VALERO
REFINING COMPANY

Post Office Box 9370 • Corpus Christi, Texas 78469-9370 • Telephone (512) 289-6000

PLAINTIFF'S EXHIBIT

VRC-3

January 20, 1993

Texas Department of Health
Asbestos Program Branch
1100 W. 49th
Austin, TX 78756

RE: Notification of Renovation

Dear Sir:

Enclosed is a completed "Notification of Demolition and Renovation" Form for the work that we plan to start on 1/30/93. Please contact me at (512) 289-3321 if you have any questions or need additional information.

Sincerely,

Jon W. Kiggans

Jon W. Kiggans
Senior Environmental Engineer

JWK:sad

xc: Dick Hinman, TACB, Corpus Christi
Wayne Starkey, Gilman Insulation
Norman Renfro, Valero Refining Co.
Richard Tompkins, Valero Refining Co.

Attachment B

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: **VALERO REFINING COMPANY**		
Address: **P. O. BOX 9370**		
City: **CORPUS CHRISTI**	State: **TX**	Zip: **78469**
Contact: **JON KIGGANS**		Tel: **(512) 289-3321**
REMOVAL CONTRACTOR: **GILMAN INSULATION**		
Address: **P. O. BOX 4074**	TDH Lic. No: **80-2317**	
City: **CORPUS CHRISTI**	State: **TX**	Zip: **78469**
Contact: **WAYNE STARKEY**		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): **R**

IV. IS ASBESTOS PRESENT? (Yes/No) **YES**

V. FACILITY DESCRIPTION (Include building name, number, floor or room #)

Bldg Name: **Turbogenerator TG-3**	TACB Account: **NE0112G**	
Address: **VALERO REFINERY 5900 UP RIVER ROAD**		
City: **Corpus Christi**	State: **TX**	Zip: **78407**
Site Location: **Refinery Powerhouse**	Site Tel: **(512) 289-3321**	
Building Size:	# of Floors:	Age in Yrs.:
Present Use: **TURBOGENERATOR**	Prior Use: **SAME**	

VI. Procedure, including analytical method, used to detect the presence of asbestos material: **Bulk sampling and PLM**

VII. Approximate amount of asbestos, including:	RACM To be Removed	Nonfriable Asbestos Material Not To Be Removed Cat I	Cat II	Indicate Unit of Measurement Below Unit	
1. Regulated ACM to be Removed					
2. Category I ACM Not Removed					
3. Category II ACM Not Removed					
Pipes				LnFt:	Ln m:
Surface Area				SqFt:	Sq m:
Vol FACM Off Facility Component	1080			CuFt:	Cu m:

VIII. Scheduled Dates of Asbestos Removal (MM/DD/YY) Start: **1/30/93** Complete: **2/4/93**

IX. Scheduled Dates Demo/Renovation (MM/DD/YY) Start: **2/4/93** Complete: **2/11/93**

NOTIFI. .ON OF DEMOLITION AND RENOVATI. (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
REMOVE ASBESTOS INSULATION FROM TURBOGENERATOR TG-3 AND ASSOCIATED PIPING.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
NEGATIVE AIR ENCLOSURE AND WETTING.

XII. WASTE TRANSPORTER #1:

Name: **BFI**		
Address: **P. O. Drawer C**		
City: **Sinton**	State: **TX**	Zip: **78387-0167**
Contact: **Lisa Zea**		Tel: **(512) 364-4232**

WASTE TRANSPORTER #2:

Name:		
Address:		
City:	State:	Zip:
Contact:		Tel:

XIII. WASTE DISPOSAL SITE

Name: **BFI**		
Address: **Corner of FM1945 and County Road 39**		
City: **Sinton**	State: **TX**	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 (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.
WET MATERIAL FOR REMOVAL AND HANDLING, AND DOUBLE BAG MATERIAL.

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 Asparaza**
TDH Lic. No.: **80-2317**

Jon W. Kiggans — (Signature of Owner/Operator) — 1/20/93 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Jon W. Kiggans — (Signature of Owner/Operator) — 1/20/93 (Date)