TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED T.D.H. **Notification #**_____

For Office Use Only: NESHAP Notification Received: YES NO Violation? YES NO

1) Abatement Contractor: Cannon Sline Inc. TDH License No.: 80-0524
Address: 6900 North Loop East City: Houston State: TX Zip: 77028
Office Phone Number: (713) 675-3141 Job Site Phone Number: (409) 948-5818
Site Supervisor: James Parker TDH License Number: N/A
Site Supervisor: Dawin Stewart TDH License Number: N/A
Trained On-Site NESHAP Individual: Donnie Shelby Certification Date: 1/98

Demolition Contractor: N/A Office Phone Number: ( ) -
Address: ____ City: ____ State: ____ Zip: ____

2) Project Consultant or Operator: NA TDH License Number: ____
Mailing address: ____
City: ____ State: ____ Zip: ____ Office Phone Number: ( ) -

3) Facility Owner: R.E. La Cour /Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592 Owner Phone Number: (409) 948-5818

4) Description or Facility Name: Union Carbide Corporation/Richard E. LaCour
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. LaCour
Description of Area/Room Number: Distribution (IPD) Storage Tank 9213
Prior Use: Storage Tank Future Use: Same
Age of Building 30 years Size: 50000 sqft Number of Floors: Tank N/A

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? _ (Enclose copy of original)
If an emergency, who did you talk with at TDH? NA 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.): 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: All material removed as ACM.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 1/98 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: NA

10) Description of planned demolition or renovation work, type of material, and method(s) to be used:
Remove plasite tank lining containing ACM inside tank 9213 using wet pressure

UCTC 18316

PLAINTIFF'S EXHIBIT

UC-4456

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in a negative enclosure (tank), wet method and HEPA vacuum used. Material will be filtered, double bagged and placed in a lined, covered roll-off container. Employees will wear full body slicker suits, boots, gloves and ½ face air purifying respirators.

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

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)		10,000	☐	☐	☒	☐		
RACM NOT removed (friable)			☐	☐	☐	☐		
Category I removed (non-friable)			☐	☐	☐	☐		
Category I NOT removed (non-friable)			☐	☐	☐	☐		
Category II removed (non-friable)			☐	☐	☐	☐		
Category II NOT removed (non-friable)			☐	☐	☐	☐		
RACM Off-Facility Component (friable)							☐	☐

13) Waste Transporter Name: BFI TDH License No: 40-0050
Address: 8101 Littleyork City: Houston State: Texas Zip: 77016
Contact Person: Judy Williams Phone Number: (713) 471-9142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell Road City: Texas City State: Texas Zip: 77590
Telephone: (409) 948-4783 TNRCC Permit Number: HW50133

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: NA 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: 02/11/98 Complete: 02/06/98

17) Scheduled Dates of Demolition/Renovation (MM/DD/YY) Start:: 02/09/98 Complete: 02/28/98
I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge.

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

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.

Richard E LaCour — Richard E. LaCour — 02/02/98 — (409) 948-5818
(Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)
(409) 948-5546-
(Fax Number)

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

UCTC 18317

Form:APB#5, dated 04/15/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED T.D.H **Notification #**_____

1) Abatement Contractor: Cannon Sline Inc. TDH License No.: 80-0524
Address: 6900 North Loop East City: Houston State: TX Zip: 77028
Office Phone Number: (713) 675-3141 Job Site Phone Number: (409) 948-5818
Site Supervisor: Leroy Arnold TDH License Number: N/A
Site Supervisor: Dawin Stewart TDH License Number: N/A
Trained On-Site NESHAP Individual: Donnie Shelby Certification Date: 1/98

Demolition Contractor: N/A Office Phone Number: ( ) -
Address: ____ City: ____ State: ____ Zip: ____

2) Project Consultant or Operator: NA TDH License Number: ____
Mailing address: ____
City: ____ State: ____ Zip: ____ Office Phone Number: ( ) -

3) Facility Owner: R.E. La Cour /Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592 Owner Phone Number: (409) 948-5818

4) Description or Facility Name: Union Carbide Corporation/Richard E. LaCour
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. LaCour
Description of Area/Room Number: Distribution (IPD) Storage Tank 9213
Prior Use: Storage Tank Future Use: Same
Age of Building 30 years Size: 50000 sqft Number of Floors: Tank N/A

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? _ (Enclose copy of original)
If an emergency, who did you talk with at TDH? NA 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.): 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: All material removed as ACM.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 1/98 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: NA

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: Remove plasite lining containing 1% or less ACM inside tank 9213 using wet pressure

For Office Use Only ☐ AHEA ☐ NESAP ☐ TDH ☐ Violation? ☐ YES ☐ NO ☐ RCVD

UCTC 18318

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in a negative pressure enclosure (tank), wet method and HEPA vacuum will be used, material will be placed in a vacuum roll-off container for disposal. Employees will wear full - body slicker suits, boots and gloves with ½ faced air-purifying respirators.

