange	State: Texas		Zip: 77630	
Contact: Charlotte Castleman			Tel: (409) 883-4344	
OTHER OPERATOR: OLSHAN DEMOLISHING COMPANY				
Address: 2707 North Loop West, Suite 200				
City: Houston	State: Texas		Zip: 77008	
Contact: Bill Bartlett			Tel: (713) 867-9200	
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): Demol				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Alkylation Unit		TACH Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City: Corpus Christi	State: Texas		Zip: 78407	
Site Location: Alkylation Unit		Site Tel: (512) 887-2742		
Building Size: N/A	# of Floors: N/A		Age in Years: 30+	
Present Use: Inactive		Prior Use: Petroleum Refining		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM Not Removed		Cat I	Cat II	
3. Category II ACM Not Removed				
Pipes				Ln Ft: Ln m:
Surface Area				Sq Ft: Sq m:
Vol RACH Off Facility Component	810			Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/27/93 Complete: 02/19/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/27/93 Complete: 02/19/93				

Please Type or Print

ACB-99B (3/1/93)

A 0002497

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wet removal and decontamination of scaffolding equipment.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Wet removal, containment method, protective clothing & equipment, ACM will double bagged in 6 mil poly w/appropriate warnings and labels.

XII. WASTE TRANSPORTER #1 TXD980874390

Name: Condor Waste Transportation

Address: P.O. Box 1430, FM 1945 and County Road 39

City: Sinton

State: Texas

Zip: 78387

Contact:

Tel:

XIII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact:

Tel:

XIV. WASTE DISPOSAL SITE

Name: BFI - Sinton Landfill

Address: FM 1945 and County Road 39

City: Sinton

State: Texas

Zip: 78387

Telephone:

TDH/TWC Permit No.:

XV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (HH/MM/DD/YY): 2:00P.M. / 01/26/93

Description of the sudden, Unexpected Event:

Other contractors working in area on tight schedule, before work can continue scaffolding equipment need to be decontaminated.

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Other contractors working in area on tight schedule, before work can continue scaffolding equipment need to be decontaminated.

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Job Supervisor: Ray Gayle

TDH Lic. No.: 80-2257

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator)

(Date)

Please Type or Print

A 0002498

ACB-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	TDR Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): Original				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Citgo Refining and Chemicals, Inc.				
Address: 7350 IH 37				
City: Corpus Christi	State: Texas	Zip: 78409		
Contact: Eric Bigelow			Tel: 512-887-3344	
REMOVAL CONTRACTOR: Service Environmental Company				
Address: 1801 Nueces Bay Blvd.		TDR Lic. No: 80-0446		
City: Corpus Christi	State: Texas	Zip: 78407		
Contact: J.R. Arevalo			Tel: (512-888-5803	
OTHER OPERATOR: N/A				
Address:				
City:	State:	Zip:		
Contact:			Tel:	
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): R				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: 546-C-2B Building		TACB Account: NE-0192-F		
Address: 7350 IH 37		County: Nueces County		
City: Corpus Christi,	State: Texas	Zip: 78409		
Site Location: Citgo / West Plant		Site Tel: N/A		
Building Size: 39 x 34	# of Floors: 1	Age in Years:		
Present Use: Compressor Bldg.		Prior Use: Compressor Building		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM Not Removed		Cat I	Cat II	UNIT
3. Category II ACM Not Removed				
Pipes				LnFt: Ln m:
Surface Area	2,500'			SqFt: 2,500 Sq m:
Vol RACH Off Facility Component				CuFt: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/9/93 Complete: 2/12/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

Please Type or Print

ACB-99B (3/1/91)

A 0002503

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of transite panels		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Amended water		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. box 1430., FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact: WASTE TRANSPORTER #2		Tel:
Name: N/A		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: BEY - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone: (512) 364-4232	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name: N/A	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable.)		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: <u>JP. Arcevalo</u>	<u>[Signature]</u>	<u>1/25/93</u>
TDH Lic. No.: <u>80-2215</u>	(signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
<u>[Signature]</u>		<u>1/25/93</u>
(signature of Owner/Operator)		(Date)

Please Type or Print

A 0002504

ACB-99C (3/1/91)

Texas Department of Health
ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION FORM

(THIS SECTION FOR TDH USE ONLY)

NOTIFICATION RECEIVED DATE: _____ POSTMARK: _____
INVESTIGATION DATE: _____ INVESTIGATOR: _____
FOLLOW-UP INSPECTION? YES NO

- 1) Removal Contractor: Service Environmental TDH License No.: 80-0446
Office Phone No.: 409-838-2282 Job Site Phone: 888-5803
Project Supervisor: Bob Baldwin TDH License No.: 80-2215
- 2) Facility Owner: CITGO Refining and Chemicals, Inc
Mailing Address: P.O. Box 9176 Phone: 512-887-3344
City: Corpus Christi State: Texas Zip: 78469
Principal Business: Petroleum Refinery
- 3) Description of Facility Name: #546-C-2B, West Plant
Address: 7350 IH 37 County: Nueces
City: Corpus Christi, TX Bldg. Ph. No.: N/A
Description of Area/Room No.: 546-C-2B- Compressor Building
Prior Use: Compressor Bldg. Future Use: Compressor Bldg.
- 4) Type of Work Demolition: Renovation: X O&M: _____
- 5) Notification Type:
X 10 Day
____ Cancellation
____ Amendment, and if so, Which Amendment Number is this? _____
____ Emergency Who did you talk to at TDH about emergency? _____
- 6) Asbestos Type Friable: _____ Non-Friable: X
- 7) Amount Asbestos: _____ linear feet (pipes) 2,500 sq.ft. (other)
- 8) Method of Removal: Amended water and Hepa Filter/Negative Air.
- 9) Description of material to be removed: Transite
- 10) Work will be during normal work hours: X evening: _____ night: _____
Weekends only? yes X no
- 11) Disposal Site Name: BFI - Sinton Landfill Address: FM 1945 & CR 39
City: Sinton State: Texas Zip: 78387
- 12) Scheduled Start Date: 2/9/93
- 13) Scheduled Completion Date 2/12/93

*NOTE: If the start time on this notification is not met within 24 hours of the start date indicated, the Asbestos Licensing Section must be notified by telephone or fax of the new start date. Failure to do so will result in official action being taken.

Kim B. [Signature]
(Signature, Title of Contact)

Environmental Engineer

1/25/93
(Date)

512-887-3344

(Telephone Number)

Mail to:
TEXAS DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH DIVISION
ASBESTOS LICENSING SECTION
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

PH: 512-459-1611
834-6680

FAX: 512-459-1872

This form supersedes all previous forms. 10/21/91

A 0002506

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project	Postmark	Date Received	Was Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): R - VII, VIII, and IX				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City:	Corpus Christi	State:	Texas	Zip: 78407
Contact:	Philip Vrazel			Tel: 512-887-3359
REMOVAL CONTRACTOR: Brand Remediation Services, Inc. (aka Thermo Tech, Inc.)				
Address: P.O. Box 3109		TDM Lic. No: 80-0031		
City:	Orange	State:	Texas	Zip: 77630
Contact:	Charlotte Castleman			Tel: 409-883-4344
OTHER OPERATOR: Olshan Demolishing Company				
Address: 2707 North Loop West, Suite 200				
City:	Houston	State:	Texas	Zip: 77008
Contact:	Bill Bartlett			Tel: 713-867-9200
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): D				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Alkylation Unit		TACS Account: NE-0027-Y		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City:	Corpus Christi	State:	Texas	Zip: 78407
Site Location: Alkylation Unit		Site Tel: 512-887-2742		
Building Size: N/A	# of Floors: N/A	Age in Years: 30+		
Present Use: Inactive		Prior Use: Petroleum Refining		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM Not Removed		Cat I	Cat II	UNIT
3. Category II ACM Not Removed				
Plumb	3,851			Ln Ft: X Ln m:
Surface Area	9,525			Sq Ft: X Sq m:
Vol RACH Off Facility Component				Cu Ft: X Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/20/92 Complete: 01/21/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/20/92 Complete: 01/21/93				

