PLAINTIFF'S EXHIBIT

ASA-1443

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

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

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

RECEIVED
MAR 30 1998
P. MUNSELL

March 17, 1998

For Office Use Only
Remittance # :
7C790 - 178
Amount :

ASARCO INC
ATTN: PEGGY MUNSELL
PO BOX 1111
EL PASO, TX 79999

INVOICE: DEMOLITION / RENOVATION NOTIFICATION # 1998031486

Facility: ASARCO INC EL PASO PLANT/PWRHOUSE
Location: 2301 W PAISANO
Abatement Contractor: SOUTHWEST ABATEMENT, INC. DBA

Please remit the fee assessed for the notification regarding the above mentioned facility, within 60 days of the date of this invoice letter.

RACM reported as follows:

90 Ln.Ft.	185 Sq.Ft.	0 Cu.Ft.	0 Ln.Mt.	0 Sq.Mt.	0 Cu.Mt.
/ 260 = 0.3 ARU	/ 160 = 1.2 ARU	/ 35 = 0.0 ARU	/ 80 = 0.0 ARU	/ 15 = 0.0 ARU	/ 1 = 0.0 ARU

ARU Integer Total : 1

Fee Calculation : $25 / ARU - Minimum Fee = $50 - Maximum Fee = $10,000

FEE DUE: $50

PAST DUE AFTER 05/17/1998

Please make Check / Money Order payable to TEXAS DEPARTMENT OF HEALTH.

Write account # 7C790 - 178 / 1998031486 on payment.

Payment may be made for this notification fee ONLY.
DO NOT combine fees for other notifications, accounts or programs.

IMPORTANT: CREDIT CAN NOT BE GIVEN FOR REMITTANCE UNLESS COUPON AND PAYMENT ARE RETURNED TOGETHER IN COUPON ENVELOPE.

If you have any questions please contact the Asbestos Notification Section at (512) 834-6600 or 1-800-572-5548 (Texas Only).

T E X A S D E P A R T M E N T O F H E A L T H Payment Coupon

Return Coupon With Payment DATE DUE: MAY 16, 1998

RECEIPT OF PAYMENT AND COUPON DOES NOT CONSTITUTE ACCEPTANCE OF LICENSURE

Use this coupon and return mail envelope enclosed to remit your fee.
Remember to return all forms requested.

ASARCO INC
PO BOX 1111
EL PASO TX 79999
**IF ADDRESS IS INCORRECT,
PLEASE MAKE NECESSARY CHANGES.
PAYMENT AMOUNT: $ 50.00
Indicate amount paid: $ _____

LOCKBOX - TEXAS DEPARTMENT OF HEALTH
P.O. BOX 12190
AUSTIN, TX. 78711-2190

0 0017 19980314860317980O 00 00005000 9

ASARCO ELP 0011349

ommissioner of Health

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

RECEIVED
FEB 13 1998
P.MUNSELL

January 30, 1998

For Office Use Only
Remittance # :
7C790 - 178
Amount :

ASARCO, INC
ATTN: PEGGY MUNSELL
P O BOX 1111
EL PASO, TX 79999

INVOICE: DEMOLITION / RENOVATION NOTIFICATION # 1998011710

Facility: ZINC BAGHOUSE HOPPERS/ZINC PLANT FACILITY
Location: 2301 W PAISANO/ZINC PLANT FACILITY
Abatement Contractor: SOUTHWEST ABATEMENT, INC. DBA

Please remit the fee assessed for the notification regarding the above mentioned facility, within 60 days of the date of this invoice letter.

RACM reported as follows:

0 Ln.Ft.	6250 Sq.Ft.	0 Cu.Ft.	0 Ln.Mt.	0 Sq.Mt.	0 Cu.Mt.
/ 260 = 0.0 ARU	/ 160 = 39.1 ARU	/ 35 = 0.0 ARU	/ 80 = 0.0 ARU	/ 15 = 0.0 ARU	/ 1 = 0.0 ARU

ARU Integer Total : 39 Fee Calculation : $25 / ARU - Minimum Fee = $50 - Maximum Fee = $10,000

FEE DUE: $975

PAST DUE AFTER 04/01/1998

Please make Check / Money Order payable to TEXAS DEPARTMENT OF HEALTH.

Write account # 7C790 - 178 / 1998011710 on payment.

Payment may be made for this notification fee ONLY.
DO NOT combine fees for other notifications, accounts or programs.

IMPORTANT: CREDIT CAN NOT BE GIVEN FOR REMITTANCE UNLESS COUPON AND PAYMENT ARE RETURNED TOGETHER IN COUPON ENVELOPE.

If you have any questions please contact the Asbestos Notification Section at (512) 834-6600 or 1-800-572-5548 (Texas Only).