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

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	M
RACM to be removed (friable)		10,000	☐	☐	☒	☐		
RACM NOT removed (friable)			☐	☐	☐	☐		
Category I removed (non-friable)			☐	☐	☐	☐		
Category I NOT removed (non-friable)			☐	☐	☐	☐		
Category II removed (non-friable)			☐	☐	☐	☐		
Category II NOT removed (non-friable)			☐	☐	☐	☐		
RACM Off-Facility Compo[illegible]t (friable)			[illegible]				☐	☐

13) Waste Transporter Name: BFI TDH License No: 40-0050
Address: 8101 Littleyork City: Houston State: Texas Zip: 77016
Contact Person: Judy Williams Phone Number: (713) 471-9142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell Road City: Texas City State: Texas Zip: 77590
Telephone: (409) 948-2783 TNRCC Permit Number: HW50133

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: NA 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: 02/11/98 Complete: 02/26/98

17) Scheduled Dates of Demolition/Renovation (MM/DD/YY) Start:: 02/09/98 Complete: 02/28/98
I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge

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

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.

Richard E. LaCour — (Signature of Building Owner/ Operator)
Richard E. LaCour — (Printed Name)
01/27/98 — (Date)
(409) 948-5818 — (Telephone)
(409) 948-5546- — (Fax Number)

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

UCTC 18319

FormAPD #5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED T.D.H **Notification #**_____

1) Abatement Contractor: Cannon Sline Inc. TDH License No.: 80-0524
Address: 6900 North Loop East City: Houston State: TX Zip: 77028
Office Phone Number: (713) 675-3141 Job Site Phone Number: (409) 948-5818
Site Supervisor: Leroy Arnold TDH License Number: N/A
Site Supervisor: Dawin Stewart TDH License Number: N/A
Trained On-Site NESHAP Individual: Donnie Shelby Certification Date: 1/98

Demolition Contractor: N/A Office Phone Number: ( ) -
Address: ____ City: ____ State: ____ Zip: ____

2) Project Consultant or Operator: NA TDH License Number: ____
Mailing address: ____
City: ____ State: ____ Zip: ____ Office Phone Number: ( ) -

3) Facility Owner: R.E. La Cour /Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592 Owner Phone Number: (409) 948-5818

4) Description or Facility Name: Union Carbide Corporation/Richard E. LaCour
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. LaCour
Description of Area/Room Number: Distribution (IPD) Storage Tank 9213
Prior Use: Storage Tank Future Use: Same
Age of Building 30 years Size: 50000 sqft Number of Floors: Tank N/A

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? _ (Enclose copy of original)
If an emergency, who did you talk with at TDH? NA 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.): 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: All material removed as ACM.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 1/98 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: NA

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: Remove plasite lining containing 1% or less ACM inside tank 9213 using wet pressure.

UCTC 18320

For Office Use Only ☐ TAHFA ☐ NESAF ☐ T ☐ H ☐ Violation ☐ YES ☐ NO ☐ RCVD

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in a negative pressure enclosure (tank), wet method and HEPA vacuum will be used, material will be placed in a vacuum roll-off container for disposal . Employees will wear full body slicker suits, boots and gloves with ½ faced air-purifying respirators.

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

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)		10,000	☐	☐	☒	☐		
RACM NOT removed (friable)			☐	☐	☐	☐		
Category I removed (non-friable)			☐	☐	☐	☐		
Category I NOT removed (non-friable)			☐	☐	☐	☐		
Category II removed (non-friable)			☐	☐	☐	☐		
Category II NOT removed (non-friable)			☐	☐	☐	☐		
RACM Off-Facility Component (friable)							☐	☐

13) Waste Transporter Name: BFI TDH License No: 40-0050
Address: 8101 Littleyork City: Houston State: Texas Zip: 77016
Contact Person: Judy Williams Phone Number: (713) 471-9142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell Road City: Texas City State: Texas Zip: 77590
Telephone: (409) 948-4783 TNRCC Permit Number: HW50133

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: NA 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: 02/11/98 Complete: 02/26/98

17) Scheduled Dates of Demolition/Renovation (MM/DD/YY) Start:: 02/09/98 Complete: 02/28/98
I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge.

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

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.