Please Type or Print

ACS-99B (3/1/91)

A 0002509

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of asbestos containing pipe insulation, vessel insulation, firebrick, transite and gunite by wet method.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Wet removal, glovebag and containment methods, protective clothing and equipment, ACM will be double bagged in 6 mil poly w/appropriate warnings and labels.		
XII. WASTE TRANSPORTER #1 TX0980874390		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:		Tel: (512) 364-4232
XII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: BFI -Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone:		TDH/THC Permit No.:
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: <u>Ray Gayle</u> TDH Lic. No.: <u>80-2257</u>	<u><i>Eric B. Bignall</i></u> (Signature of Owner/Operator)	<u>1/26/93</u> (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
<u><i>Eric B. Bignall</i></u> (Signature of Owner/Operator)		<u>1/26/93</u> (Date)

Please Type or Print

A 0002510

ACB-99C (3/1/91)

ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION FORM

(THIS SECTION FOR TDH USE ONLY)

NOTIFICATION RECEIVED DATE: _____ POSTMARK: _____
INVESTIGATION DATE: _____ INVESTIGATOR: _____
FOLLOW-UP INSPECTION? YES NO

- Brand Remediation Services, Inc.
- 1) Removal Contractor: a.k.a. Thermo Tech, Inc. TDH License No.: 80-0031
Office Phone No.: 409-883-4344 Job Site Phone: _____
Project Supervisor: Ray Gayle TDH License No.: 80-2257
 - 2) Facility Owner: CITGO Refining and Chemicals, Inc.
Mailing Address: P.O. Box 9176 Phone: (512) 887-3344
City: Corpus Christi State: Texas Zip: 78469-0321
Principal Business: Petroleum Refinery
 - 3) Description of Facility Name: Alkylation Unit
Address: 1801 Nueces Bay Boulevard County: Nueces
City: Corpus Christi Bldg. Ph. No.: (512) 887-2742
Description of Area/Room No.: Alkylation Unit
Prior Use: Alkylation Unit Future Use: N/A
 - 4) Type of Work Demolition: X Renovation: _____ O&M: _____
 - 5) Notification Type:
10 Day
Cancellation
X Amendment, and if so, which Amendment Number is this? 1
Emergency Who did you talk to at TDH about emergency? _____
 - 6) Asbestos Type Friable: X Non-Friable: _____
 - 7) Amount Asbestos: _____ linear feet (pipes) _____ sq.ft. (other)
 - 8) Method of Removal: Glovebag, amended water, and HEPA Filter/Negative Air
 - 9) Description of material to be removed: Asbestos containing pipe insulation, vessel insulation, firebrick, transite, and gunite.
 - 10) Work will be during normal work hours: X evening: _____ night: _____
Weekends only? yes X no
 - 11) Disposal Site Name: BFI - Sinton Landfill Address: FM 1945 and County Road 39
City: Sinton State: Texas Zip: 78387
 - 12) Scheduled Start Date: 12/20/92
 - 13) Scheduled Completion Date: 01/21/93

*NOTE: If the start time on this notification is not met within 24 hours of the start date indicated, the Asbestos Licensing Section must be notified by telephone or fax of the new start date. Failure to do so will result in official action being taken.

Eric Bigelow
(Signature, Title of Contact)

Eric Bigelow, Environmental Engineer

1/26/93
(Date)

(512) 887-3344

(Telephone Number)

Mail to:
TEXAS DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH DIVISION
ASBESTOS LICENSING SECTION
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

PH: (512) 834-6600

FAX: (512) 834-6644

This form supersedes all previous forms. 10/21/91

A 0002512

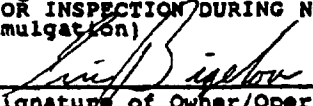
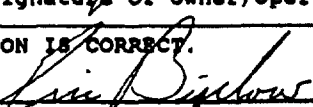
Operator Project #	Postmark	Date Received	TD Notified?	Notification #	
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled); R (New Completion Date)					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CITEO Refining and Chemicals, Inc.					
Address: 1801 Nueces Bay Boulevard					
City: Corpus Christi	State: Texas	Zip: 78407			
Contact: Eric Bigelow	Tel: (512) 887-3344				
REMOVAL CONTRACTOR: Service Environmental Company					
Address: 1801 Nueces Bay Boulevard		TDN Lic. No: 80-0446			
City: Corpus Christi	State: Texas	Zip: 78407			
Contact: J. R. Arevalo, Jr.	Tel: (512) 888-5803				
OTHER OPERATOR: N/A					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned); R					
IV. IS ASBESTOS PRESENT? (Yes/No): Yes					
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)					
Unit Name: Tank 1004		TACS Account: NE-0027-V			
Address: 1801 Nueces Bay Boulevard		County: Nueces			
City: Corpus Christi	State: TX	Zip: 78407			
Site Location: Area 2 Terminal		Site Tel: N/A			
Building Size: N/A	# of Floors: N/A	Age in Years: 55			
Present Use: Hydrocarbon Storage		Prior Use: Hydrocarbon Storage			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:					
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
2. Category I ACM Not Removed		Cat I	Cat II	UNIT	
3. Category II ACM Not Removed					
Pipes				Ln Ft:	Ln m:
Surface Area	7,697			Sq Ft: X	Sq m:
Vol RACH off Facility Component				Cu Ft:	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/18/93 Complete: 03/12/93					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/18/93 Complete: 03/12/93					

Please Type or Print

ACB-99B (3/1/91)

A 0002514

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of asbestos containing vessel insulation by wet method.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Amended water and HEPA Filter/Negative Air.		
XII. WASTE TRANSPORTER #1 TXD980874390		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:		Tel: (512) 364-4232
XII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: BFI -Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone: (512) 364-4232	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
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 or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Bob Baldwin TDH Lic. No.: 80-2215	 (Signature of Owner/Operator)	1/26/93 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
 (Signature of Owner/Operator)		1/26/93 (Date)

Please Type or Print

ACB-99C (3/1/91) A 0002515

TEXAS DEPARTMENT OF HEALTH
ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION FORM

(THIS SECTION FOR TDH USE ONLY)

NOTIFICATION RECEIVED DATE: _____ POSTMARK: _____
INVESTIGATION DATE: _____ INVESTIGATOR: _____
FOLLOW-UP INSPECTION? YES NO

- 1) Removal Contractor: Service Environmental Co. TDH License No.: 80-0446
Office Phone No.: (512) 888-5803 Job Site Phone: N/A
Project Supervisor: Bob Baldwin TDH License No.: 80-2215
- 2) Facility Owner: CITGO Refining and Chemicals, Inc.
Mailing Address: P.O. Box 9176 Phone: (512) 887-3344
City: Corpus Christi State: Texas Zip: 78469-0321
Principal Business: Petroleum Refinery
- 3) Description of Facility Name: Area 2 Terminal/Tank #1004
Address: 1801 Nueces Bay Boulevard County: Nueces
City: Corpus Christi Bldg. Ph. No.: N/A
Description of Area/Room No.: Tank Storage
Prior Use: Hydrocarbon storage Future Use: Hydrocarbon storage
- 4) Type of Work Demolition: _____ Renovation: X O&M: _____
- 5) Notification Type:
10 Day
Cancellation
X Amendment, and if so, Which Amendment Number is this? 1
Emergency Who did you talk to at TDH about emergency? _____
- 6) Asbestos Type Friable: _____ Non-Friable: X
- 7) Amount Asbestos: _____ linear feet (pipes) 7,697 sq.ft. (other)
- 8) Method of Removal: Glovebag, amended water, and HEPA Filter/Negative Air
- 9) Description of material to be removed: Black fibrous tar.
- 10) Work will be during normal work hours: X evening: _____ night: _____
Weekends only? yes X no
- 11) Disposal Site Name: BFI-Sinton Landfill Address: FM 1945 and County Road 39
City: Sinton State: Texas Zip: 78387
- 12) Scheduled Start Date: 01/18/93
- 13) Scheduled Completion Date: 03/12/93

*NOTE: If the start time on this notification is not met within 24 hours of the start date indicated, the Asbestos Licensing Section must be notified by telephone or fax of the new start date. Failure to do so will result in official action being taken.

