11) Description of work practices and engineering controls to be used to prevent emissions of [illegible] demolition/renovation site: Work will be performed in a negative pressure enclosure (tank), wet method and HEPA vacuum will be used, material will be placed in a vacuum roll-off container for disposal. Employees will wear full body slicker suits, boots and gloves with ½ faced air-purifying respirators.

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)		10,000	☐	☐	☒	☐		
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 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 NRCC 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: 02/11/98 Complete: 02/26/98

17) Scheduled Dates of Demolition/Renovation (MM/DD/YY) Start:: 02/09/98 Complete: 02/28/98

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.

Richard E. LaCour — (Signature of Building Owner/ Operator)
Richard E. LaCour — (Printed Name)
01/27/98 — (Date)
(409) 948-5818 — (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 accepte

UCTC 18311

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

PLAINTIFF'S EXHIBIT
UC-4457

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

1) Abatement Contractor: Cannon Sline Inc. TDH License No.: 80-0524
Address: 6900 North Loop East City: Houston State: TX Zip: 770[illegible]
Office Phone Number: (713) 675-3141 Job Site Phone Number: (409) 948-5[illegible]
Site Supervisor: Leroy Arnold TDH License Number: N/A
Site Supervisor: Dawin Stewart TDH License Number: N/A
Trained On-Site NESHAP Individual: Donnie Shelby Certification Date: 1/98

Demolition Contractor: N/A 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: R.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/Richard E. LaCour
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. LaCour
Description of Area/Room Number: Distribution (IPD) Storage Tank 9213
Prior Use: Storage Tank Future Use: Same
Age of Building 30 years Size: 50000 sqft Number of Floors: Tank 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? ____ (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): ____
Description of the sudden, unexpected event: ____

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: 1/98 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 plasite lining containing 1% or less ACM inside tank 9213 using wet pressure

For Office Use Only ☐ NAPAA/NESHAP ☐ Violation ☐ YES ☐ NO

UCTC 18310

Published by AsbestosClaims.Law
asbestosclaims.law/library/19026/2

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in a negative enclosure (tank), wet method and HEPA vacuum used. Material will be filtered, double bagged placed in a lined, covered roll-off container. Employees will wear full body slicker suits, boots, gloves and ½ face air purifying respirators.

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)		10,000	☐	☐	☒	☐		
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 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: 02/11/98 Complete: 02/06/98

17) Scheduled Dates of Demolition/Renovation (MM/DD/YY) Start:: 02/09/98 Complete: 02/28/98

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

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 LaCour — Richard E. LaCour — 02/02/98 — (409) 948-5818
(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

UCTC 18309

FormAPB#5, dated 04/15/96. Replaces TDH form dated 10/10/94. For assistance in completing form, call 1-800-572-5548

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

1) Abatement Contractor: Cannon Sline Inc. TDH License No.: 80-052
Address: 6900 North Loop East City: Houston State: TX Zip: 7702
Office Phone Number: (713) 675-3141 Job Site Phone Number: (409) 948-5818
Site Supervisor: James Parker TDH License Number: N/A
Site Supervisor: Dawin Stewart TDH License Number: N/A
Trained On-Site NESHAP Individual: Donnie Shelby Certification Date: 1/98

Demolition Contractor: N/A 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: R.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/Richard E. LaCour
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. LaCour
Description of Area/Room Number: Distribution (IPD) Storage Tank 9213
Prior Use: Storage Tank Future Use: Same
Age of Building 30 years Size: 50000 sqft Number of Floors: Tank 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? _ (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): ____
Description of the sudden, unexpected event: ____

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: 1/98 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 plasite tank lining containing ACM inside tank 9213 using wet pressure

UCTC 18308

FOR Office USE ONLY: DATE RECEIVED: YES NO POSTMARK: DATE RECEIVED: NESHAP: DATE

Published by AsbestosClaims.Law
asbestosclaims.law/library/19026/5

1998

UCTC 18307

Published by AsbestosClaims.Law
asbestosclaims.law/library/19026/6

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

1) Abatement Contractor: Cannon Sline Inc. TDH License No.: 80-0524
Address: 6900 North Loop East City: Houston State: TX Zip: 77028
Office Phone Number: (713) 675-3141 Job Site Phone Number: (409) 948-5818
Site Supervisor: James Parker TDH License Number: N/A
Site Supervisor: Dawin Stewart TDH License Number: N/A
Trained On-Site NESHAP Individual: Donnie Shelby Certification Date: 1/98