Richard E. LaCour — (Signature of Building Owner/ Operator)
Richard E. LaCour — (Printed Name)
01/27/98 — (Date)
(409) 948-5818 — (Telephone)
(409) 948-5546- — (Fax Number)

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

UCTC 18321

FormAPB#5, dated 04/16/96. Replaces TDH Form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in a negative pressure enclosure (tank), wet method and HEPA vacuum will be used, material will be placed in a vacuum roll-off container for disposal . Employees will wear full body slicker suits, boots and gloves with ½ faced air-purifying respirators.

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

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)		10,000	☐	☐	☒	☐		
RACM NOT removed (friable)			☐	☐	☐	☐		
Category I removed (non-friable)			☐	☐	☐	☐		
Category I NOT removed (non-friable)			☐	☐	☐	☐		
Category II removed (non-friable)			☐	☐	☐	☐		
Category II NOT removed (non-friable)			☐	☐	☐	☐		
RACM Off-Facility Component (friable)							☐	☐

13) Waste Transporter Name: BFI TDH License No: 40-0050
Address: 8101 Littleyork City: Houston State: Texas Zip: 77016
Contact Person: Judy Williams Phone Number: (713) 471-9142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell Road City: Texas City State: Texas Zip: 77590
Telephone: (409) 948 4783 TNRCC Permit Number: HW50133

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: NA 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: 02/11/98 Complete: 02/26/98

17) Scheduled Dates of Demolition/Renovation (MM/DD/YY) Start:: 02/09/98 Complete: 02/28/98
I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I

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

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)	Richard E. LaCour (Printed Name)	01/27/98 (Date)	(409) 948-5818 (Telephone) (409) 948-5546- (Fax Number)

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

UCTC 18322

FormAPB#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

TEXAS DEPARTMENT OF HEALTH **DEMOLITION / RENOVATION NOTIFICATION FORM**

NOTE: CIRCLE ITEMS THAT ARE AMENDED T.D.H **Notification #**_____

1) Abatement Contractor: Cannon Sline Inc. TDH License No.: 80-0524
Address: 6900 North Loop East City: Houston State: TX Zip: 77028
Office Phone Number: (713) 675-3141 Job Site Phone Number: (409) 948-5818
Site Supervisor: Leroy Arnold TDH License Number: N/A
Site Supervisor: Dawin Stewart TDH License Number: N/A
Trained On-Site NESHAP Individual: Donnie Shelby Certification Date: 1/98

Demolition Contractor: N/A Office Phone Number: ( ) -
Address: ____ City: ____ State: ____ Zip: ____

2) Project Consultant or Operator: NA TDH License Number: ____
Mailing address: ____
City: ____ State: ____ Zip: ____ Office Phone Number: ( ) -

3) Facility Owner: R.E. La Cour /Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592 Owner Phone Number: (409) 948-5818

4) Description or Facility Name: Union Carbide Corporation/Richard E. LaCour
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. LaCour
Description of Area/Room Number: Distribution (IPD) Storage Tank 9213
Prior Use: Storage Tank Future Use: Same
Age of Building 30 years Size: 50000 sqft Number of Floors: Tank · N/A

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? _ **(Enclose copy of original)**
If an emergency, who did you talk with at TDH? NA 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.): 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: All material removed as ACM.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 1/98 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: NA

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: Remove plasite lining containing 1% or less ACM inside tank 9213 using wet pressure.

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

UCTC 18323

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED T.D.H. **Notification #**_____

1) Abatement Contractor: Union Carbide Corporation TDH License No.: NA
Address: 3301 5th Avenue South City: Texas City State: Texas Zip: 77592
Office Phone Number: (409) 948-5075 Job Site Phone Number: (409) 948-5075
Site Supervisor: Phil Bartlett TDH License Number: NA
Site Supervisor: M. C. Gill TDH License Number: NA

Demolition Contractor: NA Office Phone Number: ( ) -
Address: ____ City: ____ State: ____ Zip: ____
Trained On-Site NESHAP Individual: Richard E. La Cour Certification Date: 4/8/97

2) Project Consultant or Operator: NA TDH License Number: ____
Mailing address: ____
City: ____ State: ____ Zip: ____ Office Phone Number: ( ) -

3) Facility Owner: Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592-0471 Owner Phone Number: (409) 948-5818

4) Description or Facility Name: Union Carbide Corporation
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592-0471 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. La Cour
Description of Area/Room Number: Asbestos O&M work done at UCC/texas City 1-98-12/98
Prior Use: Chemical plant operations Future Use: Same
Age of Building: NA Size: NA Number of Floors: NA

5) Type of Work: ☐ Demolition ☐ Renovation ☒ Annual O&M
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: All material will be removed as ACM

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 1/98-12/98 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: NA

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: Work will be performed in negative pressure enclosure when possible, the wet method and HEPA vacuum will be used, employees will wear appropriate PPE including PAPR and full body protective clothing.