Eric Bigelow 1/26/93 (512) 887-3344
(Signature, Title of Contact) (Date) (Telephone Number)
Eric Bigelow, Environmental Engineer

Mail to:
TEXAS DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH DIVISION
ASBESTOS LICENSING SECTION
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

PH: (512) 834-6600

FAX: (512) 834-6644

This form supersedes all previous forms. 10/21/91

A 0002517



CORPUS CHRISTI REFINERY

FILE COPY

P.O. Box 9176
1801 Nueces Bay Blvd.
Corpus Christi, Texas 78469-0321

PH - 512-882-8871
Fax - 512-882-4963

January 13, 1993

CERTIFIED LETTER
P 766 426 844

Ms. Gloria Stanford
Asbestos Notification Unit
Texas Air Control Board
12124 Park 35 Circle
Austin, TX 78753

RE: CITGO Refining and Chemicals, Inc.
Asbestos Removal Notification (40-CFR 61.145)

Dear Ms. Stanford:

Please be advised that during 1993, CITGO will remove less than 260 linear feet of asbestos from piping and less than 160 square feet of asbestos from other facility components during individual non-scheduled maintenance operations. Procedures set forth in 40 CFR 61.145 will be followed.

The work will be performed by Service Environmental Company. The asbestos will be disposed of at BFI - Sinton Landfill in Sinton, Texas.

If additional information is needed, I can be contacted at (512) 887-3344.

Sincerely,

Eric Bigelow
Environmental Engineer

/aer/042

cc: Texas Department of Health
Occupational Health Division
Asbestos Licensing Section
1100 West 49th Street
Austin, TX 78756

A 0002518

Texas Department of Health
ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION FORM

(THIS SECTION FOR TDH USE ONLY)

NOTIFICATION RECEIVED DATE: _____ POSTMARK: _____
INVESTIGATION DATE: _____ INVESTIGATOR: _____
FOLLOW-UP INSPECTION? YES NO

- 1) Removal Contractor: Service Environmental Co. TDH License No.: 80-0446
Office Phone No.: (512) 888-5803 Job Site Phone: N/A
Project Supervisor: Bob Baldwin TDH License No.: 80-2215
- 2) Facility Owner: CITGO Refining and Chemicals, Inc.
Mailing Address: P.O. Box 9176 Phone: (512) 887-3344
City: Corpus Christi State: Texas Zip: 78469
Principal Business: Petroleum Refinery
- 3) Description of Facility Name: Area 2 Terminal/Tank #1004
Address: 1801 Nueces Bay Boulevard County: Nueces
City: Corpus Christi Bldg. Ph. No.: N/A
Description of Area/Room No.: Tank Storage
Prior Use: Hydrocarbon Storage Future Use: Hydrocarbon Storage
- 4) Type of Work Demolition: _____ Renovation: X O&M: _____
Notification Type:
X 10 Day
____ Cancellation
____ Amendment, and if so, Which Amendment Number is this? _____
____ Emergency Who did you talk to at TDH about emergency? _____
- 6) Asbestos Type Friable: _____ Non-Friable: X
- 7) Amount Asbestos: _____ linear feet (pipes) 7,597 sq.ft. (other)
- 8) Method of Removal: Glovebag, amended water, and HEPA Filter/Negative Air
- 9) Description of material to be removed: Black fibrous tar.
- 10) Work will be during normal work hours: X evening: _____ night: _____
Weekends only? yes X no
- 11) Disposal Site Name: BFI - Sinton Landfill Address: FM 1945 and County Road 39
City: Sinton State: Texas Zip: 78387
- 12) Scheduled Start Date: 01/18/93
- 13) Scheduled Completion Date: 02/12/93

*NOTE: If the start time on this notification is not met within 24 hours of the start date indicated, the Asbestos Licensing Section must be notified by telephone or fax of the new start date. Failure to do so will result in official action being taken.

Eric Bigelow 1/6/93 (512) 887-3344
(Signature, Title of Contact) (Date) (Telephone Number)

Eric Bigelow, Environmental Engineer

Mail to:
TEXAS DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH DIVISION
ASBESTOS LICENSING SECTION
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

PH: ~~512-459-1611~~
834-6680

FAX: 512-459-1872

This form supersedes all previous forms. 10/21/91

A 0002620

Texas Department of Health
ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION FORM

(THIS SECTION FOR TDH USE ONLY)

NOTIFICATION RECEIVED DATE: _____ POSTMARK: _____
INVESTIGATION DATE: _____ INVESTIGATOR: _____
FOLLOW-UP INSPECTION? YES NO

- 1) Removal Contractor: Brand Remediation Services, Inc. TDH License No.: 80-0031
Office Phone No.: 409-883-4344 Job Site Phone: _____
Project Supervisor: Ray Gayle TDH License No.: 80-2257
- 2) Facility Owner: CITGO Refining and Chemicals, Inc.
Mailing Address: P.O. Box 9176 Phone: 512-887-3344
City: Corpus Christi State: Texas Zip: 78469-0321
Principal Business: Petroleum Refinery
- 3) Description of Facility Name: Alkylation Unit
Address: 1801 Nueces Bay Boulevard County: Nueces
City: Corpus Christi Bldg. Ph. No.: 512-887-2742
Description of Area/Room No.: Alkylation Unit
Prior Use: Petroleum Refining Future Use: Petroleum Refining
- 4) Type of Work Demolition: X Renovation: _____ O&M: _____
- 5) Notification Type:
X 10 Day
____ Cancellation
____ Amendment, and if so, Which Amendment Number is this? _____
____ Emergency Who did you talk to at TDH about emergency? _____
- 6) Asbestos Type Friable: X Non-Friable: _____
- 7) Amount Asbestos: 8,000 linear feet (pipes) 51,723 sq.ft. (other)
- 8) Method of Removal: By wet removal, glovebag and containment methods.
- 9) Description of material to be removed: Asbestos containing pipe insulation, firebrick, transite, and gunite.
- 10) Work will be during normal work hours: X evening: _____ night: _____
Weekends only? yes X no
- 11) Disposal Site Name: BFI - Sinton Landfill Address: FM 1945 and County Road 39
City: Sinton State: Texas Zip: 78387
- 12) Scheduled Start Date: 12/20/92
- 13) Scheduled Completion Date: 05/01/93

*NOTE: If the start time on this notification is not met within 24 hours of the start date indicated, the Asbestos Licensing Section must be notified by telephone or fax of the new start date. Failure to do so will result in official action being taken.

