

February 28, 1995

Texas Department of Health
Division of Occupational Health
Asbestos Program Branch
1100 West 49th Street
Austin, Texas 78756

RE: Amendment to Notification dated 2/23/95 "Notification of Renovation"

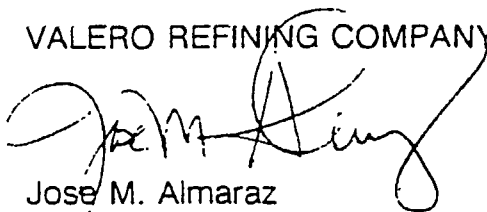
Dear Sir:

Enclosed is an Amendment Number Three (3) to the original "Notification of Demolition and Renovation" form submitted on January 25, 1995. The asbestos abatement will be completed on March 3, 1995, earlier than anticipated (3/10/95) on the February 23, 1995 amendment (2) to the original notification.

Please contact me at (512) 289-3305 if you have any questions or need additional information.

Sincerely,

VALERO REFINING COMPANY


Jose M. Almaraz
Environmental Engineer

xc: C. Spiekerman, TNRCC
N. Renfro
R. Tompkins

V:\022895.02

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

- 1) Abatement Contractor: Myane Insulation Company TDH License No.: 80-014
 Address: 101 S. Broadway City: Premont State: TX Zip: 77
 Office Phone Number: (512) 348-2818 Job Site Phone Number: -
 Site Supervisor: Robelin Saenz TDH License Number: 80-3287
 Trained On-Site NESHAP Individual: _____ Certification Date: 6/22/94
- 2) Project Consultant or Operator: Robelin Saenz TDH License Number: 80-
 Mailing address: 101 S. Broadway
 City: Premont State: TX Zip: 7837 Office Phone Number: 512/348-2818
- 3) Facility Owner: Valero Refining Company
 Mailing Address: P. O. Box 9370
 City: Corpus Christi State: TX Zip: 78469 Owner Phone Number: 512/289-6000
- 4) Description of Facility Name: Powerhouse Boiler
 Address: 5900 Up River Road, Valero Refining Company County: Nueces
 City: Corpus Christi Zip: 78407 Facility Phone Number: 512/289-6000
 Description of Area/Room Number: Boiler
 Prior Use: Boiler Future Use: Same
 Age of Building: N/A Size: N/A Number of Floors: N/a
- 5) Type of Work: ☐ Demolition: ☒ Renovation: ☐ O&M:
- 6) Is this a Public Building? ☐ YES ☒ NO Federal Facility? ☐ YES ☒ NO Industrial Site? ☒ YES ☐ NO
- 7) Notification Type CHECK ONLY ONE
 Original (10 Working Days) ☐ Cancellation ☒ Amendment ☐ Emergency/Ordered
 If this is an amendment, which amendment number is this? 3 (Enclose copy of original)
 If an emergency, who did you talk with at TDH? _____ Emergency # _____
 Date and Hour of Emergency (H/HMM/DDYY): _____
 Description of the sudden, unexpected event: _____

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

- 8) Description of procedures to be followed in the event that unexpected asbestos is found or previously non friable asbestos material becomes crumbled, pulverized, or reduced to powder: _____
Wet material for removal and handling and double wrap material
- 9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No.: NA**
 Analytical Method: ☒ PLM ☐ TEM Laboratory License Number: N/A
 **Note: Thorpe Insulation - (Russell Mok)
- 10) Description of planned demolition or renovation work, and method(s) to be used: _____
Remove pipe insulation from boiler
- 11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: wet and double wrap each section with plastic during removal operation.

RACM Material Type	Pipes	Surface Area	Lb P	Lb M	SQ P	SQ M	Cu P
RACM to be removed (friable)	1620		X				
RACM NOT removed (friable)							
Category I removed (non-friable)							
Category I NOT removed (non-friable)							
Category II removed (non-friable)							
Category II NOT removed (non-friable)							
RACM Off-Facility Component (friable)							

13) Waste Transporter Name: BFI TDH License No: _____
Address: P. O. Drawer C City: Sinton State: TX Zip: 78387-01
Contact Person: Cissy Thompson Phone Number: 1-800-274-0649

14) Waste Disposal Site Name: BFI
Address: Corner of FM 1445 and CR 39 City: Sinton State: TX Zip: 78387
Telephone: 1-800-274-0649 TNRCC Permit Number: 242A

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: _____ Registration No: _____
Title: _____
Date of order (MM/DD/YY) 1/1 Date order to begin (MM/DD/YY) 1/1

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 2/13/95 Complete: 3/31/95

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 1/1 Complete: 1/1

Note: If the start date on this notification can not be met, the Asbestos Notification Section must be contacted by phone prior to the start date. Failure to do so is a violation and will result in official action being taken in accordance with TACHPA, Section 285.61.

I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I acknowledge that the building owner/operator is responsible for all aspects of the notification form, including, but not limiting, content and submission dates. The maximum penalty is \$10,000 per day per violation.

Jose M. Almaraz (Signature of Building Owner/Operator) JOSE M. ALMARAZ (Printed Name) 2/28/95 (Date) (512) 269-3305 (Telephone)

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756
PH: 512-834-8600, 1-800-572-5548

Faxes are not accepted *Faxes are not accepted* *Faxes are not accepted* *Faxes are not accepted*

Form dated 04/01/94. This form replaces TDH form (04/07/93) and TNRCC form (ACB-99B&C)(3/1/91)
For assistance in completing this form, call 800-572-5548 toll-free in Texas

RACM Material Type	Pipes	Surface Area	Ln P	Ln M	SQ P	SQ M	Cu P	Cu M
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RACM Off-Facility Component (friable)								

13) Waste Transporter Name: BFI TDH License No: _____
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[Signature] JOSE M. ALMAZAZ 2/13/95 (512) 269-3305
 (Signature of Building Owner/Operator) (Printed Name) (Date) (Telephone)

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 DIVISION OF OCCUPATIONAL HEALTH
 ASBESTOS PROGRAMS BRANCH
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VALERO/MOAKE

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

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 Trained On-Site NESHAP Individual: - Certification Date: 6/22/94
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