1955

ATTACHMENT 3

SUBJECT: ASBESTOS

Plant Procedure [illegible]
Attachment #

UNION CARBIDE CORPORATION
TEXAS CITY PLANT

NOTICE OF INTENTION TO DEMOLISH OR RENOVATE A STRUCTURE OR FACILITY CONTAINING ASBESTOS MATERIAL

1. Description of the facility: No 1 Powerhouse #10 west flash tank

2. Estimate of approximate amount of friable asbestos materials present:

(Area in sq. ft. or linear ft.) 160 sq ft

Estimation technique used: math

3. Estimated age of asbestos material: 45 years

4. Location of facility: No 1 Powerhouse

5. Scheduled starting day: 1-15-90

Scheduled completion day: 2-28-90

6. Nature of planned demolition or renovation: Remove asbestos material & replace with non asbestos material

Method to be used (negative pressure enclosure, glove bag, etc.): Negative pressure enclosure

7. Name of person that prepared the form: W. T. Johnson

Location and telephone number: No 1 Powerhouse - Ph 534-4

Date: 12-20-89

NOTE: This form must be completed and delivered to the EP Department (Bldg. #1) at least 30 days ahead of the scheduled starting day of the planned demolition or renovation, or as soon as possible following an emergency renovation operation.

PLAINTIFF'S EXHIBIT

UC-4409

Union Carbide trial exhibit UC-4409: Union Carbide Texas City Plant Asbestos Demolition/Renovation Notices and...
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asbestosclaims.law/library/18981/1

Texas Air Control Board
ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

(THIS SECTION FOR TACB USE ONLY)

___ADD
___CHANGE * ASTERISKED ITEMS TO BE FILLED
___DELETE IN BY TECHNICAL SERVICES

DISTRIBUTION
Blue - Region/Local
Green - Region/Local
Canary - Data Entry
Pink - Dept. of Health

CNTY: * _____ SOURCE: * _____ PTNO: * _____ APST: * _____
TACB ACCOUNT: - - FEDERAL FACILITY: _____ (Y/N) CMST: * _____
NOTIFICATION RECEIVED DATE (MMDDYY): __/__/__ POSTMARK: __/__/__
INVESTIGATION DATE: __/__/__ INVESTIGATOR STAFFCODE: _____
INVESTIGATOR JURISCODE: _____ INVESTIGATION TYPE: _____
NOV SENT DATE: __/__/__ COMPLAINT: __/__/__ PSDB INV NO: _____
COMPLIANCE STATUS (C,N,U): ___ REVIEWER: _____

1) Removal Contractor: Catalytic Industrial Maintenance Company
Mailing Address: P. O. Box 35 Phone: (409) 948-5723
City: La Marque State: Texas Zip: 77568
TDH License No.: _____ Job Site Phone: (409) 948-5723
Project Supv.: C. L. Snell TDH License No.: _____
2) Other Contractor: n/a
Mailing Address: _____ Phone: ( )
City: _____ State: _____ Zip: _____
3) Facility Owner: Union Carbide Corporation
Mailing Address: P. O. Box 471 Phone: (409) 945-7411
City: Texas City State: Texas Zip: 77592-0471
Principal Business: Chemical Plant
4) Description of Facility
Name: Union Carbide Corporation
Address: 3301 5th Avenue South City: Texas City
County: Galveston State: Texas Zip: 77590
Size: _____ sq. ft. Age: 48 yrs.
Prior Use: #3 Deaerator and storage tank
5) Demolition: X Renovation: _ Encapsulation: _ Non-Friable: _
6) Notification Type: _ Planned __ 10 Day ___20 Day
X Renovation ___ Emergency ___ Ordered
Ordered By: _____
7) Amount Asbestos: ___ linear feet (pipes) 500 sq. ft. (other)
8) Method of Removal: negative pressure enclosure
9) Scheduled Start Date: 01-05-90
10) Scheduled Completion Date: 01-25-90
11) Disposal Site: Gulf Coast Waste Disposal Site
Address: Campbell Bayou Road off Loop 197 City: Texas City
County: Galveston State: Texas Zip: 77590
Phone: (409) 935-4783 TDH/TWC Permit No.: 39036

Andrew F. Jackson
Industrial Hygienist

12-14-89
(Date)

(409) 948-5589
(Telephone Number)

APY:IW:AS010590

UCTC 18181

Texas Air Control Board
ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

(THIS SECTION FOR TACB USE ONLY)

DISTRIBUTION
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Pink - Dept. of Health

___ ADD
___ CHANGE
___ DELETE

* ASTERISKED ITEMS TO BE FILLED IN BY TECHNICAL SERVICES

CNTY: * _____ SOURCE: * _____ PTNO: * _____ APST: * _____
TACB ACCOUNT: - - FEDERAL FACILITY: _____ (Y/N) CMST: * _____
NOTIFICATION RECEIVED DATE (MMDDYY): __/__/__ POSTMARK: __/__/__
INVESTIGATION DATE: __/__/__ INVESTIGATOR STAFFCODE: _____
INVESTIGATOR JURISCODE: _____ INVESTIGATION TYPE: _____
NOV SENT DATE: __/__/__ COMPLAINT: __/__/__ PSDB INV NO: _____
COMPLIANCE STATUS (C,N,U): _____ REVIEWER: _____