Eric Bigelow 12/10/92 (512) 887-3344
(Signature, Title of Contact) (Date) (Telephone Number)

Eric Bigelow, Environmental Engineer

(512) 887-3344

Mail to:
TEXAS DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH DIVISION
ASBESTOS LICENSING SECTION
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

PH: ~~512-459-1611~~
834-6600

FAX: 512-459-1872

This form supersedes all previous forms. 10/21/91

A 0002522

NOTIFICATION OF DEMOLITION AND RENOVATION

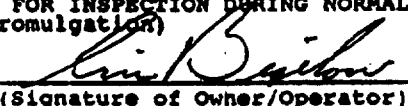
Operator Project #	Postmark	Date Received	TDR Notified?	Notification #
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): R (New form)				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITGO Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Boulevard				
City:	Corpus Christi	State:	Texas	Zip: 78407
Contact:	Eric Bigelow			Tel: (512) 887-3344
REMOVAL CONTRACTOR: Service Environmental Company				
Address: 1801 Nueces Bay Boulevard		TDR Lic. No: 80-0446		
City:	Corpus Christi	State:	Texas	Zip: 78407
Contact:	J. R. Arevalo, Jr.			Tel: (512) 888-5803
OTHER OPERATOR: N/A				
Address:				
City:		State:		Zip:
Contact:				Tel:
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): R				
IV. IS ASBESTOS PRESENT? (Yes/No): Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)				
Unit Name: Tank 1004		TACB Account: NE-0027-V		
Address: 1801 Nueces Bay Boulevard		County: Nueces		
City:	Corpus Christi	State:	TX	Zip: 78407
Site Location: Area 2 Terminal		Site Tel: N/A		
Building Size: N/A	# of Floors: N/A	Age in Years: 55		
Present Use: Hydrocarbon Storage		Prior Use: Hydrocarbon Storage		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM Not Removed		Cat I	Cat II	UNIT
3. Category II ACM Not Removed				
Pipes				LnFt: Ln m:
Surface Area	7.697			SqFt: X Sq m:
Vol RACH Off Facility Component				CuFt: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/18/93 Complete: 02/12/93				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/18/93 Complete: 02/12/93				

Please Type or Print

ACB-900 (2/1/91)

A 0002525

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of asbestos containing vessel insulation by wet method.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Amended water and HEPA Filter/Negative Air.		
XII. WASTE TRANSPORTER #1 TX0980874390		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:	Tel: (512) 364-4232	
WASTE TRANSPORTER #2 N/A		
Name:		
Address:		
City:	State:	Zip:
Contact:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone: (512) 364-4232	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Bob Baldwin TDH Lic. No.: 80-2215	 (Signature of Owner/Operator) 4/6/93 (Date)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
 (Signature of Owner/Operator) 4/6/93 (Date)		

Please Type or Print

A 0002526

ACB-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND RENOVATION

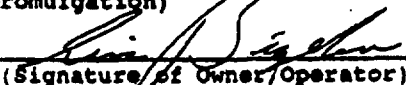
Operator Project #	Postmark	Date Received	TDH Notified?	Notification #	
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): R - V, VIII, IX, XII, and XIII					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other OPERATOR)					
OWNER NAME: CITGO Refining and Chemicals, Inc.					
Address: 1801 Nueces Bay Boulevard					
City: Corpus Christi	State: Texas	Zip: 78407			
Contact: Philip Vrazel	Tel: 512-887-3359				
REMOVAL CONTRACTOR: Brand Remediation Services, Inc. (aka Thermo Tech, Inc.)					
Address: P.O. Box 3109		TDH Lic. No: 80-0031			
City: Orange	State: Texas	Zip: 77630			
Contact: Charlotte Castleman	Tel: 409-883-4344				
OTHER OPERATOR: Olshan Demolishing Company					
Address: 2707 North Loop West, Suite 200					
City: Houston	State: Texas	Zip: 77008			
Contact: Bill Bartlett	Tel: 713-867-9200				
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned): D					
IV. IS ASBESTOS PRESENT? (Yes/No): Yes					
V. FACILITY DESCRIPTION (Include building name, number and floor or room #)					
Unit Name: Alkylation Unit		TACB Account: NE-0027-V			
Address: 1801 Nueces Bay Boulevard		County: Nueces			
City: Corpus Christi	State: Texas	Zip: 78407			
Site Location: Alkylation Unit		Site Tel: 512-887-2742			
Building Size: N/A	# of Floors: N/A	Age in Years: 30+			
Present Use: Inactive		Prior Use: Petroleum Refining			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:					
1. Regulated ACM to be Removed	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
2. Category I ACM Not Removed		Cat I	Cat II	UNIT	
3. Category II ACM Not Removed					
Pipes	8.000			LnFt: X	Ln m:
Surface Area	51.723			SqFt: X	Sq m:
Vol RACH Off Facility Component				CuFt: X	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/20/92 Complete: 05/01/93					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/20/92 Complete: 05/01/93					

Please Type or Print

ACB-99B (3/1/91)

A 0002529

NOTIFICATION OF DEMOLITION AND REMOVAL (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of asbestos containing pipe insulation, vessel insulation, firebrick, transite and gunite by wet method.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Wet removal, glovebag and containment methods, protective clothing and equipment, ACM will be double bagged in 6 mil poly w/appropriate warnings and labels.		
XII. WASTE TRANSPORTER #1 TXD980874390		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact:		Tel: 512-364-4232
XII. WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Address: FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Telephone:	TDH/TWC Permit No.:	
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Immediately suspend removal operation, notify owner and local air control agency, amend notification (if applicable).		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Job Supervisor: Ray Gayle		12/10/92
TDH Lic. No.: 80-2257	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
		12/10/92
(Signature of Owner/Operator)		(Date)

Please Type or Print

A 0002630

ACB-99C (3/1/91)

NOTIFICATION OF DEMOLITION AND REMOVAL

Operator Project #	Postmark	Date Received	Notification #		
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):			0		
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CITGO Refining and Chemicals, Inc.					
Address: 1801 Nueces Bay Boulevard					
City: Corpus Christi	State: TX	Zip: 78407			
Contact: Eric Bigelow	Tel: (512) 887-3344				
REMOVAL CONTRACTOR: Service Environmental					
Address: 1801 Nueces Bay Boulevard					
City: Corpus Christi	State: TX	Zip: 78407			
Contact: J. R. Arevalo	Tel: (512) 888-5803				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
III. TYPE OF OPERATION (O-Demo O-Ordered Demo R-Renovation S-Emer. Renovation):					
R					
IV. IS ASBESTOS PRESENT? (Yes/No)					
Yes					
V. FACILITY DESCRIPTION (Includes building name, number and floor or room number)					
Bldg Name:					
Address:					
City:	State:	County:			
Site Location: PC Boiler					
Building Size:	# of Floors:	Age in Years:			
Present Use:	Prior Use:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
Bulk Samples					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	RACH TO BE Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Cat I	Cat II	UNIT	
Pipes				LfT:	Ln m:
Surface Area				SqFt: X	Sq m:
Vol RACH Off Facility Component	1,300.			CuFt:	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 11/11/92 Complete: 11/30/92					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: Complete:					

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Contact Person:		Telephone: (512) 364-4232
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Location: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Telephone:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unanticipated Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
Gross removal, amended water, HEPA Filters / Neg. Air.		
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (Required 1-year after promulgation).		
(Signature of Owner/Operator)		10/28/92 (Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
(Signature of Owner/Operator)		10/28/92 (Date)

