PLAINTIFF'S EXHIBIT

UC-1908

> 12- 425-6014

NOTIFICATION OF DEMOLITION AND RENOVATION

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER: Union Carbide Chemicals and Plastics Company Inc.
Address: 39 Old Ridgebury Road
City: Danbury | State: CT | Zip: 06817-0001
Contact: MS Bella Cotton | Tel: 512-831-4501
REMOVAL CONTRACTOR: Intersales Equipment Co. Inc.
Address: P.O Box 1819
City: Bellaire | State: Texas | Zip: 77402
Contact: Mr Jose Jimenez | Tel: 713-271-8001
OTHER OPERATOR:
Address:
City: | State: | Zip:
Contact: | Tel:

II. TYPE OF NOTIFICATION (O = Original/R = Revised): Revised

III. TYPE OF OPERATION (D = Demolition/R = Renovation): Emergency Cleanup

IV. IS ASBESTOS PRESENT? (Yes/No) Yes

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name: Union Carbide Chem & Plas. Solvents & Coatings Div.
Address: STAR Route Box 90 (10 miles E. Hwy 48)
Address: 10 miles East Hwy 48
City: Brownsville | State: Texas | County: Cameron
Site Location: Same
Building Size | SqMeter: N/A | SqFt: ---- | # of Floors: --- | Age in Years: 31
Present Use: None | Prior Use: Chemical Plant

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

PLM Bulk Sampler

VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.

	RACM To Be Removed	Nonfriable Asbestos Material Not to Be Removed: Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet			
Surface Area - Square Meters			
Volume RACM Off Facility Component - Cubic Feet	13,500		
Volume RACM Off Facility Component - Cubic Meter			

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY) Start: 5/18/92 Completion: 6/30/92

IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY) Start: 5/18/92 Completion: 6/30/92

Continued on page two

Figure 1. Notification of Demolition and Renovation

BRA 2876

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Conventional Methods

XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
non-Contained

XII. WASTE TRANSPORTER #1

Name: WPI Transportation Inc.
Address: P.O. Box 909
City: Channelview | State: Texas | Zip: 77530-0909
Contact Person: MR. Wayne Leggett | Telephone: 713-452-1504

WASTE TRANSPORTER #2

Name: N
Address:
City: | State: | Zip:
Contact Person: | Telephone:

XIII. WASTE DISPOSAL SITE

Name: Browning Ferris (BFI) McCarty Road Landfill
Address: 11013 Old Beaumont Road
City: Houston | State: Texas | Zip: ~~713-675-6781~~ 77078
Telephone: 713-675-1550

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A | Title:
Authority:
Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY): 11/91
Description of the Sudden, Unexpected Event:
See attached Letter
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:
See attached Letter

XVI. 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.
As listed above
~~Procedures as explained in attached letter~~

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator) (Date)

Figure 1. Notification of Demolition and Renovation

BRA 2877

INTERNAL CORRESPONDENCE
UNION CARBIDE CHEMICALS AND PLASTICS COMPANY INC.
SOLVENTS AND COATINGS MATERIALS DIVISION
Star Route Box 90
Brownsville, Texas 78520

April 13, 1992

To: Mr. Mark Tapp
League City

Copy: Mr. Chuck Kline, K-4 Danbury
Mr. Ray Gerber, Purchasing - Tex. City
Mr. Joe Smith, IRD
Mr. Henry Ward, J-3 Danbury

Re: Cost Comparison for the Disposal of Asbestos (Zone 98) and Transite at the Brownsville, Texas Facility

Mark:

Per your request, attached is the cost comparison for the disposal of asbestos located in Zone 98 (approx. 500 cu.yds.) and the transite to the BFI-McCarthy (Houston) Landfill, the BFI-Sinton, Tx. Landfill, and the Edinburg, Texas Landfill. We are currently disposing of the bagged asbestos at the BFI-McCarthy Road (Houston) Landfill.

