PLAINTIFF'S EXHIBIT

KRC-649

ENVIROTEST INC.

February 22, 1994

Ms. Barbara J. Pope
Southwestern Refining Company, Inc.
P.O. Box 9217
Corpus Christi, Texas 78469

Dear Ms. Pope:

Enclosed is written confirmation of the analytical results for the three bulk samples, numbers 94022 through 94024, received at our laboratory at 10:15 a.m. on Monday, February 21, 1994.

All analyses were performed at our lab with a Nikon Labophot-Pol microscope. Standard oil immersion and optical staining techniques were used for asbestos identification. The Interim Method for the Determination of Asbestos in Bulk Samples (40 CFR Part 763, Appendix A, Subpart F) was used. Envirotest, Inc. is a National Institute of Standards and Technology NVLAP-accredited laboratory (#1595) and is licensed by the Texas Department of Health (#30-0005) for asbestos analysis.

The following analytical results pertain only to the sample(s) analyzed. Envirotest, Inc. assumes no responsibility for whether the sample(s) accurately represent the material in question nor for any subsequent use or interpretations of the analytical results.

This report and the findings contained herein shall not, in whole or in part, be altered, dispersed, or disclosed to any other party. It is provided for your sole use and may not be used or relied upon by any other party, in whole or in part, without prior written consent from Envirotest, Inc.

If you have any questions regarding this report, please call. We appreciate the opportunity to be of service to you.

Sincerely,

Stuart C. Williams, Ph.D.
Chief Executive Officer
Envirotest, Inc.

SCW:clh



3902 BRAXTON, HOUSTON, TEXAS 77063 713-782-4101

NVLAP
# 1595

TDH LICENSE
# 30-0005

# Envirotest, Inc. Bulk Sample Analysis Report

| SAMPLE NUMBER | LAB # | SAMPLE DESCRIPTION | PERCENT ASBESTOS CHRYSOTILE | AMOSITE | CROCIDOLITE | OTHER | PERCENT OTHER FIBERS |
|---|---|---|---|---|---|---|---|
| 94022 | E-50073 | WH FIB PWDR | | 15-20 | | | |
| 94023 | E-50074 | WH FIB PWDR | 1-3 | 30-35 | | | |
| 94024 | E-50075 | GR TRAN | 15-20 | | | | |

SWRf/Asbestos 1293

Analyst's Signature: Linda L. Lamb

Date: 2-21-94

1B 047166

ABBREVIATIONS: ACT = actinolite; AL = aluminum; ANTH = anthophyllite; BACK = backing; BLK = black; BL = blue; BRN = brown; CALC = calcareous; CPT = carpet; CTL = ceiling tile; C = cellulose; CEM = cement; COV = cover; DEB = debris; FG = fiberglass; FIB = fibrous, fibers; FTL = floor tile; FO = foam; GRAN = granular; GR = grey; GRN = green; HD = hard; INS = insulation; LINO = linoleum; MAS = mastic; MAT = material; MIC = micaceous; MW = mineral wool; NFD = no fibers detected; ORG = orange; PAI = paint; PAP = paper; PL = plaster; PLAS = plastic; PWDR = powder; RCF = refractory ceramic fiber; RUB = rubber; SIL = silver; SR = sheet rock; SUB = substance; S = synthetic; TEXT = textured; TR = trace; TRAN = transite; TREM = tremolite; VERM = vermiculite; VYL = vinyl; W = wollastonite; WH = white; YEL = yellow;

Samples were analyzed using EPA method 600/M4-82-020. Analytical results pertain only to the sample(s) analyzed.

**Envirotest, Inc.'s liability, if any, for the results indicated herein is specifically limited to the cost of this report, all warranties whether express or implied being specifically disclaimed.**

# IH ANALYTICAL REQUEST

Client:

Southwestern Refining Company, Inc.
P. O. Box 9217
Corpus Christi, TX 78469

Case No:
Date Recd:
Shipment Method:
Del. agent:
Rec. agent:

Investigation:

| Lab Number | Client Number | Sample Type | Air Volume | Test Required | Results/Det.Limits |
|---|---|---|---|---|---|
| | 94022 | Asbestos Bulk | — | Asbestos | |
| | 94023 | ↓ | — | ↓ | |
| | 94024 | ↓ | — | ↓ | |

Report Comments:

SWRf/Asbestos 1294

File Comments:

