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

PLAINTIFF'S EXHIBIT
VRC-9

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

NOTE: CIRCLE ITEMS THAT ARE AMENDED

Notification#

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 TAHPA, 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

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