Figure 3. Notification of Demolition and Renovation

HLLING CODE 8340-50-C

P7766 426 656

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):			O
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CHAMPLIN REFINING AND CHEMICALS, INC.			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI,	State: TX	Zip: 78407	
Contact: PHIL VRAZEL		Tel: 512-880-5444	
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI	State: TX	Zip: 78407	
Contact: J.R. AREVALO		Tel: 512-888-5803	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer.Renovation):			D
IV. IS ASBESTOS PRESENT? (Yes/No)			YES
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg Name: SLURRY TANK #38-V-11			
Address:			
City:	State:	County:	
Site Location: #1 FCCU			
Building Size:	# of Floors:	Age in Years:	
Present Uses:		Prior Uses:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
BULK SAMPLES			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed		Cat I	
2. Category I ACM Not Removed		Cat II	
3. Category II ACM Not Removed		UNIT	
Pipes	RACH To Be Removed		Ln Ft: Ln m:
Surface Area			Sq Ft: X Sq m:
Vol RACH Off Facility Component	413sq. ft.		Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 2/17/92 Complete: 2/28/92			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

FILE COPY

P 766 426 656

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original A-Revised C-Cancelled)			O
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CHAMPLIN REFINING AND CHEMICALS, INC.			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI,	State: TX	Zip: 78407	
Contact: PHIL VRAZEL		Tel: 512-880-5444	
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI	State: TX	Zip: 78407	
Contact: J.R. AREVALO		Tel: 512-888-5803	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation)			D
IV. IS ASBESTOS PRESENT? (Yes/No) YES			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg Name: SLURRY TANK #38-V-11			
Address:			
City:	State:	County:	
Site:			
Subj:	Called Dick Hinman	Old Cert	
Pi:		Prior User:	
VI.	2/20/92	IF APPROP: 03/2-03/6	
Changed dates to:		Cancel Notification	
VII.	03/02/92 - 03/06/92.	03/09 - 03/13	
1.		Per J.R. ok'd by Phil	
2.		called Dick Hinman 2/28	
3.		March - took meeting	
Pl	Per J.R.		
Su			
Vo			
VIII			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START:			Complete:

Continued on page two

Figure 3. Notification of Demolition and Renovation

FILE COPY

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name: CONDOR WASTE TRANSPORTATION		
Address: P.O. BOX 1430, FM 1945 and COUNTY ROAD 39		
City: SINTON	State: TX	Zip: 78387
Contact Person:		Telephone: 512-364-4232
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
XIII. WASTE DISPOSAL SITE		
Name: BFI - SINTON LANDFILL		
Location: FM 1945 and COUNTY ROAD 39		
City: SINTON	State: TX	Zip: 78387
Telephone:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Gross Removal, amended water, HEPA Filters / Neg. Air.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (Required 1-year after promulgation)		
(Signature of Owner/Operator)		(Date)
(Signature of Owner/Operator)		(Date)

Figure 3. Notification of Demolition and Renovation

BILLING CODE 1540-50-C

Certified P 766 426 650

NOTIFICATION OF DEMOLITION AND RENOVATION

FILE COPY

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original A-Revised C-Cancelled) : O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CITGO CHEMICAL & REFINERY INC.			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI	State: TX	Zip: 78407	
Contact: PHIL VRAZEL	Tel: 512-887-3359		
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY			
Address: 1801 NUECES BAY BLVD			
City: CORPUS CHRISTI,	State: TX	Zip: 78407	
Contact: J.R. AREVALO	Tel: 512-888-5803		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
III. TYPE OF OPERATION (D-Demo O-Ordered Demo A-Renovation E-Emer.Renovation) : D			
IV. IS ASBESTOS PRESENT? (Yes/No) YES			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg Name: OLD CRUDE UNIT #1,2,3			
Address:			
City:	State:	County:	
Site Location: OLD CRUDE UNIT #1,2,3			
Building Size:	# of Floors:	Age in Years:	
Present Uses		Prior Uses	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: BULK SAMPLES			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Cat I Cat II	
Pipes	576c.f.		Unit
Surface Area	14432c.f.		Unit
Vol RACM Off Facility Component			Unit
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/6/92 Complete: 12/31/92			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name: CONDOR WASTE TRANSPORTATION		
Address: P.O. BOX 1430, FM 1945 and COUNTY ROAD 39		
City: SINTON	State: TX	Zip: 78387
Contact Person:	Telephone: 512-364-4232	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - SINTON LANDFILL		
Location: FM 1945 and COUNTY ROAD 39		
City: SINTON	State: TX	Zip: 78387
Telephone: 512-364-4232		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Glovebag, amended water, HEPA FILTER/NEGATIVE AIR.		
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
(Signature of Owner/Operator)		(Date) 1-23-92
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
(Signature of Owner/Operator)		(Date) 1-23-92

Figure 3. Notification of Demolition and Renovation

DRAWING CODE 6540-60-C

FAXED 10/09/91 Dick Hinman

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled) : 0					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CHAMPLIN REFINING AND CHEMICALS, INC.					
Address: 1801 NUECES BAY BLVD.					
City: CORPUS CHRISTI,	State: TX	Zip: 78407			
Contact: MONICA GRIFFITT		Tel: 512-880-5444			
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY					
Address: 1801 NUECES BAY BLVD.					
City: CORPUS CHRISTI	State: TX	Zip: 78407			
Contact: EUSTOLIO AREVALO, JR.		Tel: 512-888-5803			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Exter.Renovation) : R					
IV. IS ASBESTOS PRESENT? (Yes/No) YES					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg Name: # 2 TERMINAL / TK # 1004					
Address:					
City:	State:	County:			
Site Location: #2 TERMINAL					
Building Size:	# of Floors:	Age in Years:			
Present Use: N/A	Prior Use:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
Bulk Samples					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Cat I	Cat II	UNIT	
Pipes				Ln ft:	Ln m:
Surface Area	8,950 Sq. ft.			Sq ft: 8950	Sq m:
Vol RACH Off Facility Component				Cu ft:	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/23/91 Complete: 11/22/91					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

Continued on page two

Figure 3. Notification of Demolition and Renovation

FAXED 10/09/91

Dick Hinman

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):			
			0
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CHAMPLIN REFINING AND CHEMICALS, INC.			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI,	State: TX	Zip: 78407	
Contact: MONICA GRIFFITT		Tel: 512-880-5444	
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI	State: TX	Zip: 78407	
Contact: EUSTOLIO AREVALO, JR.		Tel: 512-888-5803	
OTHER OPERATOR:			
Address:			
City:			
Contact:			
III. TYPE OF OPERATION (D-Decon O-Order)			
IV. IS ASBESTOS PRESENT? (Yes/No)			
V. FACILITY DESCRIPTION (Include buli			
Bldg Name: # 2 TERMINAL / TK			
Address:			
City:	State:	County:	
Site Location: #2 TERMINAL			
Building Size:	# of Floors:	Age in Years:	
Present Use: N/A	Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Bulk Samples			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed		Cat I	
2. Category I ACM Not Removed		Cat II	
3. Category II ACM Not Removed		UNIT	
Pipes	RACH To Be Removed	Lnft:	Ln m:
Surface Area	8,950 Sq. ft.	Sqft: 8950	Sq m:
Vol RACH Off facility Component		Cuft:	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/23/91 Complete: 11/22/91			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name: CONDOR WASTE TRANSPORTATION		
Address: P.O. BOX 1430, FM 1945 and COUNTY ROAD 39		
City: SINTON	State: TX	Zip: 78387
Contact Person:	Telephone: 512-364-4232	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Location: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Telephone: 512-364-4232		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
Glovebag, Amended water, HEPA FILTER/Negative Air		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1-year after promulgation)		
(Signature of Owner/Operator)		(Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		(Date)
(Signature of Owner/Operator)		(Date)

