

April 6, 1994

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

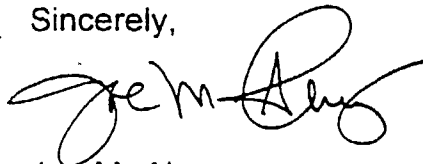
RE: Notification of Renovation

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

April 6, 1994

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

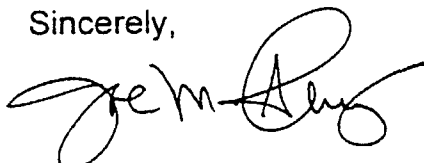
RE: Notification of Renovation

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 ☐ / ☐ / ☐ /

NOTE: CIRCLE ITEMS THAT ARE AMENDED

Amount:
Notification#

- 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 nonfriable 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 ONE OF THE FOLLOWING					
	Pipes	Surface Area	Ln Fl	Ln M	SQ Fl	SQ M	Cu Fl	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 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.

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