

April 6, 1994

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

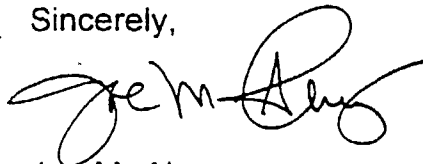
RE: Notification of Renovation

Dear Sir:

Enclosed is a completed "Notification of Demolition and Renovation" form for the work that we plan to start on 4/11/94. The RACM (regulated asbestos containing material) is being removed from a cooling tower at our facility. The material is classified as a category II "non-friable" asbestos.

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

Sincerely,



Joe M. Almaraz
Environmental Engineer

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

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

- 1) Abatement Contractor: Excel Insulation TDH License No.: 80-0150
 Address: 5206 B. North Main City: Baytown State: TX Zip: 77520
 Office Phone Number: (713) 421-5007 Job Site Phone Number: _____
 Site Supervisor: Max B. Funderbuck TDH License Number: 1080
 Trained On-Site NESHAP Individual: Max B. Funderbuck Certification Date: 10/12/92
- 2) Project Consultant or Operator: Max B. Funderbuck TDH License Number: 1080
 Mailing address: 5206 B. North Main
 City: Baytown State: TX Zip: 77520 Office Phone Number: (713) 421-5007
- 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 or Facility Name: HOC Cooling Tower
 Address: Valero Refining Co., 5900 Up River Road County: Nueces
 City: Corpus Christi, TX Zip: 78407 Facility Phone Number: (512) 289-6000
 Description of Area/Room Number: _____
 Prior Use: Cooling Tower Future Use: same
 Age of Building: _____ Size: _____ Number of Floors: _____
- 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? _____ (Enclose copy of original)
 If an emergency, who did you talk with at TDH? _____ Emergency # _____
 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 (computers, 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.: _____
 Analytical Method: ☐ PLM ☐ TEM Laboratory License Number: _____
- 10) Description of planned demolition or renovation work, and method(s) to be used: _____
Remove transite (CAT II-NF) from cooling tower wall to repair structure
- 11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: _____
double wrap each unit or section with plastic during the stripping operation.

RACM Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed (friable)								
RACM NOT removed (friable)								
Category I removed (non-friable)								
Category I NOT removed (non-friable)								
Category II removed (non-friable)		1200			X			
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: 78387-0167
Contact Person: Cissy Thompson Phone Number: 1-800-274-0649
- 14) Waste Disposal Site Name: BFI
Address: Corner of FM 1945 & 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) / / Date order to begin (MM/DD/YY) / /
- 16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: / / Complete: / /
- 17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 4/11/94 Complete: 4/15/94

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 TACAP, 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.

Joe M. Almaraz JOE M. ALMARAZ 4/06/94 512 289- 6000
(Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756
PH: 512-834-6600, 1-800-572-5548

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

VALERO/MOAKE


APR 1994
Environmental
Affairs
RECEIVED

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Asbestos Program Branch
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Austin, TX 78756

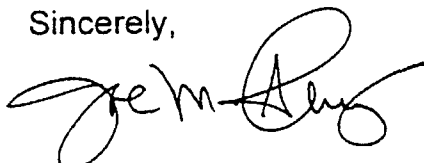
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NOTE: CIRCLE ITEMS THAT ARE AMENDED

Amount:
Notification#

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

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VALERO/MOAKE

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Joe M. Almaraz JOE M. ALMARAZ 4/06/94 512-289-6000
 (Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)

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 DIVISION OF OCCUPATIONAL HEALTH
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