I had requested bids from various waste transporters to haul the asbestos located in Zone 98 to the BFI-McCarthy Landfill. I have sent the bids to Mr. Ray Gerber - Texas City Purchasing. The bids from 4 different waste haulers ranged from $41,600.00 to $49,200.00. When the bids were submitted, the BFI local representative submitted a quote of $28,600.00 to dispose of the waste at the BFI-Sinton Landfill.

Due to the cost differential of the two BFI Landfills, and the additional cost to UCC of $29,900.00 payable to Midwest Steel as detailed in Mr. Joe Smith's letter dated 12/23/91, I felt it was prudent to pursue the possibility of auditing and if possible approving a landfill located closer to the UCC Brownsville, Texas Facility. Also, we may need to dispose of other Class I non-hazardous waste at a later date. I understand that there were some groundwater problems at the BFI-Sinton Landfill as well as the Edinburg, Texas Facility.

BRA 2878

Mark, I appreciate your efforts and willingness to pursue the Landfill issues. I requested price quotes from WPI Transportation Inc. (low bidder to the Houston landfill) to haul the waste to the two other sites. I also called the Sinton Landfill and the Edinburg Landfill for the current disposal rates.

Please call me at (512) 841-4501 if you should have any questions or need additional information. Thanks again for your help.

Sincerely,

Belia Cortez

Belia Cortez
Attachment

Union Carbide trial exhibit UC-1908: Union Carbide Brownsville, Texas Facility Asbestos Emergency Cleanup Notifi... Published by AsbestosClaims.Law
ACL Doc 16969 · Page 4 of 28 asbestosclaims.law/library/16969/4

Union Carbide trial exhibit UC-1908: Union Carbide Brownsville, Texas Facility Asbestos Emergency Cleanup Notifi...
ACL Doc 16969 · Page 5 of 28

COST COMPARISON TO TRANSPORT/DISPOSE ASBESTOS AND TRANSITE LOCATED AT THE UNION CARBIDE BROWNSVILLE, TEXAS FACILITY

ASBESTOS (ZONE 98):

	BFI-McCARTHY	BFI-SINTON	EDINBURG, TX.
TRANSP COSTS	$1,166/LOAD	$741/LOAD	$519/LOAD
DISPOSAL COSTS	$12/CU.YD.	$9/CU.YD.	$15/CU.YD.
Transport Approx. 30 Loads	$34,980.00	$22,230.00	$15,570.00
Drop-off Containers	600.00	600.00	600.00
Sub-Total	$35,580.00	$22,830.00	$16,170.00
Disposal Costs Approx. 500 cu.yds.	6,000.00	4,500.00	7,500.00
TOTAL TRANSP/DISP COSTS	$41,580.00	$27,330.00	$23,670.00

BRA 2880

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Union Carbide trial exhibit UC-1908: Union Carbide Brownsville, Texas Facility Asbestos Emergency Cleanup Notifi...
ACL Doc 16969 · Page 6 of 28

COST COMPARISON (CONT'D.) PAGE 2

TRANSITE:

	BFI-MCCARTHY	BFI-SINTON	EDINBURG,TX.
TRANSP COSTS	$920/LOAD	$445/LOAD	$195/LOAD
DISPOSAL COSTS	$12/CU.YD.	$9/CU.YD.	$18/CU.YD.
Transport Approx. 60 loads	$55,200.00	$26,700.00	$11,700.00
Disposal Costs Approx. 700 cu.yds.	8,400.00	6,300.00	12,600.00
TOTAL TRANSP/DISP COSTS	$63,600.00	$33,000.00	$24,300.00
GRAND TOTAL ASB/TRANSITE TRANS/DISPOSAL	$105,180.00	$60,330.00	$47,970.00

NOTE: COSTS DO NOT INCLUDE ANY UNLOADING CHARGES

MBC
4/13/92

BRA 2881

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aprox. average 186 pallets
Per pallete 3'*4'*8' = 96 ft³

186*96 = 17,856 ft³

Composition of
Transite Panels

- Portland cement + asbestos materials
- aprox. density of Portland Cement: 196 lb/ft³ ⟹ 130 lbs/ft³ aprox for transite panels
- aprox density of asbestos mats. -?

