TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

For Office Use Only: TAHPA/LCNESAP TDH Violation(s) YES NO Rcvd // 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: Lacy Wolf TDH License Number: NA
Site Supervisor: _____ TDH License Number: _____
Trained On-Site NESHAP Individual: Lacy Wolf Certification Date: 5-9-97

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) 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, CHMM, CIH, CSP
Description of Area/Room Number: Bldg 19 In-Plant Tank Area Transfer Lines
Prior Use: Product loading Future Use: Same
Age of Building: 40 years Size: 40,000 sq ft Number of Floors: 3

5) Type of Work: ☐ Demolition ☒ Renovation ☐ Annual O&M ☐ Phased Project
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: 8/8/97 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:
Strip Asbestos Containing Materials from loading/transfer lines at Bldg 19.

UCTC 18328

PLAINTIFF'S EXHIBIT
UC-4455

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation si 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	C Ft	Cu M
RACM to be removed (friable)	350		☒	☐	☐	☐		
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)			[redacted]				☐	☐

13) Waste Transporter Name: BFI TDH License No: 40-0050
Address: 8101 Littleyork City: Houston State: Texas Zip: 77016
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: 09/8/97 Complete: 09/19/97

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 08/21/97 Complete: 09[redacted]97
I hereby certify that all information I have provided is correct, complete, and true to the best of my kno[redacted]

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 TAR A

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 (Printed Name) | 8/13/97 (Date) | (409) 948-5589 (Telephone) | (409) 948-55[redacted] (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 18329

FormAPB#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-55[redacted]

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:	B-19 Inplant Distribution
2	Location of facility:	B-19
3	Approximate size of facility (unit, bldg, etc.	40000 sq ft
4	Estimate of approximate amount of asbestos containing materials to be removed: Area (in sq. ft. or linear ft.):	350 Ln.ft.
5	Estimated age of asbestos material:	40 yrs.
6	To be removed by (UCC or Contractor):	Contractors PCI Insulator
	Competent Person:	Lacy Wolf
	Date of Last Certification:	5-9-97.
7	Date of Asbestos Abatement:	9-8-97
	Completion Date (Abatement):	9-19-97.
	Date of Demolition/Renovation	8-11-97.
	Completion Date (Demolition/Renovation):	9-19-97.
9	Nature of planned demolition or renovation:	Removal of asbestos inside negative pressure enclosure
	Method to be used (negative pressure enclosure, glove bag, etc.):	negative pressure enclosure
10	Form completed by:	P.J. Bartlett
	Location and telephone number:	B-216 x 5075
	Date:	8-8-97.

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 18330

Union Carbide trial exhibit UC-4455: Texas Department of Health Asbestos Demolition/Renovation Notifications and... Published by AsbestosClaims.Law
ACL Doc 19024 · Page 3 of 12 asbestosclaims.law/library/19024/3

Published by AsbestosClaims.Law
asbestosclaims.law/library/19024/4

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

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) 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, CHMM, CIH, CSP
Description of Area/Room Number: No 8-9 VPH @ Bldg 83
Prior Use: VPH manufacturing Future Use: Same
Age of Building: 30 years Size: 40,000 sq ft Number of Floors: 1

5) Type of Work: ☐ Demolition ☒ Renovation ☐ Annual O&M ☐ Phased Project
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? 1 (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: 4/24/97 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 ACM from No 8, 9 VPH.

For Onsite Use Only When Asbestos Is Present

UCTC 18331

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, HEPA vacuum used and material will be doubled bagged for disposal.

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 measurem					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be rem ved (friable)		1900	☐	☐	☒	☐		
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: 40-0050
Address: 8101 LittleYo k City: Houston State: Texas Zip: 77016
Contact Person: Judy Williams Phone Number: (713) 71-9142

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: 05/27/97 Complete: 06/06/97

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 05/12/97 Complete: 06/2
I hereby certify that all information I have provided is correct, comple e, 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.

(Signature of Building Owner/ Operator) Andrew F Jackson (Printed Name) 05/14/97 (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 18332

FormAPB#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-55

For Office Use Only: EPA PAEN ESAP (POSTMARK) FOR ... NOTIFICATION

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

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) 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, CHMM, CIH, CSP
Description of Area/Room Number: No 8-9 VPH @ Bldg 83
Prior Use: VPH manufacturing Future Use: Same
Age of Building: 30 years Size: 40,000 sq ft Number of Floors: 1

5) Type of Work: ☐ Demolition ☒ Renovation ☐ Annual O&M ☐ Phased Project
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: 4/24/97 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 ACM from No 8, 9 VPH.

UCTC 18333

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, HEPA vacuum used and material will be doubled bagged for disposal.

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)		1900	☐	☐	☒	☐		
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: 05/27/97 Complete: 06/06/97

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 05/12/97 Completion: 06/28/97

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.

(Signature of Building Owner/ Operator) Andrew F Jackson (Printed Name) 04/25/97 (Date) (409) 948-5589 (Telephone) (409) 948-55 (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 18334

Faxes are not accepted

Faxes are not accepted

Form APB#5, dated 04/16/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-55

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

For Office Use Only: ☐ PAID ☐ CHECK ☐ MO ☐ Violation? ☐ YES ☐ NO ☐ FCVD / 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 -5818
Site Supervisor: Lacy Wolf TDH License Number: NA
Site Supervisor: _____ TDH License Number: _____
Trained On-Site NESHAP Individual: Glen DeRon Certification Date: 5-16-97
Demolition Contractor: Garner Environmental Services Office Phone Number: (281) 930-1200
Address: 1717 West 13th Street City: Deer Park State: Texas Zip: 77536

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

3) Facility Owner: Richard E. La Cour Union Carbide Corporation
Mailing Address: 3301 5th Avenue South
City: Texas City State: Texas Zip: 77592 Owner Phone Number: (409) 948 - 5818

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: Richard E. La Cour
Description of Area/Room Number: Bldg.180 Boiler and Generator
Prior Use: Power Source Future Use: N/A
Age of Building: 25 years Size: 20,000 sq ft Number of Floors: N/A

5) Type of Work: ☒ Demolition ☐ Renovation ☐ Annual O&M ☐ Phased Project
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, whom 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 as ACM.

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 12/17/97 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:
Strip Asbestos Containing Materials from Boiler, Generator Structure and associated Piping.

UCTC 18335

11) Description of work practices and engineering controls to be used to prevent emissions of asbesto demolition/renovation site: Work will be done using wet methods, glove bag and negative pressure enclo

12) ALL applicable items in the following table must be completed: IF NO ASBESTOS PRESENT CHEC

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measuremen					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed (friable)	800	300	☒	☐	☒	☐	[redacted]	
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)			[redacted]				☐	☐

13) Waste Transporter Name: BFI TDH License No: 40-0050
Address: 8101 Littleyork City: Houston State: Texas Zip: 77016
Contact Person: [illegible] 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: 2/23/98 Complete: [redacted]8

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 2/9/98 Complete: 5/8/98

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.

Richard E La[illegible]ur — Richard E. La[illegible]ur — 2/4/97 — (409) 948-5818 (Telephone) — (409) 948-5548 (Fax Number)

(Signature of Building Owner/ Operator) (Printed Name) (Date)

MAIL TO:

TEXAS DEPARTMENT OF HEALTH
DIVISION OF OCCUPATIONAL HEALTH
ASBESTOS PROGRAMS BRANCH
1100 WEST 49th STREET
AUSTIN, TX 78[illegible]6
PH: 512-834-6600, 1-800-572-5548

UCTC 18336

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

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