PLAINTIFF'S EXHIBIT

ASA-1436

TEXAS DEPARTMENT OF HEALTH

DEMOLITION / RENOVATION NOTIFICATION FORM

T D H

NOTE: CIRCLE ITEMS THAT ARE AMENDED

NOTIFICATION#_____

Office Use Only — TAHPA NESHAP T H L VIOLATION YE NO RCVD / / / / POSTMARK / / /

1) Abatement Contractor: Southwest Constructors Service, Inc. TDH License No.: 80-0423
Address: PO Box 50469 City: Austin State: TX Zip: 78763
Office Phone Number: (512)836-0667 Local (915)533-8851 Job Site Phone Number: (915)541-1800
Site Supervisor: _____ TDH License Number: 80-3971
Site Supervisor: _____ TDH License Number: 80-2277
Trained On-Site NESHAP Individual: Peggy Munsell Certification Date: 3/21/96

Demolition Contractor: NA Office Phone Number: (NA) NA
Address: NA City: NA State: NA Zip: NA

2) Project Consultant or Operator: Sun City Analytical, Inc. TDH License Number: 10-0011
Mailing address: 1409 Montana Ave
City: El Paso State: TX Zip: 79902 Office Phone Number: (915)533-8840

3) Facility Owner: ASARCO Inc.
Attention:
Mailing Address: [illegible]
City: New York State: NY Zip: 10038 Owner Phone Number: (212)510-2000

4) Description or Facility Name: ASARCO Inc., El Paso Plant
Physical Address: 2301 W. Paisano County: El Paso
City: El Paso, TX Zip: 79922 Facility Phone Number: (915) 541-1800
Facility Contact Person: Skip Baca
Description of Area/Room Number: Blast Furnace Stacks (flue), Lead Breeching Flue
Prior Use: Baghouse flue, flue to lead stack Future Use: NA
Age of Building: 46 years Size: 50'x12'x12' flue Number of Floors: NA
35'x6'x6' stacks (six sections)

5) **Type of Work:** ☒ **Demolition** ☐ **Renovation** ☐ **Annual O&M** ☐ **Phased Project**
Work will be during: ☒ Day ☐ Evening ☐ Night Weekends only? ☐ YES ☒ NO

6) Is this a **Public Building?** ☐ YES ☒ NO **Federal Facility?** ☐ YES ☒ NO **Industrial Site?** ☒ YES ☐ NO
Is building occupied? ☐ 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? NA **(ENCLOSE COPY OF ORIGINAL)**
If an emergency, who did you talk with at TDH? NA Emergency# NA
Date and Hour of Emergency (HH/MM/DD/YY): NA
Description of the sudden, unexpected event: NA

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

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: Area immediately contained, appropriate agencies notified, access restricted, waste disposal under EPA guidelines.

9) Was an Asbestos survey performed? ☐ YES ☐ NO TDH Inspector License No: NA
Survey Date: 1 /26 /95 Analytical Method: ☐ PLM ☐ TEM TDH Laboratory License No: 30-0011

Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Required personal protective equipment, wet methods to keep down emissions, wind barrier

applicable items in the following table must be completed: IF NO ASBESTOS PRESENT CHECK HERE ☐

Asbestos-Containing 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)		12,600			x			
Category II removed (non-friable)								
Category II NOT removed (non-friable)								
RACM Off-Facility Component (friable)								

13) Waste Transporter Name: USPCI/Laidlaw TDH License No: TXD988082947
Address: 11520 Confederate Dr. City: El Paso State: TX Zip: 79936
Contact Person: _____ Phone Number: (915) 856-3545

14) Waste Disposal Site Name: Lone Mountain
Address: RR2 Box 170 City: Waynoka State: OK Zip: 73860
Telephone: (800) 877-2417 TNRCC Permit Number: Z0040

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

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 02 /11 /97 Complete: 02 /28 / 97
17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: NA / NA /NA Complete: NA /NA /NA

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 TAHPA, Section 295.61.

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.

(Signature of Building Owner/ Operator) (Printed Name) 01 / 27 / 97 (Date) (915) 541-1833 (Telephone) (915) 541-1866 (Fax Number)

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78756

Faxes are not accepted PH: 512-834-6600, 1-800-572-5548, in Texas *Faxes are not accepted*

Revised 10/10/94 For assistance in completing form, call 1-800-572-5548

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NOTE: CIRCLE ITEMS THAT ARE AMENDED

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Site Supervisor: _____ TDH License Number: 80-3978
Trained On-Site Peggy Munsell Certification Date: 3/21/96

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Attention: _____
Mailing Lane
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Survey Date: 1 /26 /96 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: 30-0011

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L W Castor by MJones — (Signature of Building Owner/ Operator)
Lawrence Castor — (Printed Name)
02 / 11 / 97 — (Date)
(915) 541-1833 — (Telephone)
(915) 541-1866 — (Fax Number)

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DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
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G/Public/Peggy/blast. NOT

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