$130 \frac{lb}{ft^3} * 17{,}856\ ft^3 = 2{,}321{,}280$ lbs.

$$\frac{2{,}321{,}280 \text{ lbs}}{\text{load capacity of flat bed}} = \text{aprox. loads} = 53 = \text{60 loads}$$

~~52.756~~ ~~51.584~~ Calc. @

load capacity of flat bed ~~45,000 #~~ ~~49,000~~

approx

$$\frac{2{,}321{,}280 \text{ LBS}}{27 \times 130 = 3{,}510 \text{ cu. yd.}} = 661. \text{ cu. yd.}$$

BRA 2882

Asbestos (Back of plant) - WFI Ala

WFI Load off Baker

Sinton Texas 741.22 / Load

30 loads 741.22/LOAD X 30 LOADS = = 22,236.60

600.00

22,836.60

500 cu.yds. 19.97 cu.yd. 9,985.00

~~60000~~

32, 82[illegible].60

BFI -

Sinton Texas 17,984.00

320.00

2,810.00

21,114.00

WFI disposal costs? → 7,500.00

(KANSAS city OFF) 28,614.00

Alan Wolfe - 816.523.5081

Edinburgh Texas

92 - 94 miles → Equal 518.51 / Box

578.51 X 30 = 15,555.30

disposal 500 cu.yds @ 28.00 - 14,000.00

29,555.30

600.00

30,155.30

Granite →

BFI McCarty - 920/Trip X 60 Loads = 55,200.00 + disp =

BFI Sinton - 445/Trip X 60 loads = 26,700.00

Edinburg - 195/trip flat bed - 11,700.00

Samples 12.13

BRA 2883

Trimite 15 cu yd.
Asbestos 18 cu yd.

BRA 2884

Denton Landfill -

Behind a Building Liner

Liner 2 - 3 wks - new cells Completed

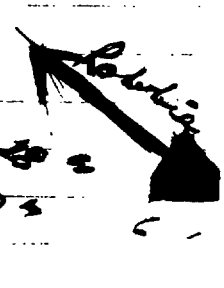
Soil Contaminated -

9.00 Cu yd. - Denton Landfill

Transite -

18" → 6" no chemical Carbon Steel

1/4" no more Sink



B3-93 a/ No Chemical 1/4"

BRA 2885

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UNION CARBIDE CHEMICALS AND PLASTICS COMPANY INC.
SOLVENTS AND COATINGS MATERIALS DIVISION
STAR ROUTE BOX 90
BROWNSVILLE, TEXAS 78521

April 29, 1992

Mr. Robert Guzman
Regional Director
Texas Air Control Board
513 E. Jackson
Harlingen, Texas 78550

Re: Revised Notification of Emergency Cleanup - Asbestos Containing Material - Union Carbide Chemicals and Plastics Company Inc. Brownsville, Texas Facility

Mr. Guzman:

Enclosed is a revised Notification of Demolition and Renovation Form for the emergency cleanup of the asbestos containing material located at the Northeast corner of the Union Carbide Brownsville, Texas Facility. The waste disposal site has been selected, as well as the waste transporter and the removal contractor.

Union Carbide has been in the process of auditing other landfills located in Edinburg and Sinton, Texas in order to reduce the transportation and disposal costs. We just received word yesterday from the BFI Manager in Sinton, Texas notifying us that due to the heavy rains they have not been able to build new cells, therefore they would not have the space at their facility for the disposal of the transite and the waste located in the Northeast corner of the Brownsville facility.

Per the revised notification form, Union Carbide will be disposing of this waste at the BFI McCarty Road Houston Landfill. The waste transporter will be WPI Transportation Inc., and the removal contractor will be Intersales Equipment Inc.. Mr. Albert Mendoza from Professional Services Inc. will be on-site as the Industrial Hygienist to oversee the removal and to perform the area monitoring.

Please call me at (512) 831-4501 if you should have any questions or need additional information.

