To James Prill GCHD 822B

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

PLAINTIFF'S EXHIBIT
UC-4451

NOTE: CIRCLE ITEMS THAT ARE AMENDED **Notification#**

1) Abatement Contractor: Performance Contracting Inc. TDH License No.: N/A
Address: 9408 North Loop East City: Houston State: TX Zip: 77029
Office Phone Number: (713) 675-8586 Job Site Phone Number: (409) 948-5589
Site Supervisor: Jimmy Covington TDH License Number: N/A
Site Supervisor: _____ TDH License Number: _____

Demolition Contractor: N/A Office Phone Number: ( )
Address: _____ City: _____ State: ___ Zip: _____
Trained On-Site NESHAP Individual: Jewel Hebert Certification Date: 5/14/96

2) Project Consultant or Operator: N/A TDH License Number: _____
Mailing address: _____
City: _____ State: ___ Zip: ___ Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation / A.F. Jackson
Mailing Address: 3301 5th Avenue South
City: Texas City State: TX Zip: 77592 Owner Phone Number: (409) 948-5580

4) Description or Facility Name: Union Carbide Corporation
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: A. F. Jackson
Description of Area/Room Number: Building 5 Offices, Machine Shop (NESHAPS) only
Prior Use: Machine Shop, Office Area Future Use: Machine Shop, Office Area
Age of Building: 35 Yrs Size: 10000 Sq Ft 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? _____ (**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): 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 removed as RACM.

9) Was an Asbestos survey performed? ☑ YES ☐ NO TDH Inspector License No: NA
Survey Date: 11 / 95 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: Ceiling tile material will be removed in a negative pressure enclosure, HEPA vacuum and wet method utilized. Employees will wear PAPR and full body disposable clothing.

UCTC 18355

1) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be done in a negative pressure enclosure, wet method and HEPA vacuum will be used. Employees will wear PAPR and full body disposable clothing.

2) 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)		10000			X			
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)								

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

4) 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

5) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: Registration No:
Title:
Date of order (MM/DD/YY) / / Date order to begin (MM/DD/YY) / /

6) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: 6 / 10 / 96 Complete: 8 / 9 / 96

7) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 5 / 28 / 96 Complete: 8 / 16 / 96

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, Section 295.61.

I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. 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.

Andrew F Jackson | Andrew F Jackson CIH, CSP | 6 / 07 /96 | (409) 948 - 5589
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*

Form dated 10/10/94. Replaces TDH form dated 04/01/94. For assistance in completing form, call 1-800-572-5548, in Texas.

UCTC 18356

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED Notification#

For Office Use Only ☐ TAHPA ☐ NESAP ☐ TEC ☐ HM ☐ Violation? ☐ YES ☐ NO RCVD: / / POSTMARK:

1) Abatement Contractor: Performance Contracting Inc. TDH License No.: N/A
Address: 9408 North Loop East City: Houston State: TX Zip: 77029
Office Phone Number: (713) 675-8586 Job Site Phone Number: (409) 948-5589
Site Supervisor: Jimmy Covington TDH License Number: N/A
Site Supervisor: _____ TDH License Number: _____

Demolition Contractor: N/A Office Phone Number: ( )
Address: _____ City: _____ State: ___ Zip: _____
Trained On-Site NESHAP Individual: Jewel Hebert Certification Date: 5/14/96

2) Project Consultant or Operator: N/A TDH License Number: _____
Mailing address: _____
City: _____ State: ___ Zip: ___ Office Phone Number: ( )

3) Facility Owner: Union Carbide Corporation / A.F. Jackson
Mailing Address: 3301 5th Avenue South
City: Texas City State: TX Zip: 77592 Owner Phone Number: (409) 948-5589

4) Description or Facility Name: Union Carbide Corporation
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: A. F. Jackson
Description of Area/Room Number: Building 5 Offices
Prior Use: Office Area Future Use: Office Area
Age of Building: 35 Yrs Size: 10000 Sq Ft 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? _____ (**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): 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 removed as ACM.

9) Was an Asbestos survey performed? ☐ YES ☐ NO TDH Inspector License No: NA
Survey Date: 11 / 95 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: Ceiling tile material will be removed in a negative pressure enclosure, HEPA vacuum and wet method utilized. Employees will wear PAPR and full body disposable clothing.

UCTC 18362

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be done in a negative pressure enclosure, wet method and HEPA vacuum will be used. Employees will wear PAPR and full body disposable 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)								
RACM NOT removed (friable)		10000			X			
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: LaPorte State: TX 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: 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: 6 / 10 / 96 Complete: 8 / 9 / 96

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 5 / 28 / 96 Complete: 8 / 16 / 96

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, Section 295.61.

I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. 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.

(Signature of Building Owner/ Operator)	Andrew F. Jackson CIH, CSP (Printed Name)	5 / 22 /96 (Date)	(409) 948 - 5589 (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

Faxes are not accepted PH: 512-834-6600, 1-800-572-5548 *Faxes are not accepted*

UCTC 18363

Form dated 10/10/94. Replaces TDH form dated 04/01/94. For assistance in completing form, call 1-800-572-5548, in Texas.

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 and prior use:	MACHINE SHOP
2	Date of asbestos survey:	11-18-95
3	Location of facility:	BLDG 5
4	Approximate size of facility (unit, bldg, etc.	20,000 SQ FT
5	Estimate of approximate amount of asbestos containing materials to be removed:	
	Area (in sq. ft. or linear ft.):	10,000 SQ FT
6	Estimated age of asbestos material:	35 YEAR's
7	To be removed by (UCC or Contractor):	CONTRACTOR PCI
	Competent Person:	JEWELS HERBERT
	Date of Last Certification:	5-14-96
8	Date of Asbestos Abatement:	6-4-96
	Completion Date (Abatement):	7-19-96
	Date of Demolition/Renovation	5-28-96
	Completion Date (Demolition/Renovation):	7-31-96
9	Nature of planned demolition or renovation:	RENOVATION REMOVE CEILING TILE
	Method to be used (negative pressure enclosure, glove bag, etc.):	NEGATIVE PRESSURE ENCLOSURE
10	Form completed by:	EARL VICKNAIR
	Location and telephone number:	BLDG 216 4734
	Date: 5-20-96	

NOTE: This form must be completed and delivered to the Industrial Hygiene Department at least 20 days prior to scheduled starting date of the planned demolition or renovation, or as soon as possible following an emergency renovation operation.

Revised: 11/95

UCTC 18364