Sent to J. Cervantes
2/17

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

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

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

January 16, 1998

For Office Use Only
Remittance # :
7C790 - 178
Amount :

ASARCO INCORP
ATTN: PEGGY MUNSELL
P O BOX 1111
EL PASO, TX 79999

AMENDED INVOICE: DEMOLITION / RENOVATION NOTIFICATION # 1997101567

Facility: POWER HOUSE BLDG
Location: P O BOX 1111
Abatement Contractor: ACME ENVIRONMENTAL SYSTEMS

You have submitted an AMENDED notification which resulted in additional Asbestos Reporting Units as indicated below. Please remit the additional fee within 60 days of the date of this invoice letter.

RACM reported as follows:

2600 Ln.Ft.	0 Sq.Ft.	0 Cu.Ft.	0 Ln.Mt.	0 Sq.Mt.	0 Cu.Mt.
/ 260 = 10.0 ARU	/ 160 = 0.0 ARU	/ 35 = 0.0 ARU	/ 80 = 0.0 ARU	/ 15 = 0.0 ARU	/ 1 = 0.0 ARU

Fee Calculation : $25 / ARU - Minimum Fee = $50 - Maximum Fee = $10,000

ARU Integer Total : 10

Previously Reported ARU Total : 4

Additional ARU's : 6

ADDITIONAL FEE : $150

Please make Check / Money Order payable to TEXAS DEPARTMENT OF HEALTH.

TEXAS DEPARTMENT OF HEALTH Payment Coupon

Return Coupon With Payment DATE DUE: MARCH 17, 1998

RECEIPT OF PAYMENT AND COUPON DOES NOT CONSTITUTE ACCEPTANCE OF LICENSURE

Use this coupon and return mail envelope enclosed to remit your fee.
Remember to return all forms requested.

ASARCO INCORP
P O BOX 1111
EL PASO TX 79999
**IF ADDRESS IS INCORRECT,
PLEASE MAKE NECESSARY CHANGES.
PAYMENT AMOUNT: $ 150.00
Indicate amount paid: $ _____

LOCKBOX - TEXAS DEPARTMENT OF HEALTH
P.O. BOX 12190
AUSTIN, TX. 78711-2190

0 0017 19971015670116980O 00 00015000 7

01/15/1998

710174419981300007
7D775-120

Texas Department Of Health

1100 West 49th Street
Austin, Texas 78756-3189

Radiation Control
(512) 834-6688

THIS IS A BILL FOR YOUR RADIATION CONTROL PERMIT

General License No: G01744

ASARCO INCORPORATED
ATTN: PEGGY MUNSELL
PO BOX 1111
EL PASO TX 79999-1111

Please remit fee indicated below for your license. Payment is due upon receipt. Payment of this fee does not alleviate or discharge your obligation to comply with the Texas Regulations for Control of Radiation (TRCR). Payment of this fee does not constitute renewal of your license. The license must be renewed in accordance with the appropriate section of the TRCR. (See your license for the expiration date.) The coupon must be returned with your payment. The copy of the bill is for your records.

If any information on this statement is incorrect or if termination is desired, submit a request before the past due date listed below, signed by the Radiation Safety Officer (RSO) indicating the appropriate changes. Correspondence not signed by the RSO can not be acted upon. If payment is not received by the due date, a late payment fee of 20 percent of the amount billed will be assessed.

License is for:

061 GENERAL LICENSE ACKNOWLEDGEMENT - GAUGE

Total number of permanent sites: 1 **Billing period - from: 2/1998**
- thru: 1/1999

AMOUNT BILLED:	**$200.00**
- CREDIT:	**$0.00**
AMOUNT DUE:	**$200.00**

PAST DUE AFTER: 02/28/1998

TEXAS DEPARTMENT OF HEALTH Payment Coupon

Return Coupon With Payment DATE DUE: FEBRUARY 28, 1998

RECEIPT OF PAYMENT AND COUPON DOES NOT CONSTITUTE ACCEPTANCE OF LICENSURE

Use this coupon and return mail envelope enclosed to remit your fee.
Remember to return all forms requested.

G01744
ASARCO INCORPORATED
PO BOX 1111
EL PASO TX 799991111

LOCKBOX - TEXAS DEPARTMENT OF HEALTH
P.O. BOX 12190
AUSTIN, TX. 78711-2190

PAYMENT AMOUNT: $ 200.00
Indicate amount paid: $ _____

David R. Smith, M.D.
Commissioner of Health

Randy P. Washington
Deputy Commissioner
for Health Care Financing

RECEIVED
NOV 05 1997
P. MUNSELL

Texas Department of Health

1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6600

Carol S. Daniels
Deputy Commissioner
for Programs

Roy L. Hogan
Deputy Commissioner
for Administration

October 27, 1997

For Office Use Only
Remittance # :
7C790 - 178
Amount :

ASARCO INCORP
ATTN: PEGGY MUNSELL
P O BOX 1111
EL PASO, TX 79999

INVOICE: DEMOLITION / RENOVATION NOTIFICATION # 7101567

Facility: POWER HOUSE BLDG
Location: P O BOX 1111
Abatement Contractor: SAMS ENVIRONMENTAL CONTROL

Please remit the fee assessed for the notification regarding the above mentioned facility, within 60 days of the date of this invoice letter.

