TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

For Office Use Only ☐ TAHPA ☐ NESAP ☐ T ☐ H ☐ L Violation? ☐ YES ☐ NO ☐ RCVD /stamp/ 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: Jimmy Covington Certification Date: 4-98
Demolition Contractor: _____ 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: 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. 45 Vaporizer
Prior Use: OXO vaporizer Future Use: N/A Same
Age of Building: 40 years Size: 10,000 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 of as ACM

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 2.18.96 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:
Strip Asbestos Containing Materials from Vaporizer for vessel inspection

UCTC 18293

PLAINTIFF'S EXHIBIT

UC-4458

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos [illegible] demolition/renovation site: Work will be done using wet methods, glove bag and 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)	20	525	☒	☐	☒	☐		
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 Lirkyork 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: HW5?133

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: 5/18/98 Complete: 5/29/98

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 5/4/98 Complete: 6/19/98

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 Cour — Richard E. La Cour — 4/18/98 — (409) 948-5818 (Telephone) — (409) 948-5546 (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 78756
PH: 512-834-6600, 1-800-572-5548

UCTC 18294

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

For Office Use Only ☐ TAHPA ☐ NESAP ☐ T ☐ H ☐ L Violation? ☐ YES ☐ NO ☐ RCVD/ /POSTMARK

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

1) Abatement Contractor: Catalytic Industrial Maintenance Co. TDH License No.: NA
Address: P. O. Box 35 City: LaMarque State: Texas Zip: 77568
Office Phone Number: (409) 948-5023 Job Site Phone Number: (409) 948 -5818
Site Supervisor: Dallas Monceaux TDH License Number: NA
Site Supervisor: _____ TDH License Number: _____
Trained On-Site NESHAP Individual: Dallas Monceaux Certification Date: 10-97
Demolition Contractor: _____ 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: 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. 128 Vinylite Area
Prior Use: Wall Covering Future Use: N/A Same
Age of Building: 45 years Size: 10,000 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: 01/30/98 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 for wall repairs.

UCTC 18295

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 using wet methods, transite will be double wrapped with polyethylene covering and removed 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 measuremer					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed (friable)		2112	☐	☐	☒	☐		
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: 40-0199
Address: 8101 Littleyork City: Houston State: Texas Zip: 77016
Contact Person: Judy Williams Phone Number: (713) 471-3142

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: 5/26/98 Complete: 6/3/98

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 5/26/98 Complete: 6/26/98

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 Cour — Richard E. La Cour — 5/11/98 — (409) 948-5818 (Telephone) — (409) 948-5546 (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 78756
PH: 512-834-6600, 1-800-572-5548

UCTC 18296

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

For Office Use Only ☐ TAHPA ☐ NESAP ☐ T ☐ H ☐ L Violation? ☐ YES ☐ NO ☐ RCVD/ POSTMARK

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

1) Abatement Contractor: Catalytic Industrial Maintenance Co. TDH License No.: NA
Address: P. O. Box 35 City: LaMarque State: Texas Zip: 77568
Office Phone Number: (409) 948-5023 Job Site Phone Number: (409) 948 -5818
Site Supervisor: Dallas Monceaux TDH License Number: NA
Site Supervisor: _____ TDH License Number: _____
Trained On-Site NESHAP Individual: Dallas Monceaux Certification Date: 10-97
Demolition Contractor: _____ 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: 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. 128 Vinylite Area
Prior Use: Wall Covering Future Use: N/A Same
Age of Building: 45 years Size: 10,000 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 of as ACM

9) Was an Asbestos survey performed? ☒ YES ☐ NO TDH Inspector License No: NA
Survey Date: 01.30.98 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 for wall repairs

UCTC 18297

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 using wet methods, transite will be double wrapped with polyethylene covering and removed 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)		2112	☐	☐	☒	☐		
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: 40-0199
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: 5/26/98 Complete: 6/3/98

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 5/26/98 Complete: 6/26/98

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 Cour — Richard E. La Cour — 5/11/98 — (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

UCTC 18298

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

For Office Use Only ☐ TAHPA ☐ NESAP ☐ T ☐ H ☐ L Violation? ☐ YES ☐ NO ☐ RCVD / POSTMARK

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

1) Abatement Contractor: Catalytic Industrial Maintenance Co. TDH License No.: NA
Address: P. O. Box 35 City: LaMarque State: Texas Zip: 77568
Office Phone Number: (409) 948-5023 Job Site Phone Number: (409) 948 -5818
Site Supervisor: Dallas Monceaux TDH License Number: NA
Site Supervisor: _____ TDH License Number: _____
Trained On-Site NESHAP Individual: Dallas Monceaux Certification Date: 10-97
Demolition Contractor: _____ 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: 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. 128 Vinylite Area
Prior Use: Wall Covering Future Use: N/A Same
Age of Building: 45 years Size: 10,000 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.: N/A
Survey Date: 01/30/98 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 for wall repairs.

UCTC 18299

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 using wet methods, transite will be double wrapped with polyethylene covering and removed 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)		2112	☐	☐	☒	☐		
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: 40-0199
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 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: 5/26/98 Complete: 6/3/98

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 5/26/98 Complete: 6/26/98

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 Cour — Richard E. La Cour — 5/11/98 — (409) 948-5818 (Telephone) — (409) 948-5546 (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 78756
PH: 512-834-6600, 1-800-572-5548

UCTC 18300

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

TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED

T D H

Notification #_____

For Office Use Only ☐ TAHPA ☐ NESAP ☐ T ☐ H ☐ Violation? ☐ YES ☐ NO ☐ RCVD 1/1/ POSTMARK 1/1/

1) Abatement Contractor: Catalytic Industrial Maintenance Co. TDH License No.: NA
Address: P. O. Box 35 City: LaMarque State: Texas Zip: 77568
Office Phone Number: (409) 948-5023 Job Site Phone Number: (409) 948 -5818
Site Supervisor: Dallas Monceaux TDH License Number: NA
Site Supervisor: _____ TDH License Number: _____
Trained On-Site NESHAP Individual: Dallas Monceaux Certification Date: 10-97
Demolition Contractor: _____ 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: 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. 128 Vinylite Area
Prior Use: Wall Covering Future Use: N/A Same
Age of Building: 45 years Size: 10,000 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: 01/30/98 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 for wall repairs.