1B 047167

Dept Insulation
Site Corpus Christi
Area BTX

# KERR McGEE REFINING CORPORATION
# INDUSTRIAL HYGIENE DATA FORM

Accession
File No. 93-0441
SiteUse

| ID | CAS Registry/Code No. | K | Yr. | Mo. | Day | Sheet No. |
|---|---|---|---|---|---|---|
| | | 0 | 94 | 02 | 18 | |
| 1 2 3 | 11 12 13 14 | 15 16 | 17 18 | 19 | | 24 |

| S | T | D | Elapsed Time, Min | MFE | L/G | Concentration | U | P | Parameter Value | Prot Equip. | No Samp. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | | | | | C | | | | |
| 25 | 26 | 27 | 28 30 | 31 | 32 | 33 37 | 38 | 39 | 40 44 | 45 46 | 47 49 |

| X | Site Locator Codes | SSN |
|---|---|---|
| | | |
| 50 | 51 55 60 65 70 | 71 75 80 |

CODES

K—Monitoring Standard
A—8 Hour TWA
B—12 Hour TWA
C—Short Term TWA
D—Instantaneous Peak
E—Duration of Task
O—Other

S—Sample
A—General Area
B—Breathing Zone
C—Continuous
H—Blood (ZZ only)
O—Other
P—Personal
S—Source Sample
U—Urinalysis (ZZ only)

T-Type
F—Full Period Single
G—Series Grab
L—Full Pd. Consecutive
O—Other
P—Partial Period
S—Single Grab

D—Device
A—Adsorption Tube
B—Passive Dosimeter
D—Direct Instrument
F—Filter
G—Grab Sample
I—Impinger/Bubbler
O—Other
R—Filter, Respirable Dust
T—Detector Tube

U—Units
B—Parts/Billion
C—Fiber/cm
D—Decibels
J—µg/100 g(blood ZZ only)
K—µg/mL(urine ZZ only)
L—µg/mL(urine ZZ only)
M—Parts/Million
O—Other
P—Percent
U-g/m3
X—mg/m3

P—Statistic/Parameter
G—Geometric Mean and Geometric Std. Dev
L—50 Percentile and 95th Percentile
O—Other
X—Arithmetic Mean and Std. Deviation

Protective Equipment Worn
A—Air Supplied Respirator, Continuous Flow
B—Air Supplied Respirator, Demand
E—Cover All Goggles
F—Face Shield
G—Impervious Gloves
H—Air Supplied Respirator, Pressure Demand
I—Hearing Protection—Inserts
J—Impervious Suit—Not Air Supplied
M—Hearing Protection—Muffs
N—None Required
O—Other
P—Air Purifying Respirator, Full Face
Q—Air Purifying Respirator, Half Face
R—Air Purifying Respirator, quarter Face
S—Self-Contained Respirator, Pressure Demand
T—Self-Contained Respirator, Demand
U—Impervious Suit—Air Supplied
Y—Power Air Purifying Respirator
W—Disposable respirator—Dust

M—Measured Value
E—Estimated Value
L—Less Than
G—Greater Than

FOR SITE USE

Monitoring For: Asbestos Bulk
(Common Chemical Name)

IN: _____ Person Sampled Area - Product Separator
(Site Designation) (Last Name First Initial)
from Hydrogen Recycle to Compressor

DATA/OBSERVATIONS

Protective Equipment Used _____

Sample No. 94022 Avg Temp. — Avg Atm Press. — Predominant Wind Direction — Avg Speed —

Sampler Pump Make _____ Model _____ Ser. No. _____ No. _____

Calibration Method _____ Reference _____ By Nancy Logue Date _____

| PUMP SETTING | | ELAPSED | | CALIBRATED FLOW RATE | | VOLUME SAMPLED, LITERS | |
|---|---|---|---|---|---|---|---|
| Start | Stop | Min. | Strokes | Vol/Min | Vol/Stroke | Uncorrected | Corrected |
| | | | | | | | |

Sampling Method _____ Reference _____ Precision _____ Accuracy _____

Make _____ Model _____ Adsorbent _____ Lot No. _____

Anal. Method _____ Reference _____ Precision _____ Accuracy _____

Anal. Equip _____ Manufacturer _____ Model _____ Ser. No. _____

| Analytical | | | | Results | | |
|---|---|---|---|---|---|---|
| No | Reference | Analyst | Analyte | Mass/No Particles | Concentration | Units |
| | | | | | | |