RACM reported as follows:

1175 Ln.Ft.	0 Sq.Ft.	0 Cu.Ft.	0 Ln.Mt.	0 Sq.Mt.	0 Cu.Mt.
/ 260 = 4.5 ARU	/ 160 = 0.0 ARU	/ 35 = 0.0 ARU	/ 80 = 0.0 ARU	/ 15 = 0.0 ARU	/ 1 = 0.0 ARU

ARU Integer Total : 4

Fee Calculation : $25 / ARU - Minimum Fee = $50 - Maximum Fee = $10,000

FEE DUE: $100

PAST DUE AFTER 12/27/97

Please make Check / Money Order payable to TEXAS DEPARTMENT OF HEALTH.

Write account # 7C790 - 178 / 7101567 on payment.

Payment may be made for this notification fee ONLY.
DO NOT combine fees for other notifications, accounts or programs.

IMPORTANT: CREDIT CAN NOT BE GIVEN FOR REMITTANCE UNLESS COUPON AND PAYMENT ARE RETURNED TOGETHER IN COUPON ENVELOPE.

If you have any questions please contact the Asbestos Notification Section at (512) 834-6600 or 1-800-572-5548 (Texas Only).

EXAS DEPARTMENT OF HEALTH Payment Coupon

...turn Coupon With Payment DATE DUE: DECEMBER 26, 1997

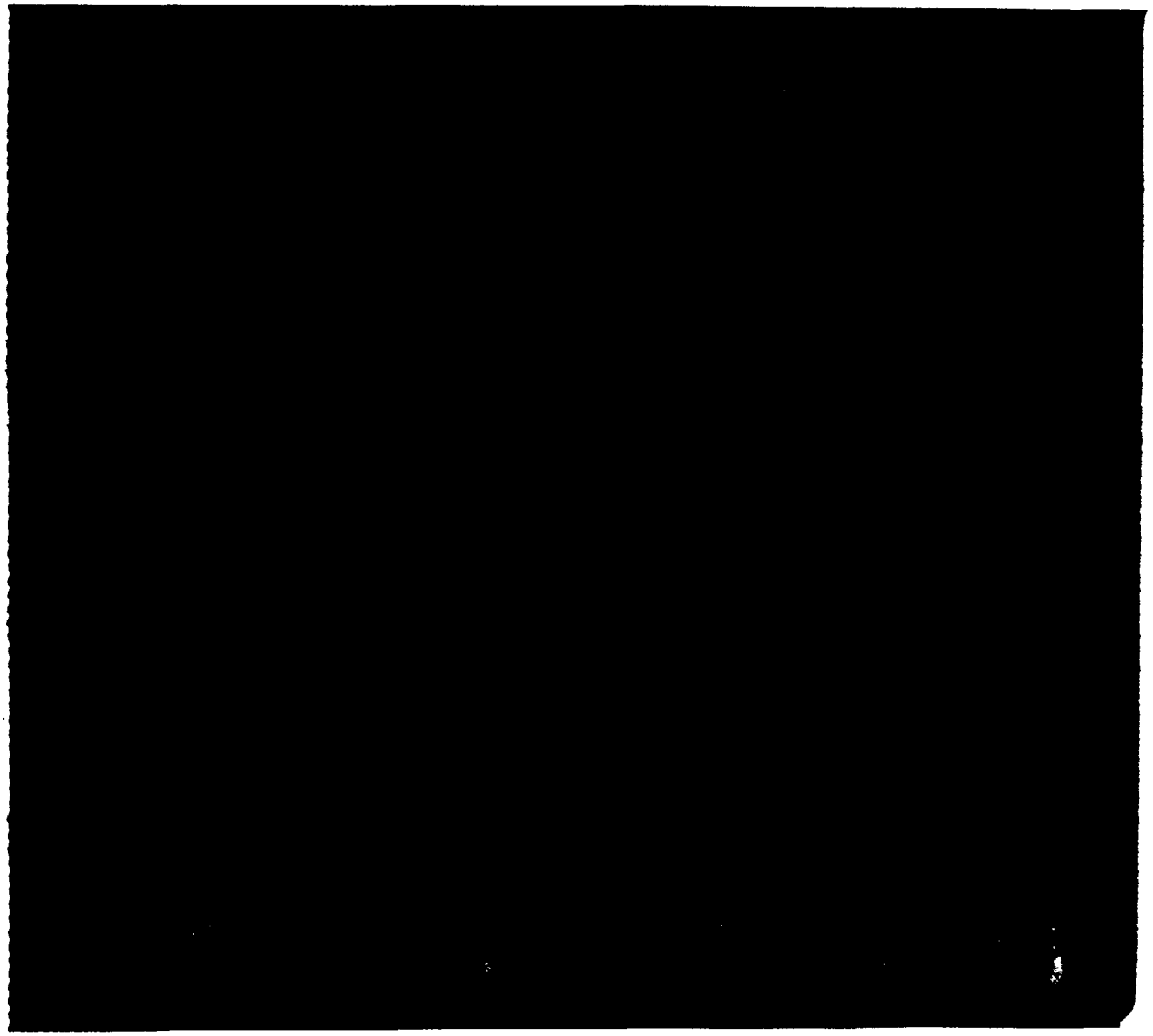
RECEIPT OF PAYMENT AND COUPON DOES NOT CONSTITUTE ACCEPTANCE OF LICENSURE

Use this coupon and return mail envelope enclosed to remit your fee.
Remember to return all forms requested.

ASARCO INCORP
P O BOX 1111
EL PASO TX 79999
**IF ADDRESS IS INCORRECT,
PLEASE MAKE NECESSARY CHANGES.
PAYMENT AMOUNT: $ 100.00
Indicate amount paid: $ _____

LOCKBOX - TEXAS DEPARTMENT OF HEALTH
P.O. BOX 12190
AUSTIN, TX. 78711-2190

0 0017 71015670010279702300 00010000 9



R. Smith, M.D.
Commissioner of Health

Texas Department of Health

1100 West 49th Street
Austin, Texas 7[illegible]
(512) 834-

Carol S. Daniels
Deputy Commissioner
for Programs

Roy L. Hogan
Deputy Commissioner
for Administration

Randy P. Washington
Deputy Commissioner
for Health Care Financing

June 26, 1997

Only

ASARCO INC.
