TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED T D H **Notification #**_____

For Office Use Only ☐ TAHPA ☐ NESHAP ☐ NOV ☐ NOI ☐ RSVP ☐ YES ☐ NO ☐ LV Violation? POSTMARK:

1) Abatement Contractor: Performance Contracting Inc. TDH License No.: NA
Address: 9408 North Loop East City: Houston State: Texas Zip: 77029
Office Phone Number: (713) 675-8586 Job Site Phone Number: (409) 948 -5589
Site Supervisor: Glen Deron TDH License Number: NA
Site Supervisor: _____ TDH License Number: _____
Trained On-Site NESHAP Individual: Glen Deron Certification Date: 8-16-96

Demolition Contractor: NA Office Phone Number: (____) _____-_____
Address: _____ City: _____ State: _____ Zip: _____

2) Project Consultant or Operator: NA TDH License Number: _____
Mailing address: _____
City: _____ State: _____ Zip: _____ Office Phone Number: (____) _____-_____

3) Facility Owner: Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592 Owner Phone Number: (409) 945 - 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 - 5589
Facility Contact Person: Andrew F. Jackson, CHMM, CIH, CSP
Description of Area/Room Number: Bldg 122/ SVR Area
Prior Use: Storage Future Use: Same
Age of Building: 30 years Size: 20,000 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? NA (**Enclose copy of original**)
If an emergency, who did you talk with at TDH? NA Emergency # NA
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 will be removed of a ACM.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: Na
Survey Date: 12/26/96 Analytical Method: ☒ PLM ☐ TEM TDH Laboratory License No: _____

10) Description of planned demolition or renovation work, type of material, and method(s) to be used:
Remove transite panels from Bldg 122.

UCTC 18337

PLAINTIFF'S EXHIBIT
UC-4453

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 inside a negative pressure enclosure.

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)		400	☐	☐	☒	☐		
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)							☐	☐

13) Waste Transporter Name: BFI TDH License No: 34734
Address: City: LaPorte State: Texas 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: Texas 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: NA 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: 01/21/97 Complete: 01/31/97

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 01/17/97 Complete: 02/07/97
I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I

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

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 — (Signature of Building Owner/ Operator)
Andrew F Jackson — (Printed Name)
12/26/96 — (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
PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Faxes are not accepted

UCTC 18338

FormAPB#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

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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:	SCR UNIT
2	Date of asbestos survey:	12-26-96
3	Location of facility:	B22C 122
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.):	400 SQ FT
6	Estimated age of asbestos material:	30 YEAR'S
7	To be removed by (UCC or Contractor):	P.C.I. CONTRACTOR
	Competent Person:	GLEN ZERON
	Date of Last Certification:	8-16-96
8	Date of Asbestos Abatement	1-21-97
	Completion Date (Abatement):	1-31-97
	Date of Demolition/Renovation	1-17-97
	Completion Date (Demolition/Renovation):	2-07-97
9	Nature of planned demolition or renovation:	REMOVE ASBESTOS TRANSITE PANEL'S
	Method to be used (negative pressure enclosure, glove bag, etc.):	ENCLOSURE NEGATIVE PRESSURE
10	Form completed by:	EARL VICKAIR
	Location and telephone number:	B22C 216 4734
	Date:	12-26-96

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 18339

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TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED T D H **Notification #**_____

For Office Use Only: ☐ TAHPA ☐ NESHAP ☐ TCAA Violation? ☐ YES ☐ NO RCVD POSTMARK

1) Abatement Contractor: PCI Contracting Inc. TDH License No.: NA
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: NA
Site Supervisor: NA TDH License Number: NA

Demolition Contractor: NA Office Phone Number: (____) ____-____
Address: ____ City: ____ State: ____ Zip: ____
Trained On-Site NESHAP Individual: Glen Deron Certification Date: 9-29-95

2) Project Consultant or Operator: NA 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) 948-5589
Facility Contact Person: Andrew F. Jackson, CIH,CSP
Description of Area/Room Number: Ethanol Isopropanol Diethyl Sulfate Area Bldg 94
Prior Use: Process Dulition Tank Future Use: Process Dilution Tank
Age of Building: 32 years Size: 20,000sqft Number of Floors: 2

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? NA (**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 will be removed as asbestos

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 7/12/96 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: Remove all asbestos insulation from dilution tank inside a negative pressure enclosure. HEPA vacuum and wet method will be used. Employees will wear appropriate respiratory protection and PPE other ____

UCTC 18340

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 appropriate respiratory protection and other PPE

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)		750	☐	☐	☒	☐		
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)							☐	☐

13) Waste Transporter Name: Browning-Ferris Inc TDH License No: 34734
Address: 1700 Northeast Street City: LaPorte State: Texas Zip: 77572
Contact Person: Judy Williams Phone Number: (713) 471-9142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell City: Texas City State: Texas 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: NA 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: 7/30/96 Complete 8/9/96

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 7/22/96 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

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 — (Signature of Building Owner/ Operator)
Andrew F. Jackson — (Printed Name)
7/12/96 — (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
PH: 512-834-6600, 1-800-572-5548

UCTC 18341

Faxes are not accepted

Faxes are not accepted

FormAPB#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

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:	DILUTION TANK
2	Date of asbestos survey:	7-12-96
3	Location of facility:	BLDG 94
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.):	750 SQ FT
6	Estimated age of asbestos material:	32 YEAR's
7	To be removed by (UCC or Contractor):	CONTRACTOR PCI
	Competent Person:	GLEN ZERON
	Date of Last Certification:	9-29-95
8	Date of Asbestos Abatement:	7-30-96
	Completion Date (Abatement):	8-09-96
	Date of Demolition/Renovation	7-22-96
	Completion Date (Demolition/Renovation):	8-16-96
9	Nature of planned demolition or renovation:	REMOVE ASBESTOS INSULATION
	Method to be used (negative pressure enclosure, glove bag, etc):	NEGATIVE PRESSURE ENCLOSURE
10	Form completed by:	EARL VICKNAIR JR BLDG 21E
	Location and telephone number:	409 945-7411 Ext 4737
	Date:	7-11-96

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 18342

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