Figure 3. Notification of Demolition and Renovation

BILLING CODE 5540-50-C

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original A-Revised C-Cancelled) D			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CHAMPLIN REFINING & CHEMICALS, INC.			
Address: 1801 NUECES BAY BLVD.			
CITY: CORPUS CHRISTI,	State: TX	Zip: 78407	
Contact: MONICA GRIFFITT		Cell: 512-880-5444	
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY			
Address: 1801 NUECES BAY BLVD.			
CITY: CORPUS CHRISTI	State: TX	Zip: 78407	
Contact: J.R. AREVALO		Cell: 512-888-5803	
OTHER OPERATOR:			
Address:			
CITY:	State:	Zip:	
Contact:		Cell:	
III. TYPE OF OPERATION (O-Demo O-Ordered Demo A-Renovation S-Demo Renovation) R			
IV. IS ASBESTOS PRESENT? (Yes/No) YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number)			
Bldg Name: #1FCCU-91			
Address:			
CITY: CORPUS CHRISTI,	State: TX	County: NUECES	
Site Location: 38/39-VLV1			
Building Size:	# of Floors:	Age in Years:	
Present Use:	Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
BULK SAMPLES			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Removable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed		Cat I	
2. Category I ACM Not Removed		Cat II	
3. Category II ACM Not Removed		UNIT	
Pipes	800 in. ft.		LINE: ☒ In ft
Surface Area			SQFT: ☐ Sq ft
Vol: RACH Off Facility Component			CuFT: ☐ Cu ft
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-6-91 Complete: 10-25-91			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: , Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: ENCLOSURE, GLOVEBAG, HEPA FILTER/NEG. AIR		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Contact Person:	Telephone:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Location: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Telephone: 512-364-4232		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. ENCLOSURE, AMENDED WATER, HEPA FILTER? NEGATIVE AIR		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Monica J. Huggins (Signature of Owner/Operator)		9-27-91 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Monica J. Huggins (Signature of Owner/Operator)		9-27-91 (Date)

Figure 3. Notification of Demolition and Renovation

FALLING CODE 1540-40-C

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original A-Revised C-Cancelled) : 0			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CHAMPLIN REFINING & CHEMICALS, INC.			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI.	State: TX	Zip: 78407	
Contact: MONICA GRIFFITT	Tel: 512-888-5444		
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI	State: TX	Zip: 78407	
Contact: J.R. AREVALO	Tel: 512-888-5803		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation S-Super-Renovation) : R			
IV. IS ASBESTOS PRESENT? (Yes/No) YES			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg Name: #1 FCCU-91			
Address:			
City: CORPUS CHRISTI	State: TX	County: NUECES	
Site Location: OLD CAT.			
Building Size:	# of Floors:	Age in Years:	
Present Use:		Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Removable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed		Cat I	
2. Category I ACM Not Removed		Cat II	
3. Category II ACM Not Removed		UNIT	
Pipes	800 L/F	Ln ft:	Ln m:
Surface Area		Sq ft:	Sq m:
Vol RACH Off Facility Component		Cu ft:	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/29/91 Complete: 10/27/91			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: ENCLOSURE, GLOVEBAG, HEPA FILTER/NEG. AIR		
XII. WASTE TRANSPORTER #1		
Name: Condo Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Contact Person:	Telephone:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Location: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Telephone: 512-364-4232		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, FULVERIZED, OR REDUCED TO POWDER. ENCLOSURE, AMENDED WATER, HEPA FILTER/NEGATIVE AIR		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1-year after promulgation)		
Monica Shadoff (Signature of Owner/Operator)		9-13-91 (Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Monica Shadoff (Signature of Owner/Operator)		9-13-91 (Date)

Figure 3. Notification of Demolition and Renovation

DRAWING CODE 8560-60-C

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled) : O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CHAMPLIN REFINING & CHEMICALS, INC.			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI,	State: TX	Zip: 78407	
Contact: MONICA GRIFFITT	Tel: 512-880-5444		
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISTI	State: TX	Zip: 78407	
Contact: J.R. AREVALO	Tel: 512-888-5803		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
III. TYPE OF OPERATION (O-Demo O-Ordered Demo R-Renovation E-Emer.Renovation) : R			
IV. IF ASBESTOS PRESENT? (Yes/No) YES			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg Name: #1FCCU-91			
Address:			
City: CORPUS CHRISTI,	State: TX	County: NUECES	
Site Location: 38/39-VLV1			
Building Size:	# of Floors:	Age in Years:	
Present Use:		Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
BULK SAMPLES			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACH To Be Removed	Indicate Unit of Measurement Below
		Cat I	Cat II
Pipes	800 in. ft.		LF ft: ☒ LB m:
Surface Area			SQ ft: SQ m:
Vol RACH Off Facility Component			CU ft: CU m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-6-91 Complete: 10-25-91			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: ENCLOSURE, GLOVEBAG, HEPA FILTER/NEG. AIR		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Contact Person:	Telephone:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Location: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Telephone: 512-364-4232		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. ENCLOSURE, AMENDED WATER, HEPA FILTER? NEGATIVE AIR		
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1-year after promulgation)		
Monica [Signature]		9-10-91
(Signature of Owner/Operator)		(Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Monica [Signature]		9-10-91
(Signature of Owner/Operator)		(Date)

Figure 3. Notification of Demolition and Renovation

DRAWING CODE 6550-60-C

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CHAMPLIN REFINING AND CHEMICALS, INC.			
Address: 1801 NUECES BAY BLVD.			
City: CORPUS CHRISIT	State: TX	Zip: 78407	
Contact: Monica Griffitt	Tel: 512-880-5444		
REMOVAL CONTRACTOR: SERVICE ENVIRONMENTAL COMPANY			
Address: 1801 Nueces Bay Blvd.			
City: Corpus Christi	State: TX	Zip: 78407	
Contact: J.R. Arevalo	Tel: 512-880-5803		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
III. TYPE OF OPERATION (D-Demo O-Ordered Demo A-Renovation E-Emer. Renovation):			
IV. IS ASBESTOS PRESENT? (Yes/No) Yes			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg Name: Tank #1004			
Address:			
City: Corpus Christi	State: TX	County: Nueces	
Site Location: Terminal #1			
Building Size:	1 of Floors:	Age in Years:	
Present Use:		Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Bulk Samples			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed		Cat I	
2. Category I ACM Not Removed		Cat II	
3. Category II ACM Not Removed		UNIT	
Pipes	RACH To Be Removed	Ln Ft:	Ln M:
Surface Area	9,950	Sq Ft: X	Sq M:
Vol RACH Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/13/91 Complete: 10/13/91			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O.Box 1430, FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Contact Person:	Telephone: 512-364-4232	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Location: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78387
Telephone: 512-364-4232		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. Gross Removal, Amended water, Hepa Filter/Negative Air.		
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1-year after promulgation)		
Monica J. Griffith		8-29-91
(Signature of Owner/Operator)		(Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Monica J. Griffith		8-29-91
(Signature of Owner/Operator)		(Date)

Figure 3. Notification of Demolition and Renovation

BILLING CODE 5560-60-C

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. TYPE OF NOTIFICATION (O-Original A-Revised C-Cancelled) : (0)					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Champlin Refining and Chemicals, Inc.					
Address: 1801 Nueces Bay Blvd.					
City: Corpus Christi	State: TX	Zip: 78407			
Contact: Monica Griffitt		Tel: 512-880-5444			
REMOVAL CONTRACTOR: Service Abatement Company					
Address: 1801 Nueces Bay Blvd.					
City: Corpus Christi	State: TX	Zip: 78407			
Contact: J.R. Arevalo		Tel: 512-888-5803			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Exter.Renovation) : R					
IV. IS ASBESTOS PRESENT? (Yes/No) Yes					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg Name: PPG Dock Building					
Address:					
City:	State:	County:			
Site Location: PPG Docks					
Building Size:	# of Floors:	Age in Years:			
Present Uses:	Prior Uses:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
Bulk Samples					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	RACH To Be Removed	Removable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Cat I	Cat II	UNIT	
Pipes				Lb ft:	Lb m:
Surface Area	3,852sq. ft			Sq ft: X	Sq m:
Vol RACH Off Facility Component				Cu ft:	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/8/91 Complete: 7/25/91					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
XII. WASTE TRANSPORTER #1			
Name: Condor Waste Transportation			
Address: P.O. Box 1430, FM 1945 and County Road 39			
City: Sinton	State: TX	Zip: 78387	
Contact Person:		Telephone: 512-364-4232	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Telephone:	
XIII. WASTE DISPOSAL SITE			
Name: BFI - Sinton Landfill			
Location: FM 1945 and County Road 39			
City: Sinton	State: TX	Zip: 78387	
Telephone: 512-364-4232			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, FULVERIZED, OR REDUCED TO POWDER.			
Gross Removal, amended water, HEPA Filter/Neg.Air			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
(Signature of Owner/Operator)		(Date)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
(Signature of Owner/Operator)		(Date)	