FOR OFFICE USE ONLY ☐ TAHPA ☐ NESHAP ☐ TDH ☐ EPA Violation? ☐ YES ☐ NO RCVD POSTMARK

UCTC 18324

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in negative pressure enclosure when possible, the wet method and vacuum will be used, employees will wear appropriate PPE including PAPR and full-body protective clothing

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

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	[illegible] Ft	Cu M
RACM to be removed (friable)	2000	1500	☒	☐	☒	☐		
RACM NOT removed (friable)			☐	☐	☐	☐		
Category I removed (non-friable)			☐	☐	☐	☐		
Category I NOT removed (non-friable)			☐	☐	☐	☐		
Category II removed (non-friable)			☐	☐	☐	☐		
Category II NOT removed (non-friable)			☐	☐	☐	☐		
RACM Off-Facility Component (friable)							☐	☐

13) Waste Transporter Name: BFI TDH License No: 34734
Address: 1700 Northeast Street City: La Porte State: Texas Zip: 77572
Contact Person: Judy Williams Phone Number: (713) 471-9142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell Road City: Texas City State: Tx Zip: 77590
Telephone: (409) 948-4783 TNRCC Permit Number: HW50133

15) *For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:*
Name: NA 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: 02/02/98 Complete: 12/31/98

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 01/15/98 Complete: 12/31/98
I hereby certify that all information I have provided is correct, complete, and true to the best of my know[illegible]. I

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

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] Richard E. La Cour 01/14/98 (409) 948-5818
(Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)
(409) 948-5546
(Fax Number)

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

UCTC 18325

FormAPB#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

TEXAS DEPARTMENT OF HEALTH DE[illegible]OLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED T.D.H. Notification #_____

For Office Use Only ☐ TAHPA ☐ NESHAP ☐ TDH ☐ Violation? ☐ YES ☐ NO ☐ RCVD ☐ POSTMARK

1) Abatement Contractor: Union Carbide Corporation TDH License No.: NA
Address: 3301 5th Avenue South City: Texas City State: Texas Zip: 77592
Office Phone Number: (409) 948-5075 Job Site Phone Number: (409) 948-5075
Site Supervisor: Phil Bartlett TDH License Number: NA
Site Supervisor: M. C. Gill TDH License Number: NA

Demolition Contractor: NA Office Phone Number: (___) ___-____
Address: ____ City: ____ State: ____ Zip:
Trained On-Site NESHAP Individual: Richard E. La Cour Certification Date: 4/8/97

2) Project Consultant or Operator: NA TDH License Number: ____
Mailing address: ____
City: ____ State: ____ Zip: ____ Office Phone Number: (___) ___-____

3) Facility Owner: Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592-0471 Owner Phone Number: (409) 948-5818

4) Description or Facility Name: Union Carbide Corporation
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592-0471 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. La Cour
Description of Area/Room Number: Asbestos O&M work done at UCC/texas City 1-98-12/98
Prior Use: Chemical plant operations Future Use: Same
Age of Building: NA Size: NA Number of Floors: NA

5) Type of Work: ☐ Demolition ☐ Renovation ☒ Annual O&M
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: All material will be removed as ACM

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 1/98-12/98 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: NA

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: Work will be performed in negative pressure enclosure when possible, the wet method and HEPA vacuum will be used, employees will wear appropriate PPE including PAPR and full-body protective clothing.

UCTC 18326

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in negative pressure enclosure when possible, the wet method and vacuum will be used, employees will wear appropriate PPE including PAPR and full-body protective clothing

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

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)	2000	1500	☒	☐	☒	☐		
RACM NOT removed (friable)			☐	☐	☐	☐		
Category I removed (non-friable)			☐	☐	☐	☐		
Category I NOT removed (non-friable)			☐	☐	☐	☐		
Category II removed (non-friable)			☐	☐	☐	☐		
Category II NOT removed (non-friable)			☐	☐	☐	☐		
RACM Off-Facility Component (friable)							☐	☐

13) Waste Transporter Name: BFI TDH License No: 34734
Address: 1700 Northeast Street City: La Porte State: Texas Zip: 77572
Contact Person: Judy Williams Phone Number: (713) 471-5142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell Road City: Texas City State: Tx Zip: 77590
Telephone: (409) 948-4783 TNRCC Permit Number: HW501[illegible]3

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: NA 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: 02/02/98 Complete: 12/31/98

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 01/15/98 Complete: 12/[illegible]
I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge

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

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] Richard E. La Cour 01/14/98 (409) 943-5818
(Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)
(409) 948-5548
(Fax Number)

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

UCTC 18327

FormAPB#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548