CALCULATIONS: (Additional data, remarks, etc.) Amosite 15—20%

Pump Calibration X = 60 sec x # ml
# sec

• Please Retain Pink Copy for Your Records
Please Do Not Pull Form Set Apart

Investigator (Signature) B. Pope Date 2-18-94

Received by (Signature) _____ Date/Time _____

Completed by (Signature) _____ Date/Time _____

SWRf/Asbestos 1295 1B 047162

Dept Insulation
Site Corpus Christi
Area BTX

# KERR McGEE REFINING CORPORATION
# INDUSTRIAL HYGIENE DATA FORM

Accession ____
File No. 93-0441
Site Use ____

| ID | CAS Registry/Code No. | K | Yr. | Mo. | Day | Sheet No. |
|---|---|---|---|---|---|---|
| | | 0 | 94 | 02 | 18 | |
| 1 2 3 | | 11 12 | 13 14 | 15 16 | 17 18 | 19 24 |

| S | T | D | Elapsed Time, Min | M/E | L/G | Concentration | U | P | Parameter Value | Prot Equip. | No Samp. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | | | | | C | | | | |
| 25 | 26 | 27 | 28 30 | 31 | 32 | 33 37 | 38 | 39 | 40 44 | 45 46 | 47 49 |

| X | Site Locator Codes | SSN |
|---|---|---|
| | | |
| 50 | 51 55 60 65 70 | 71 75 80 |

CODES

K—Monitoring Standard
A—8 Hour TWA
B—12 Hour TWA
C—Short Term TWA
D—Instantaneous Peak
E—Duration of Task
O—Other

S—Sample
A—General Area
B—Breathing Zone
C—Continuous
H—Blood (ZZ only)
O—Other
P—Personal
S—Source Sample
U—Urinalysis (ZZ only)

T-Type
F—Full Period Single
G—Series Grab
L—Full Pd. Consecutive
O—Other
P—Partial Period
S—Single Grab

D—Device
A—Adsorption Tube
B—Passive Dosimeter
D—Direct Instrument
F—Filter
G—Grab Sample
I—Impinger/Bubbler
O—Other
R—Filter, Respirable Dust
T—Detector Tube

U—Units
B—Parts/Billion
C—Fiber/cm
D—Decibels
J—µg/100 g(blood ZZ only)
K—µg/mL(urine ZZ only)
L—µg/mL(urine ZZ only)
M—Parts/Million
O—Other
P—Percent
U-g/m3
X—mg/m3

P-Statistical Parameter
G—Geometric Mean and Geometric Std. Dev
L—50 Percentile and 95th Percentile
O—Other
X—Arithmetic Mean and Std. Deviation

Protective Equipment/Work
A—Air Supplied Respirator, Continuous Flow
B—Air Supplied Respirator, Demand
E—Cover All Goggles
F—Face Shield
G—Impervious Gloves
H—Air Supplied Respirator, Pressure Demand
I—Hearing Protection—Inserts
J—Impervious Suit—Not Air Supplied
M—Hearing Protection—Muffs
N—None Required
O—Other
P—Air Purifying Respirator, Full Face
Q—Air Purifying Respirator, Half Face
R—Air Purifying Respirator, quarter Face
S—Self-Contained Respirator, Pressure Demand
T—Self-Contained Respirator, Demand
U—Impervious Suit—Air Supplied
Y—Power Air Purifying Respirator
W—Disposable Respirator—Dust

M—Measured Value
E—Estimated Value
L—Less Than
G—Greater Than

**FOR SITE USE**

**Monitoring For:** Asbestos Bulk
(Common Chemical Name)

**IN:** ____ **Person Sampled** Area - South west of BTX
(Site Designation) (Last Name First Initial)
Compressor cooling steam line

**DATA/OBSERVATIONS**

**Protective Equipment Used** ____

Sample No. 94023 Avg Temp. ____ Avg Atm Press. ____ Predominant Wind Direction ____ Avg Speed ____

Sampler Pump Make ____ Model ____ Ser. No. ____ No. ____

Calibration Method ____ Reference ____ By Nancy Logue Date ____

| PUMP SETTING | | ELAPSED | | CALIBRATED FLOW RATE | | VOLUME SAMPLED, LITERS | |
|---|---|---|---|---|---|---|---|
| Start | Stop | Min. | Strokes | Vol/Min | Vol/Stroke | Uncorrected | Corrected |
| | | | | | | | |

Sampling Method ____ Reference ____ Precision ____ Accuracy ____

Make ____ Model ____ Adsorbent ____ Lot No. ____

Anal. Method ____ Reference ____ Precision ____ Accuracy ____

Anal. Equip ____ Manufacturer ____ Model ____ Ser. No. ____

| Analytical | | | | Results | | |
|---|---|---|---|---|---|---|
| No | Reference | Analyst | Analyte | Mass/No Particles | Concentration | Units |
| | | | | | | |

**CALCULATIONS:** (Additional data, remarks, etc.) Chrysotile 1-3%
Amosite 30-35%

Pump Calibration X = 60 sec x # ml
# sec

- Please Retain Pink Copy for Your Records
Please Do Not Pull Form Set Apart

**Investigator (Signature)** B. Poe **Date** 2-18-94

**Received by (Signature)** ____ **Date/Time** ____

**Completed by (Signature)** ____ **Date/Time** ____

SWRf/Asbestos 1296

1B 047163

1 of 1

Dept Insulation
Site Corpus Christi
Area ECCU II Cr.