Sincerely,

Belia Cortez

Belia Cortez
Enclosures

BRA 2886

NOTIFICATION OF DEMOLITION AND RENOVATION

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER: UNION CARBIDE CHEMICALS AND PLASTICS COMPANY INC.

Address: 39 OLD RIDGEBURY ROAD

City: DANBURY. State: CT. Zip: 06817-0001

Contact: MS. BELIA CORTEZ Tel: 512-831-4501

REMOVAL CONTRACTOR: INTERSALES EQUIPMENT CO. INC.

Address: P.O. BOX 1819

City: BELLAIRE State: TEXAS Zip: 77402

Contact: MR. JOSE JIMENEZ Tel: 713-271-8001

OTHER OPERATOR:

Address:

City: State: Zip:

Contact: Tel:

II. TYPE OF NOTIFICATION (O = Original/R = Revised): REVISED

III. TYPE OF OPERATION (D = Demolition/R = Renovation): EMERGENCY CLEANUP

IV. IS ASBESTOS PRESENT? (Yes/No) YES

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name: UNION CARBIDE CHEM. & PLAS. SOLVENTS & COATINGS MATERIALS DIVISION

Address: STAR ROUTE BOX 90

Address: 10 MILES EAST HWY 48

City: BROWNSVILLE State: TEXAS County: CAMERON

Site location: SAME

Building Size SqMeter: N/A SqFt: _____ # of Floors: _____ Age in Years: 31

Present Use: NONE Prior Use: CHEMICAL PLANT

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

PLM BULK SAMPLES

VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.

	RACM To Be Removed	Nonfriable Asbestos Material Not to Be Removed	
		Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet			
Surface Area - Square Meters			
Volume RACM Off Facility Component - Cubic Feet	13,500		
Volume RACM Off Facility Component - Cubic Meter			

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY) Start: 5/18/92 Completion: 6/30/92

IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY) Start: 5/18/92 Completion: 6/30/92

Continued on page two

Figure 1. Notification of Demolition and Renovation

BRA 2887

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

CONVENTIONAL METHODS

XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

NON-CONTAINED - SATURATED BY MEANS OF A SURFACTANT
PROTECTIVE EQUIPMENT IN CONFORMANCE WITH FED. REGULATIONS

XII. WASTE TRANSPORTER #1

Name: WPI TRANSPORTATION INC.		
Address: P.O. BOX 909		
City: CHANNELVIEW	State: TEXAS	Zip: 77530-0909
Contact Person: MR. WAYNE LEGGETT		Telephone: 713-452-1504

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:

XIII. WASTE DISPOSAL SITE

Name: BROWNING FERRIS (BFI) McCARTY ROAD LANDFILL		
Address: 11013 OLD BEAUMONT ROAD		
City: HOUSTON	State: TEXAS	Zip: 77078
Telephone: 713-675-1550		

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A	Title:
Authority:	
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY): 11/91

Description of the Sudden, Unexpected Event:

SEE ATTACHED LETTERS

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

SEE ATTACHED LETTERS

XVI. 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.

PROCEDURES AS LISTED ABOVE.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Bella Carter — (Signature of Owner/Operator) — 4/29/92 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Bella Carter — (Signature of Owner/Operator) — 4/29/92 (Date)

Figure 1. Notification of Demolition and Renovation

BRA 2888

UNION CARBIDE CHEMICALS AND PLASTICS COMPANY INC.
SOLVENTS AND COATINGS MATERIALS DIVISION
STAR ROUTE BOX 90
BROWNSVILLE, TEXAS 78521

(TEL) 512-831-4501
(FAX) 512-831-5278

FACSIMILE TRANSMITTAL COVER SHEET

SENDING TO FACSIMILE NO. 512/ 425-6010

TO: Mr. Robert Luzma
TACB

CC:

FROM: Ms. Belia Cortez
UCC- Bro.

RE:

DATE: April 29, 1992

TOTAL NUMBER OF PAGES INCLUDING THIS PAGE: 4

CALL LUCY ON TELEPHONE NO. (512) 831-4501 IF YOU DO NOT RECEIVE ALL OF THE PAGES. OUR FACS. NUMBER IS (512) 831-5278.

