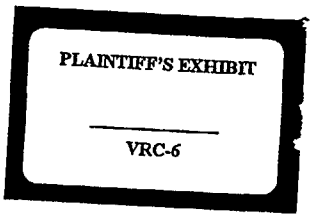
VALERO
REFINING COMPANY
Post Office Box 9370 • Corpus Christi, Texas 78469-9370 • Telephone (512) 289-6000



January 25, 1995

Texas Department of Health
Division of Occupational Health
Asbestos Program Branch
1100 West 49th Street
Austin, TX 78756

RE: Notification of Renovation

Dear Sir:

Enclosed is a completed "Notification of Demolition and Renovation" form for the work we plan to start on 2/13/95. The RACM (regulated asbestos containing material) is being removed from a boiler 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,

Jose M. Almaraz
Environmental Engineer

xc: C. Spiekerman, TNRCC
N. Renfro
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: Myane Insulation Company TDH License No.: 80-0146
Address: 101 S. Broadway City: Premont State: TX Zip: 78375
Office Phone Number: (512) 348-2818 Job Site Phone Number: -
Site Supervisor: Robelin Saenz TDH License Number: 80-3287
Trained On-Site NESHAP Individual: Certification Date: 6/22/94

2) Project Consultant or Operator: Robelin Saenz TDH License Number: 80-3287
Mailing address: 101 S. Broadway
City: Premont State: TX Zip: 78376 Office Phone Number: 512/348-2818

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: Powerhouse Boiler
Address: 5900 Up River Road, Valero Refining Company County: Nueces
City: Corpus Christi Zip: 78407 Facility Phone Number: 512/289-6000
Description of Area/Room Number:
Prior Use: Boiler 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 pipe insulation from boiler

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: wet and double wrap each section with plastic during removal operation.

RACM Material Type	Asbestos							
	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)	1620		XX					
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 1445 and 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: 2/13/95 Complete: 2/27/95

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.

Joe M Almaraz — JOSE M ALMARAZ — 1/25/95 — (512) 269-3305
(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