ATTN: LAWRENCE CASTOR,UNIT MANAGER
P. O. BOX 1111
EL PASO, TX 79999

INVOICE: DEMOLITION / RENOVATION NOTIFICATION # 7061581

Facility: ASARCO INC. EL PASO PLANT
Location: 2301 WEST PAISANO
Abatement Contractor: ASARCO INC

Please remit the fee assessed for the notification regarding the above mentioned facility, within 60 days of the date of this invoice letter.

RACM reported as follows:

0 Ln.Ft.	0 Sq.Ft.	0 Cu.Ft.	0 Ln.Mt.	0 Sq.Mt.	0 Cu.Mt.
/ 260 = 0.0 ARU	/ 160 = 0.0 ARU	/ 35 = 0.0 ARU	/ 80 = 0.0 ARU	/ 15 = 0.0 ARU	/ 1 = 0.0 ARU

ARU Integer Total : 0

Fee Calculation : $25 / ARU - Minimum Fee = $50 - Maximum Fee = $10,000

FEE DUE: $50

PAST DUE AFTER 08/26/97

Please make Check / Money Order payable to TEXAS DEPARTMENT OF HEALTH.

Write account # 7C790 - 178 / 7061581 on payment.

Payment may be made for this notification fee ONLY.
DO NOT combine fees for other notifications, accounts or programs.

IMPORTANT: CREDIT CAN NOT BE GIVEN FOR REMITTANCE UNLESS COUPON AND PAYMENT ARE RETURNED TOGETHER IN COUPON ENVELOPE.

If you have any questions please contact the Asbestos Notification Section at (512) 834-6600 or 1-800-572-5548 (Texas Only).

8/8/97
Pay $50

L.W. CASTO

AUG 07 1997

TEXAS DEPARTMENT OF HEALTH Payment Coupon

Return Coupon With Payment DATE DUE: AUGUST 25, 1997

RECEIPT OF PAYMENT AND COUPON DOES NOT CONSTITUTE ACCEPTANCE OF LICENSURE

Use this coupon and return mail envelope enclosed to remit your fee.
Remember to return all forms requested.

ASARCO INC.
P. O. BOX 1111
EL PASO TX 79999
**IF ADDRESS IS INCORRECT,
PLEASE MAKE NECESSARY CHANGES.
PAYMENT AMOUNT: $ 50.00
Indicate amount paid: $ _____

LOCKBOX - TEXAS DEPARTMENT OF HEALTH
P.O. BOX 12190
AUSTIN, TX. 78711-2190

0 0017 70615810006269711 1 00 00005000 4