Figure 3. Notification of Demolition and Renovation

BILLING CODE 5540-60-C

FILE COPY

NOTIFICATION OF DEMOLITION AND RENOVATION

faxed & mailed
06/12/91

Operator Project #	Postmark	Date Received	Notification #	
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):			0	
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Champlin Refining and Chemicals, Inc.				
Address: 1801 Nueces Bay Blvd.				
City: Corpus Christi	State: TX	Zip: 78407		
Contact: Monica Griffitt		Tel: 512-880-5444		
REMOVAL CONTRACTOR: Service Abatement Company				
Address: 1801 Nueces Bay Blvd.				
City: Corpus Christi	State: TX	Zip: 78407		
Contact: J.R. Arevalo		Tel: 512-880-5803		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
III. TYPE OF OPERATION (O-Demo O-Ordered Demo R-Renovation S-Emer. Renovation):			R	
IV. IS ASBESTOS PRESENT? (Yes/No)			YES	
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg Name: 18-V-16, 18-V-13, 18-V-3; 19-V-18				
Address:				
City:	State:	County:		
Site Location: BTX Unit				
Building Size:	# of Floors:	Age in Years:	38	
Present Use: N/A	Prior Use: Vessels			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Bulk Samples				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Cat I	Cat II	
Pipes	109 1/f			LFft: X Lb M
Surface Area	45 sq/ft.			Sqft: X Sq M
Vol: RACH Off Facility Component				CuFt: Cu M
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/28/91 Complete: 7/9/91				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

Continued on page two

Figure 3. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O.Box 1430, FM 1945 and County Road 39		
City: Sinton	State: Texas	Zip: 78387
Contact Person:	Telephone: 512-364-4232	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Location: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78487
Telephone: 512-364-4232		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
Glovebag, Amended water, HEPA Filter/Negative Air		
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1-year after promulgation)		
Monica Huffitt		6/12/91
(Signature of Owner/Operator)		(Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Monica Huffitt		6/12/91
(Signature of Owner/Operator)		(Date)

Figure 3. Notification of Demolition and Renovation

DRAWING CODE 6540-60-C

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):			0
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Champlin Refining and Chemicals, Inc.			
Address: 1801 Nueces Bay Blvd.			
City:	Corpus Christi	State: TX	Zip: 78407
Contact:	Monica Griffitt	Tel: (512) 880-5444	
REMOVAL CONTRACTOR: SERVICE ABATEMENT COMPANY			
Address: 1801 NUECES BAY BLVD.			
City:	CORPUS CHRISTI	State: TX	Zip: 78407
Contact:	J.R. AREVALO	Tel: 512-888-5803	
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer.Renovation):			R
IV. IS ASBESTOS PRESENT? (Yes/No) YES			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg Name: 17-H-1			
Address:			
City:		State:	County:
Site Location: BTX UNIT			
Building Size:	# of Floors:	Age in Years: 38	
Present Use: N/A	Prior Use: HEATER		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
BULK SAMPLES			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Cat I Cat II	
Pipes		UNIT	
N/A		InFt: Ln M:	
Surface Area		SqFt: X Sq M:	
Vol RACH Off Facility Component		CuFt: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/7/91 Complete: 6/14/91			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

A 0002557

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):			0
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Champlin Refining and Chemicals, Inc.			
Address: 1801 Nueces Bay Blvd.			
City:	Corpus Christi	State: TX	Zip: 78407
Contact:	Monica Griffitt	Tel: (512) 880-5444	
REMOVAL CONTRACTOR: SERVICE ABATEMENT COMPANY			
Address: 1801 NUECES BAY BLVD.			
City:	CORPUS CHRISTI	State: TX	Zip: 78407
Contact:	J.R. AREVALO	Tel: 512-888-5803	
OTHER OPERATOR:			
Address:			
City:			
Contact:			
III. TYPE OF OPERATION			
IV. IS ASBESTOS PRESENT			
V. FACILITY DESCRIPTION			
Bldg Name: 17-H-1			
Address:			
City:			
Site Location: BTX I			
Building Size:			
Present Use: N/I			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, AS APPLICABLE, TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
BULK SAMPLES			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed		Cat I	
2. Category I ACM Not Removed		Cat II	
3. Category II ACM Not Removed		UNIT	
Pipes	N/A		In Pts: 1a m
Surface Area	30 Sq. ft. 2,943		Sq Pts: X Sq m
Vol. ACM Off Facility Component	Sq. ft.		Cu Pts: Cu m
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/7/91 Complete: 6/14/91			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

Continued on page two

Figure 3. Notification of Demolition and Renovation

A 0002557

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name: Condor Waste Transportation		
Address: P.O. Box 1430, FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78487
Contact Person:	Telephone: (512)364-4232	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: BFI - Sinton Landfill		
Location: FM 1945 and County Road 39		
City: Sinton	State: TX	Zip: 78487
Telephone: (512) 364-4232		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
ENCLOSURE, AMENDED WATER, HEPA FILTER/NEGATIVE AIR		
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Monica Hudglett (signature of owner/operator)		5/22/91 (Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Monica Hudglett (signature of owner/operator)		5/22/91 (Date)

Figure 3. Notification of Demolition and Renovation

Asbestos Removal Procedures

Service Abatement has designed its procedures for handling of asbestos contaminated material (ACM) with OSHA and EPA standards as only minimum requirements. The limitation of long term liabilities to the generator of ACM, as well as Service Abatement Company, is a goal. But the objective is to ensure the health and safety of all employees, owners, contractors, and their families. To meet these goals and objectives Service Abatement Company has made a 40 year commitment, and invites Champlin Refining Co. to join in the commitment, to perform the asbestos removal in the safest manner possible.

Metal jacketing will be removed from the surfaces and placed in fiberboard drums, chosen over bags or cardboard boxes for their strength and durability.

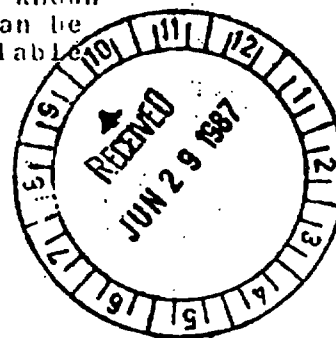
Asbestos insulation will be wetted (during removal of jacketing), then placed in properly marked disposal bags. These bags are then put into second bags in the load out area.

Disposal bags and fiberboard drums will be placed in an owner supplied bin for disposal by owner.

Upon completion of removal of all ACM, the items stripped, and the enclosure, will be cleaned of stray fibers and coated with "lock-down". An air sample will be taken to verify clean air. After the clean air reading is returned, the visqueen from the enclosure will be removed, placed in double bags, and disposed with the other ACM.

Service Abatement Company will use a 40' decontamination trailer, complete with equipment (dirty) room, shower room, and clean room, all separated by air locks, as its hygiene facility.