BRA 2889

UNION CARBIDE CHEMICALS AND PLASTICS COMPANY INC.
SOLVENTS AND COATINGS MATERIALS DIVISION
STAR ROUTE BOX 90
BROWNSVILLE, TEXAS 78521

December 18, 1991

Mr. Robert J. Guzman
Regional Director
Texas Air Control Board
Matz Building, Suite 204
513 E. Jackson
Harlingen, Texas 78550

Re: Notification of Emergency Cleanup - Asbestos Containing Material - Union Carbide Chemicals and Plastics Company Inc. Brownsville, Texas Facility.

Mr. Guzman:

The Union Carbide Brownsville, Texas Facility is in the process of being dismantled, with the exception of a few buildings which will be left on-site as requested by the Brownsville Port Authorities.

As part of our demolition plans, we have been removing all concrete pilings located in various parts of the facility. The dismantlement contractor has been breaking the concrete and stockpiling the pieces at an area designated by Union Carbide. The concrete pieces will remain on-site as requested by the Port Authorities. In the process of removing the concrete pilings, we uncovered some material which at the time was suspect asbestos. The material was uncovered at the North East corner of the facility (See attached sketch). Union Carbide had no knowledge that the material was piled in that area. We immediately stopped the removal of the pilings. Professional Service Industries, Inc. took samples of the material, we barricaded the area, covered the material with 6-Mil Polethylene sheeting, monitored and are continuing to monitor the area.

The laboratory results indicate the material ranges from 50% - 70% total asbestos content. I contacted TACB, Mr. Hipolito Cabrera for his recommendation and guidance in the proper handling of the waste.

Per our request, Professional Service Industries, Inc. has submitted a work plan for the removal of the asbestos waste material. Union Carbide is in the process of receiving bids from asbestos abatement contractors for the removal of the waste.

Union Carbide trial exhibit UC-1908: Union Carbide Brownsville, Texas Facility Asbestos Emergency Cleanup Noti... Published by AsbestosClaims.Law
ACL Doc 16969 · Page 15 of 28 asbestosclaims.law/library/16969/15

Re: Notification of Emergency Cleanup - Asbestos Containing Material - Union Carbide Chemicals and Plastics Company Inc. - Brownsville, Texas Facility. (Cont'd)

We estimate the waste will not exceed 500 Cu. Yds. of material. If the waste exceeds this estimate I will submit a revised notification form to your office.