# KERR McGEE REFINING CORPORATION
# INDUSTRIAL HYGIENE DATA FORM

Accession
File No. 93-0441
Site Use

| ID | CAS Registry/Code No. | K | Yr. | Mo. | Day | Sheet No. |
|---|---|---|---|---|---|---|
| | | 0 | 94 | 02 | 18 | |

1 2 3 11 12 13 14 15 16 17 18 19 24

| S | T | D | Elapsed Time, Min | MFE | LIG | Concentration | U | P | Parameter Value | Prot Equip. | No Samp. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | | | | | e | | | | |

25 26 27 28 30 31 32 33 37 38 39 40 44 45 48 47 49

X | Site Locator Codes | SSN

50 51 55 60 65 70 71 75 80

CODES

K—Monitoring Standard
A—8 Hour TWA
B—12 Hour TWA
C—Short Term TWA
D—Instantaneous Peak
E—Duration of Task
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A—General Area
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O—Other
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U—Urinalysis (Z2 only)

T—Type
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L—Full Pd. Consecutive
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A—Adsorption Tube
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G—Grab Sample
I—Impinger/Bubbler
O—Other
R—Filter, Respirable Dust
T—Detector Tube

U—Units
B—Parts/Billion
C—Fiber/cm³
D—Decibels
J—µg/100 g(blood Z2 only)
K—µg/mL(urine Z2 only)
L—µg/mL(urine Z2 only)
M—Parts/Million
O—Other
P—Percent
U—g/m3
X—mg/m3

P—Statistical Parameter
G—Geometric Mean and Geometric Std. Dev
L—50 Percentile and 95th Percentile
O—Other
X—Arithmetic Mean and Std. Deviation

Protective Equipment Worn
A—Air Supplied Respirator, Continuous Flow
B—Air Supplied Respirator, Demand
E—Cover All Goggles
F—Face Shield
G—Impervious Gloves
H—Air Supplied Respirator, Pressure Demand
I—Hearing Protection—Inserts
J—Impervious Suit—Not Air Supplied
M—Hearing Protection—Muffs
N—None Required
O—Other
P—Air Purifying Respirator, Full Face
Q—Air Purifying Respirator, Half Face
R—Air Purifying Respirator, quarter Face
S—Self-Contained Respirator, Pressure Demand
T—Self-Contained Respirator, Demand
U—Impervious Suit—Air Supplied
Y—Power Air Purifying Respirator
W—Disposable respirator—Dust

M—Measured Value
E—Estimated Value
L—Less Than
G—Greater Than

## FOR SITE USE

Monitoring For: Asbestos — Bulk
(Common Chemical Name)

IN: _____ Person Sampled Area - Cat II Cooling tower Panel
(Site Designation) (Last Name First Initial)

## DATA/OBSERVATIONS

Protective Equipment Used _____

Sample No. 94024 Avg Temp. _____ Avg Atm Press. _____ Predominant Wind Direction _____ Avg Speed _____

Sampler Pump Make _____ Model _____ Ser. No. _____ No. _____

Calibration Method _____ Reference _____ By Nancy Logue Date _____

| PUMP SETTING | | ELAPSED | | CALIBRATED FLOW RATE | | VOLUME SAMPLED, LITERS | |
|---|---|---|---|---|---|---|---|
| Start | Stop | Min. | Strokes | Vol/Min | Vol/Stroke | Uncorrected | Corrected |
| | | | | | | | |

Sampling Method _____ Reference _____ Precision _____ Accuracy _____

Make _____ Model _____ Adsorbent _____ Lot No. _____

Anal. Method _____ Reference _____ Precision _____ Accuracy _____

Anal. Equip _____ Manufacturer _____ Model _____ Ser. No _____

| Analytical | | | | Results | | |
|---|---|---|---|---|---|---|
| No | Reference | Analyst | Analyte | Mass/No Particles | Concentration | Units |
| | | | | | | |

CALCULATIONS: (Additional data, remarks, etc.) Chrysotile 15-20%

Pump Calibration X = 60 sec x # ml / # sec

• Please Retain Pink Copy for Your Records
Please Do Not Pull Form Set Apart

Investigator (Signature) B. [signature] Date 2-18-94

Received by (Signature) _____ Date/Time _____

Completed by (Signature) _____ Date/Time _____



1B 047164