A full time hygienist will be onsite to continually monitor air during removal procedures. With results known within hours, prompt adjustments to the procedures can be made if necessary. Air sample readings will be available onsite at all times.



A 0002595

Asbestos Removal Procedures
Page 2

Asbestos workers working inside negative pressure enclosures will wear full face, air-supplied respirators with back up cartridges. Asbestos workers hauling disposal bags to bins will wear half mask, dual HEPA cartridge respirators. All asbestos workers will wear steel toed rubber boots, rubber gloves, and "Ty-vek" suits, as well as standard safety gear (hard hats, safety glasses, safety belts) etc.

A full time certified competent person will be on site at all times to verify compliance with procedures. The responsibility of the competent person is worker safety, adherence to rules and regulations, and proper documentation. Therefore, he will not participate in the actual removal process.



File: MCB - Asbestos Removal
Notification (40 CFR 61.145)
(2/1)

A. Introduction
B. Asbestos Removal

May 8, 1987

Mr. Tom Palmer, P.E.
Region 5
Texas Air Control Board
5602 Old Brownsville Road
Corpus Christi, Texas 78415

Re: Asbestos Removal Notification (40 CFR 61.145)

Dear Mr. Palmer:

Please be advised that the #4 Platformer Recycle Compressor Building roof which contains 15-20% Chrysotile is to be removed so that a compressor motor can be pulled during the May 9-18 scheduled turnaround. The #4 Platformer is located at the Champlin Refining Company East Plant at 1801 Nueces Bay Blvd.

The roof consists of approximately twenty-eight 3 ft. x 8 ft. tiles for a total of 672 ft.². The tiles are pretty well intact and bolted together. A few of them are broken.

Gilman Insulation Co., Inc. will be doing the work. The bolted and broken areas will be thoroughly wetted prior to unbolting. The individual tiles will be wetted and wrapped in plastic before being lowered to the ground. They will be placed in a bin that is double lined with 6 ml plastic. The double liner will be sealed and labeled before transporting to a disposal site.

The workers will be fully dressed in protective clothing/equipment consisting of coveralls, boots, gloves, and dual respirators. A shower for decontamination of workers has been installed with a filtering system. All equipment, protective clothing and filters will be double bagged, labeled and placed in the bin for disposal.

The asbestos will be disposed of at the TECO landfill in Robstown, Texas.

Connie S. Jones

Connie S. Jones
Environmental Engineer

Champlin Petroleum Company
P.O. Box 2176
1801 Nueces Bay Blvd
Corpus Christi Refinery
Corpus Christi, Texas 78469

A 0002598



A Subsidiary of
Union Pacific Corporation

New File: MCB Notification of Asbestos
Removal
P. 679 200 684

February 16, 1987

Mr. Tom Palmer, P.E.
Region 5
Texas Air Control Board
5602 Old Brownsville Road
Corpus Christi, Texas 78415

Re: Notification of Asbestos Removal

Dear Mr. Palmer:

Please be advised that we plan to remove the asbestos insulation from the #5 Boiler at East Plant I the week of February 26, 1987. The amount of asbestos to be removed will be 4000 ft².

The work will be done by Service Painting Company. The estimated date of completion is March 12, 1987.

The asbestos will be adequately wetted. A negative pressure enclosure will be built around the boiler for stripping. For adjacent piping, where applicable, the "glove bag" method will be used.

Protective clothing to be worn by all workers in the enclosure area consists of coveralls, boot covers, hoods, safety glasses, and NIOSH approved supplied air respirators. A health hygienist will be on the job site at all times and asbestos removal will be done by competent persons.

Adequately wetted, stripped asbestos will be double bagged in 6 ml. thick, labeled asbestos bags. They will be put in bins for disposal at the TECO landfill in Robstown, Texas.

Sincerely,

Connie S. Jones
Environmental Engineer

Champion Petroleum Company
P.O. Box 9176
1801 Nueces Bay Blvd
Corpus Christi Refinery
Corpus Christi, Texas 78469

A 0002599



A subsidiary of
Champlin Petroleum Corporation

9-579 230 623
New File: TACB - Asbestos Removal
Notification

January 30, 1987

Mr. Tom Palmer, P.E.
Region 5
Texas Air Control Board
5602 Old Brownsville Road
Corpus Christi, Texas 78415

Dear Mr. Palmer:

This letter is in reference to the Asbestos Removal Notification dated January 12, 1987.

The contractor doing the work at the #1 Crude Unit is Specialty Painting. The estimated date of completion is February 10, 1987.

The amount of asbestos removed will be 3200 ft.² instead of 1600 ft.². Those facility components covered with asbestos and taken out of the #1 Crude Unit in sections will be stripped in the "Laydown Area" close to the #4 Platformer, instead of the "South 40" area.

The asbestos will be adequately wetted and the "glove bag" method will be used where the cutting is done. The sealed sections will be carefully lowered to the ground and transported to the "Laydown Area". The stripping will be done in a negative pressure enclosure with four sections. One for the street clothes, showers, dirty equipment, and glove bag containment area.

Protective clothing to be worn by all workers consists of coveralls, boot covers, hoods, safety glasses, and NIOSH approved supplied air respirators. A health hygienist will be on the job site at all times and asbestos removal will be done by competent persons.

Adequately wetted, stripped asbestos will be double bagged in 6 ml. thick, labeled asbestos bags. They will be put in bins for disposal at the TECO landfill in Robstown, Texas.

Sincerely,

Connie Jones
Environmental Engineer

Champlin Petroleum Company
P.O. Box 9176
1801 Nueces Bay Blvd.
Corpus Christi, Texas 78409

A 0002601



A Subsidiary of
Union Pacific Corporation

2-579 230 615
File: TACB - Asbestos Removal
Notification

January 20, 1987

Mr. Tom Palmer, P.E.
Region 5
Texas Air Control Board
5602 Old Brownsville Road
Corpus Christi, Texas 78415

Re: Asbestos Removal Notification
40 CFR 61.146

Dear Mr. Palmer:

Please be advised that during the next year Champlin will remove less than 160 square feet of asbestos during individual nonscheduled maintenance operations. Procedures set forth in 40 CFR 61.147 will be followed.

The waste asbestos will be disposed of at the TECO landfill located near Robstown, Texas.

Sincerely,

Connie S. Jones
Connie S. Jones
Environmental Engineer

Champlin Petroleum Company
P.O. Box 9176
1801 Nueces Bay Blvd
Corpus Christi, Pinery
Corpus Christi, Texas 78469

A 0002602



A Subsidiary of
Union Pacific Corporation

P-517-230-610

File: MCB- Notification of
Asbestos Removal
2/1

January 12, 1987

Mr. Tom Palmer, P.E.
Region 5
Texas Air Control Board
5602 Old Brownsville Road
Corpus Christi, Texas 78415

Re: Asbestos Removal Notification
40 CFR 61.146

Dear Mr. Palmer:

Please be advised that Champlin plans to remove asbestos from several vessels and piping in the #1 Crude Unit during the week of January 19, 1987. Sections of piping and the vessels will be sealed and removed from the unit to the "South 40" Area before stripping of the asbestos by an outside contractor. Procedures set forth in 40 CFR 61.47 will be followed. Approximately 1600 ft² of material will be removed.

Estimated completion date and contractor designation will be forwarded to your office when they become known.

The waste asbestos will be disposed of at the TECO land-fill located near Robstown, Texas.

Sincerely,

Connie S. Jones
Connie S. Jones
Environmental Engineer

Champlin Petroleum Company
P.O. Box 9196
1901 Nueces Bay Blvd
Corpus Christi, Texas 78409
Corpus Christi, Texas 78469

A 0002603