Demolition Contractor: N/A 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: R.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/Richard E. LaCour
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5813
Facility Contact Person: Richard E. LaCour
Description of Area/Room Number: Distribution (IPD) Storage Tank 9213.
Prior Use: Storage Tank Future Use: Same
Age of Building 30 years Size: 50000 sqft Number of Floors: Tank 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? __ (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): ____
Description of the sudden, unexpected event: ____

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: 1/98 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 plasite tank lining containing ACM inside tank 9213 using wet pressure

UCTC 18312

For Office Use Only: TRAINED NESAP ... VIOLATION ... YES ☐NO ... RC ... ARCVD ...

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in a negative enclosure (tank), wet method and HEPA vacuum used. Material will be filtered, double bagged and placed in a lined, covered roll-off container. Employees will wear full body slicker suits, boots, gloves and ½ face air purifying respirators.

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	M
RACM to be removed (friable)		10,000	☐	☐	☒	☐		
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 Littleyork City: Houston State: Texas Zip: 77016
Contact Person: Judy Williams Phone Number: (713) 471 0142

14) Waste Disposal Site Name: Gulf Coast Disposal Authority
Address: 1600 Campbell Road City: Texas City State: Texas Zip: 77590
Telephone: (409) 948-4783 TCC 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: 02/11/98 Complete: 02/06/98

17) Scheduled Dates of Demolition/Renovation (MM/DD/YY) Start:: 02/09/98 Complete: 02/28/98
I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge.

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 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 LaCour — Richard E. LaCour — 02/02/98 — (409) 948-5818
(Signature of Building Owner/ Operator) (Printed Name) (Date) (Telephone)
(409) 948-35[illegible]
(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 18313

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

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

1) Abatement Contractor: Cannon Sline Inc. TDH License No.: 80-0524
Address: 6900 North Loop East City: Houston State: TX Zip: 77028
Office Phone Number: (713) 675-3141 Job Site Phone Number: (409) 948-5818
Site Supervisor: Leroy Arnold TDH License Number: N/A
Site Supervisor: Dawin Stewart TDH License Number: N/A
Trained On-Site NESHAP Individual: Donnie Shelby Certification Date: 1/98

Demolition Contractor: N/A 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: R.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/Richard E. LaCour
Address: 3301 5th Avenue South County: Galveston
City: Texas City Zip: 77592 Facility Phone Number: (409) 948-5818
Facility Contact Person: Richard E. LaCour
Description of Area/Room Number: Distribution (IPD) Storage Tank 9213
Prior Use: Storage Tank Future Use: Same
Age of Building 30 years Size: 50000 sqft Number of Floors: Tank 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? ___ (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): ____
Description of the sudden, unexpected event: ____

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 ACM material removed as

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 1/98 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 clasite ceiling containing 1% or less ACM inside tank 9213 using wet pressure

For Office Use Only - If this is a NESHAP Violation? ☐ YES ☐ NO Rcvd

UCTC 18314

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Work will be performed in a negative pressure enclosure (tank), wet method and HEPA vacuum will be used, material will be placed in a vacuum roll-off container for disposal. Employees will wear full body slicker suits, boots and gloves with ½ faced air-purifying respirators.

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	Q Ft	SQ M	Cu Ft	
RACM to be removed (friable)		10,000	☐	☐	☒	☐		
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 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: 1900 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: 02/11/98 Complete: 02/26/98

17) Scheduled Dates of Demolition/Renovation (MM/DD/YY) Start:: 02/09/98 Complete: 02/28/98
I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge.

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.

Richard E. LaCour — (Signature of Building Owner/ Operator)
Richard E. LaCour — (Printed Name)
01/27/98 — (Date)
(409) 948-5818 — (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 18315

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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