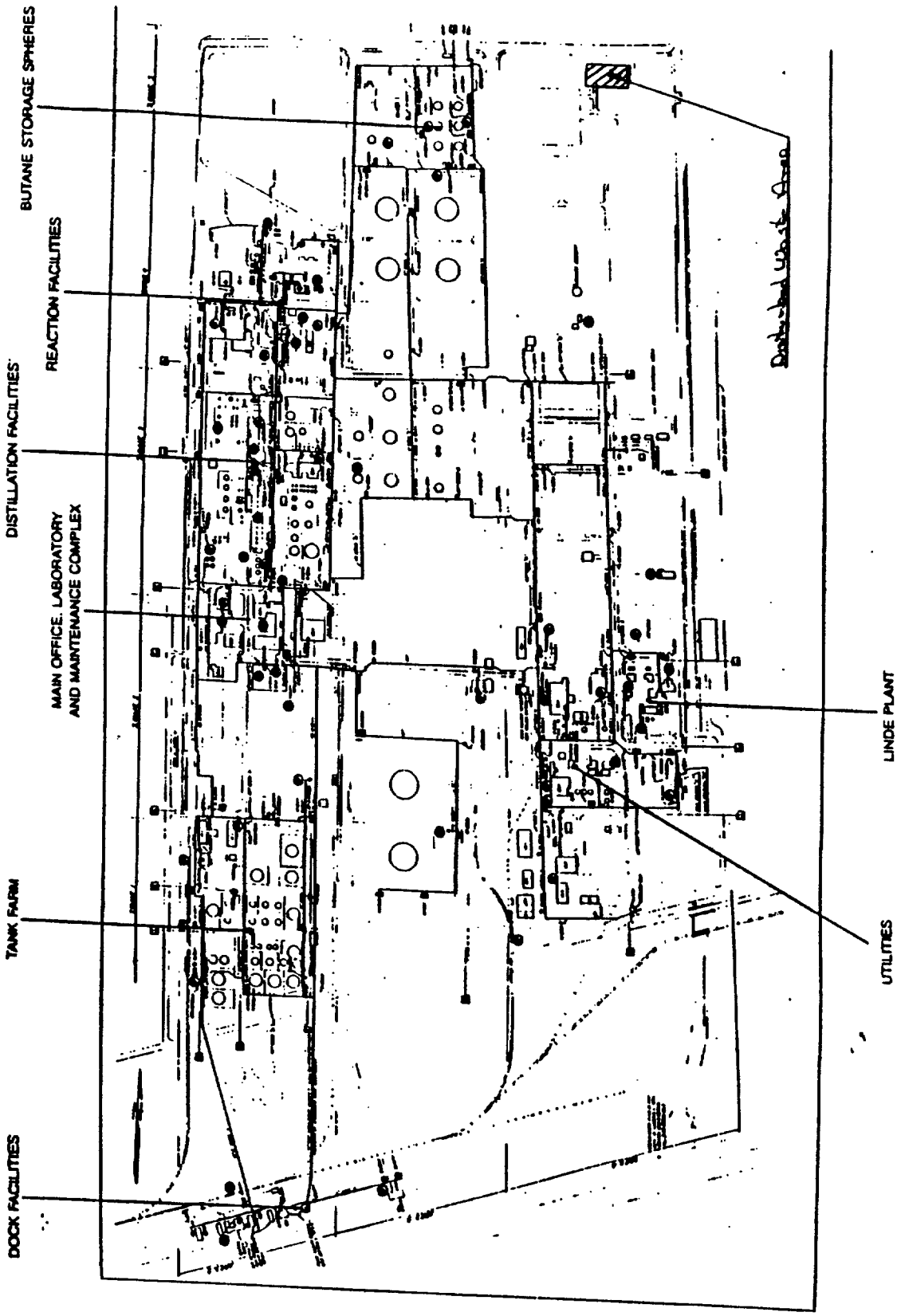
I have attached a copy of the Notification of Demolition and Renovation Form as requested by Mr. Cabrera. Please call me at (512) 831-4501 if you should have any questions or require additional information.

Sincerely,

Belia Cortez

Belia Cortez
Site Manager

Union Carbide trial exhibit UC-1908: Union Carbide Brownsville, Texas Facility Asbestos Emergency Cleanup Noti... Published by AsbestosClaims.Law
ACL Doc 16969 · Page 16 of 28 asbestosclaims.law/library/16969/16


BUTANE STORAGE SPHERES
REACTION FACILITIES
DISTILLATION FACILITIES
MAIN OFFICE, LABORATORY AND MAINTENANCE COMPLEX
TANK FARM
DOCK FACILITIES
LINDE PLANT
UTILITIES

BRA 2892

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: UNION CARBIDE CHEMICALS AND PLASTICS COMPANY INC.

Address: 39 OLD RIDGEBURY ROAD

City: DANBURY, State: CT. Zip: 06817-0001

Contact: Tel:

REMOVAL CONTRACTOR: BIDS PENDING

Address:

City: State: Zip:

Contact: Tel:

OTHER OPERATOR:

Address:

City: State: Zip:

Contact: Tel:

III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation S-Emer.Renovation): EMERGENCY CLEANUP