1) Removal Contractor: Catalytic Industrial Maintenance Company
Mailing Address: P. O. Box 35 Phone: (409) 948-5723
City: La Marque State: Texas Zip: 77568
TDH License No.: _____ Job Site Phone: (409) 948-5723
Project Supv.: C. L. Snell TDH License No.: _____

2) Other Contractor: n/a
Mailing Address: _____ Phone: ( )
City: _____ State: _____ Zip: _____

3) Facility Owner: Union Carbide Corporation
Mailing Address: P. O. Box 471 Phone: (409) 945-7411
City: Texas City State: Texas Zip: 77592-0471
Principal Business: Chemical Plant

4) Description of Facility
Name: Union Carbide Corporation
Address: 3301 5th Avenue South City: Texas City
County: Galveston State: Texas Zip: 77590
ize: _____ sq. ft. Age: 48 yrs.
Prior Use: Steam lines to and from #1 Powerhouse.

5) Demolition: X Renovation: _ Encapsulation: _ Non-Friable: _

6) Notification Type: _ Planned __ 10 Day ___20 Day
X Renovation ___ Emergency ___ Ordered
Ordered By: _____

7) Amount Asbestos: 200 linear feet (pipes) ___ sq. ft. (other)

8) Method of Removal: negative pressure enclosure

9) Scheduled Start Date: 01-20-90

10) Scheduled Completion Date: 02-20-90

11) Disposal Site: Gulf Coast Waste Disposal Site
Address: Campbell Bayou Road off Loop 197 City: Texas City
County: Galveston State: Texas Zip: 77590
Phone: (409) 935-4783 TDH/TWC Permit No.: 39036

Andrew F. Jackson _____ 12-14-89 (409) 948-5589
Andrew F. Jackson (Date) (Telephone Number)
Industrial Hygienist

APY:IW:AS012090

UCTC 18183

AFJ/REL
Just received this from Kimmins Per

Texas Air Control Board
ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

(THIS SECTION FOR TACB USE ONLY)

DISTRIBUTION
Blue - Region/Local
Green - Region/Local
Canary - Data Entry
Pink - Dept. of Health

☐ ADD
☐ CHANGE
☐ DELETE

* ASTERISKED ITEMS TO BE FILLED IN BY TECHNICAL SERVICES

CNTY: * _____ SOURCE: * _____ PTNO: * _____ APST: * ___
TACB ACCOUNT: ___ - ____ - __ FEDERAL FACILITY: __(Y/N) CMST: * ___
NOTIFICATION RECEIVED DATE (MMDDYY): __/__/__ POSTMARK: __/__/__
INVESTIGATION DATE: __/__/__ INVESTIGATOR STAFFCODE: _____
INVESTIGATOR JURISCODE: _____ INVESTIGATION TYPE: _____
NOV SENT DATE: __/__/__ COMPLAINT: __/__/__ PSDB INV NO: _____
COMPLIANCE STATUS (C,N,U): ___ REVIEWER: _____ _____

1) Removal Contractor: Kimmins Abatement Corp.
Mailing Address: 3555 Timmons , Suite 1250 Phone: (713) 623-0282
City: Houston State: TX Zip: 77027
TDH License No.: 80-0058 Job Site Phone: (____) _____
Project Supv.: Linda Francis TDH License No.: 80-2172

2) Other Contractor: _____
Mailing Address: _____ Phone: (___) _____
City: _____ State: ___ Zip: _____

3) Facility Owner: Union Carbide Corp.
Mailing Address: P.O. Box 8361 Phone: (304) 747-3471
City: South Charleston State: WV Zip: 25303
Principal Business: Petro-Chemical Manufacturing Facility

4) Description of Facility
Name: Union Carbide Texas City Plant
Address: P.O. Box 471 City: Texas City
County: Galveston State: TX Zip: 77592
Size: _____ sq.ft. Age: 50 yrs.
Prior Use: _____

5) Demolition: x Renovation: ___ Encapsulation: ___ Non-Friable: ___

6) Notification Type: ____ Planned x 10 Day ____ 20 Day
____ Renovation ____ Emergency ____ Ordered
Ordered By: _____

7) Amount Asbestos: 9500 linear feet (pipes) _____ sq.ft. (other)

8) Method Of Removal: Glover Bag with Secondary Enclosure- Double Bagged,
Transport in encl. Trlr.

9) Scheduled Start Date: 01 / 18 / 90

10) Scheduled Completion Date: 03 / 15 / 90

11) Disposal Site: Gulf Coast Waste Disposal
Address: 1600 Campbell Bayou Rd. City: Texas City
County: Galveston State: TX Zip: 77590
Phone: (409) 935-4783 TDH/TWC Permit No: HW50135-001

_____ 01/08/90 (713) 623-0282
(Signature, Title of Contact) (Date) (Telephone Number)

ACB-99

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4 VAC TRUCKS - 1-11-89 # 250.00

Filter approval ? HEPA

AEJ EV. Regulations on Filter | South Charleston | OSHA regional | Training & listing on filtering equipment |

For future instances : write up procedure

Call | Jim Research Triangle

differential pressure

Reggie

Content 2 fiber 5μm gross/obj

0.5μm filter TEM - only

discharge sanitary Regulations - Wound orders

Sanitary Sewer 10

5000

G drill dry in 100 gal/hr 200

Reggie

Water Asbestos Analysis

Contaminated Soil

Federal

TSCA # 1 l

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