12/24/89

Drew,

I was auditing my file on asbestos notifications and found that I don't have the initial request forms on these two notifications. Since I'd like to use my file as "the central asbestos notification file," please always copy me on any notifications you send out & include the initial request form so that we'll maintain the file complete.

Thanks,
Pete

UCTC 18205

PLAINTIFF'S EXHIBIT

UC-4410

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: All State Erectors, Inc.
Mailing Address: P. O. Box 87667 Phone: (713) 944-9610
City: Houston State: Texas Zip: 77287
TDH License No.: _____ Job Site Phone: (409) 945-7411, ext. 6140
Project Supv.: Andrew Paoli 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: 40 yrs.
Prior Use: Remove roof on work bench Bldg. 47.

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

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

7) Amount Asbestos: ___ linear feet (pipes) 302 sq. ft. (other)

8) Method of Removal: Glove bag and plastic wrapping

9) Scheduled Start Date: 07/17/89

10) Scheduled Completion Date: 07/21/89

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 — June 22, 1989 (Date) — (409) 948-5123 (Telephone Number)
Industrial Hygienist

APY:IW:AS071789

UCTC 18206

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: 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 6140
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: 46 yrs.
Prior Use: No. 6 Boiler Economizer - Lower Section
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) 300 sq. ft. (other)
8) Method of Removal: negative pressure enclosure
9) Scheduled Start Date: 10/02/89
10) Scheduled Completion Date: 10/10/89
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 Jackson 9/25/89 (409) 948-5589
Andrew Jackson (Date) (Telephone Number)
Industrial Hygienist

APY:IW:AS100289

UCTC 18208

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