IV. IS ASBESTOS PRESENT? (Yes/No) YES

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name: UNION CARBIDE

Address: STAR ROUTE BOX 90

City: BROWNSVILLE State: TEXAS County: CAMERON

Site Location: SAME

Building Size: N/A # of Floors: ---- Age in Years: 31

Present Use: NONE Prior Use: CHEMICAL PLANT

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

PLM BULK SAMPLES

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Cat I	Cat II	UNIT	
Pipes				LnFt:	Ln m:
Surface Area				SqFt:	Sq m:
Vol RACM Off Facility Component	13,500			CuFt:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/13/92 Complete: 1/31/92

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/13/92 Complete: 1/31/91

Continued on page two

Figure 3. Notification of Demolition and Renovation

BRA 2893

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asbestosclaims.law/library/16969/18

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
CONVENTIONAL METHODS

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
NON-CONTAINED - SATURATED BY MEANS OF A SURFACTANT
PROTECTIVE EQUIPMENT IN CONFORMANCE WITH FED. REGULATIONS

XII. WASTE TRANSPORTER #1

Name: NOT DETERMINED - PENDING

Address:

City: | State: | Zip:

Contact Person: | Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Telephone:

XIII. WASTE DISPOSAL SITE

Name: NOT DETERMINED - PENDING

Location:

City: | State: | Zip:

Telephone:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A | Title:

Authority:

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY): 11/91

Description of the Sudden, Unexpected Event:
SEE ATTACHED LETTER

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
SEE ATTACHED LETTER

XVI. 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.
PROCEDURES EXPLAINED IN ATTACHED LETTER

XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)
Bebi Coste (Signature of Owner/Operator) 12/18/91 (Date)

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
Bebi Coste (Signature of Owner/Operator) 12/18/91 (Date)

Figure 3. Notification of Demolition and Renovation

BRA 2894

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:
Address:
City: | State: | Zip:
Contact: | Tel:

REMOVAL CONTRACTOR:
Address:
City: | State: | Zip:
Contact: | Tel:

OTHER OPERATOR:
Address:
City: | State: | Zip:
Contact: | Tel:

III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emer.Renovation):

IV. IS ASBESTOS PRESENT? (Yes/No)

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name:
Address:
City: | State: | County:
Site Location:
Building Size: | # of Floors: | Age in Years:
Present Use: | Prior Use:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Cat I	Cat II	UNIT	
Pipes				LnFt:	Ln m:
Surface Area				SqFt:	Sq m:
Vol RACM Off Facility Component				CuFt:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

Continued on page two

Figure 3. Notification of Demolition and Renovation

BRA 2895

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:
Address:
City: | State: | Zip:
Contact: | Tel:

REMOVAL CONTRACTOR:
Address:
City: | State: | Zip:
Contact: | Tel:

OTHER OPERATOR:
Address:
City: | State: | Zip:
Contact: | Tel:

III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer.Renovation):

IV. IS ASBESTOS PRESENT? (Yes/No)

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name:
Address:
City: | State: | County:
Site Location:
Building Size: | # of Floors: | Age in Years:
Present Use: | Prior Use:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Cat I	Cat II	UNIT	
Pipes				LnFt:	Ln m:
Surface Area				SqFt:	Sq m:
Vol RACM Off Facility Component				CuFt:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

Continued on page two

Figure 3. Notification of Demolition and Renovation

BRA 2896

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:

Address:

City: | State: | Zip:

Contact: | Tel:

REMOVAL CONTRACTOR:

Address:

City: | State: | Zip:

Contact: | Tel:

OTHER OPERATOR:

Address:

City: | State: | Zip:

Contact: | Tel:

III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer.Renovation):

IV. IS ASBESTOS PRESENT? (Yes/No)

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name:

Address:

City: | State: | County:

Site Location:

Building Size: | # of Floors: | Age in Years:

Present Use: | Prior Use:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Cat I	Cat II	UNIT	
Pipes				Lnft:	Ln m:
Surface Area				Sqft:	Sq m:
Vol RACM Off Facility Component				Cuft:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

Continued on page two

Figure 3. Notification of Demolition and Renovation

BRA 2897

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:		
Address:		
City:	State:	Zip:
Contact:		Tel:
REMOVAL CONTRACTOR:		
Address:		
City:	State:	Zip:
Contact:		Tel:
OTHER OPERATOR:		
Address:		
City:	State:	Zip:
Contact:		Tel:

III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer.Renovation):

IV. IS ASBESTOS PRESENT? (Yes/No)

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name:		
Address:		
City:	State:	County:
Site Location:		
Building Size:	# of Floors:	Age in Years:
Present Use:	Prior Use:	

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Cat I	Cat II	UNIT	
Pipes				LnFt:	Ln m:
Surface Area				SqFt:	Sq m:
Vol RACM Off Facility Component				CuFt:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

Continued on page two

Figure 3. Notification of Demolition and Renovation

BRA 2898

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:

Address:

City: | State: | Zip:

Contact: | Tel:

REMOVAL CONTRACTOR:

Address:

City: | State: | Zip:

Contact: | Tel:

OTHER OPERATOR:

Address:

City: | State: | Zip:

Contact: | Tel:

III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer.Renovation):

IV. IS ASBESTOS PRESENT? (Yes/No)

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name:

Address:

City: | State: | County:

Site Location:

Building Size: | # of Floors: | Age in Years:

Present Use: | Prior Use:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Cat I	Cat II	Unit	
Pipes				Lnft:	Ln m:
Surface Area				Sqft:	Sq m:
Vol RACM Off Facility Component				Cuft:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

Continued on page two

Figure 3. Notification of Demolition and Renovation

BRA 2899

NOTIFICATION OF DEMOLITION AND RENOVATION

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
REMOVAL CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
II. TYPE OF NOTIFICATION (O = Original/R = Revised):			
III. TYPE OF OPERATION (D = Demolition/R = Renovation):			
IV. IS ASBESTOS PRESENT? (Yes/No)			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg Name:			
Address:			
Address:			
City:	State:	County:	
Site Location:			
Building Size: SqMeter:	SqFt:	# of Floors:	Age in Years:
Present Use:	Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			

VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.

	RACM To Be Removed	Nonfriable Asbestos Material Not to Be Removed	
		Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet			
Surface Area - Square Meters			
Volume RACM Off Facility Component - Cubic Feet			
Volume RACM Off Facility Component - Cubic Meter			

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)	Start:	Completion:
IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)	Start:	Completion:

Continued on page two

Figure 1. Notification of Demolition and Renovation

BRA 2900

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address

City: | State: | Zip:

Contact Person: | Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Telephone:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City: | State: | Zip:

Telephone:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: | Title:

Authority:

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

XVI. 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.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator) (Date)

Figure 1. Notification of Demolition and Renovation

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BRA 2901

NOTIFICATION OF DEMOLITION AND RENOVATION

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)		
OWNER:		
Address:		
City:	State:	Zip:
Contact:		Tel:
REMOVAL CONTRACTOR:		
Address:		
City:	State:	Zip:
Contact:		Tel:
OTHER OPERATOR:		
Address:		
City:	State:	Zip:
Contact:		Tel:
II. TYPE OF NOTIFICATION (O = Original/R = Revised):		
III. TYPE OF OPERATION (D = Demolition/R = Renovation):		
IV. IS ASBESTOS PRESENT? (Yes/No)		
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)		
Bldg Name:		
Address:		
Address:		
City:	State:	County:
Site Location:		
Building Size: SqMeter:	SqFt:	# of Floors: / Age in Years:
Present Use:	Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:		

VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.

	RACM To Be Removed	Nonfriable Asbestos Material Not to Be Removed	
		Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet			
Surface Area - Square Meters			
Volume RACM Off Facility Component - Cubic Feet			
Volume RACM Off Facility Component - Cubic Meter			

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)	Start:	Completion:
IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)	Start:	Completion:

Continued on page two

Figure 1. Notification of Demolition and Renovation

BRA 2902

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address

City:	State:	Zip:
Contact Person:		Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Telephone:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:	State:	Zip:

Telephone:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:	Title:

Authority:

Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

XVI. 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.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator) (Date)

Figure 1. Notification of Demolition and Renovation

BRA 2903