UCTC 18301

Published by AsbestosClaims.Law
asbestosclaims.law/library/19027/10

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 using wet methods, transite will be double wrapped with polyethylene covering and removed 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)		2112	☐	☐	☒	☐		
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: 40-0199
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: [illegible]0
Telephone: (409) 948 - 47e3 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: 5/26/98 Complete: 6/3/98

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start:: 5/26/98 Complete: 6/26/98

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.

(Signature of Building Owner/ Operator) | Richard E. La Cour (Printed Name) | 5/11/98 (Date) | (409) 948-5818 (Telephone) | (409) 948 5548 (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 18302

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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REFERENCES

This procedure is based on regulations and policies including Corporate Responsible Care Program and Guidelines PG 3.5.0.1; 40 CFR 61.141; 29 CFR 1910.1001 and 1926.1101. (D)

NOTIFICATION FORM

Electronic copy is on the Employees Bulletin Board in the HSE Reference \ TC HSE Forms folder.

UNION CARBIDE CORPORATION
TEXAS CITY PLANT
NOTICE OF INTENTION TO DEMOLISH OR RENOVATE A STRUCTURE OF FACILITY CONTAINING *ASBESTOS* MATERIAL

1	Description of the facility and prior use:	B-128 VINYLITE
2	***Date of asbestos survey:***	1-30-98
3	Location of facility:	B-128
4	Approximate size of facility (unit, bldg, etc.	10,000 SQ. FT.
5	Estimate of approximate amount of asbestos containing materials to be removed: Area (in sq. ft. or linear ft.):	2112 SQ. FT.
6	Estimated age of asbestos materials:	45 YRS.
7	To be removed by (UCC or Contractor):	CONTRACTOR (CIMCO)
	Competent Person:	Dallas Monceaux
	Date of Last Certification:	10-29-97
8	Date of Asbestos Abatement:	5-26-98
	Completion Date (Abatement):	6-3-98
	Date of Demolition/Renovation	5-26-98
	Completion Date (Demolition/Renovation):	6-26-98
9	Nature of planned demolition or renovation:	TRANSITE REMOVAL FOR WALL REPAIR.
	Method to be used (negative pressure enclosure, glove bag, etc.):	WET METHOD
10	Form completed by:	Mickey Gill
	Location and telephone number:	B-216 (409)641-4734
	Date:	5-4-98

BFT CHNS DILLARD

NOTE: This form must be completed and delivered to Industrial Hygiene at least 4 weeks prior to scheduled starting date of the planned demolition or renovation, or as soon as possible following an emergency renovation operation. ***Rush notifications are not allowed!***

Union Carbide trial exhibit UC-4458: Texas Department of Health Asbestos Demolition/Renovation Notifications an… Published by AsbestosClaims.Law
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REFERENCES:

This procedure is based on regulations and policies including Corporate Responsible Care Program and Guidelines PG 3.5.0.1; 40 CFR 61.141; 29 CFR 1910.1001 and 1926.1101. (D)

NOTIFICATION FORM

Electronic copy is on the Employees Bulletin Board in the HSE Reference \ TC HSE Forms folder.

UNION CARBIDE CORPORATION
TEXAS CITY PLANT
NOTICE OF INTENTION TO DEMOLISH OR RENOVATE A STRUCTURE OF FACILITY CONTAINING *ASBESTOS* MATERIAL

1	Description of the facility and prior use:	B-128 VINYLITE
2	***Date of asbestos survey:***	1-30-98
3	Location of facility:	B-128
4	Approximate size of facility (unit, bldg, etc.	10,000 SQ. FT.
5	Estimate of approximate amount of asbestos containing materials to be removed: Area (in sq. ft. or linear ft.):	2112 SQ. FT.
6	Estimated age of asbestos material:	45 YRS.
7	To be removed by (UCC or Contractor):	CONTRACTOR (CIMCO)
	Competent Person:	Dallas Monceaux
	Date of Last Certification:	10-29-97
8	Date of Asbestos Abatement:	5-26-98
	Completion Date (Abatement):	6-3-98
	Date of Demolition/Renovation	5-26-98
	Completion Date (Demolition/Renovation):	6-26-98
9	Nature of planned demolition or renovation:	TRANSITE REMOVAL FOR WALL REPAIR.
	Method to be used (negative pressure enclosure, glove bag, etc.):	WET METHOD
10	Form completed by:	Mickey Gill
	Location and telephone number:	B-216 (409)941-4734
	Date:	5-4-98

NOTE: This form must be completed and delivered to Industrial Hygiene at least 4 weeks prior to scheduled starting date of the planned demolition or renovation, or as soon as possible following an emergency renovation operation. ***Rush notifications are not allowed!***

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TEXAS DEPARTMENT OF HEALTH DEMOLITION / RENOVATION NOTIFICATION FORM

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

1) Abatement Contractor: Catalytic Industrial Maintenance Co. TDH License No.: ____
Address: P.O. Box 35 City: La Marque State: Tx Zip: 77568
Office Phone Number: (409) 948-5023 Job Site Phone Number: (409) 948-5023
Site Supervisor: Rick Hartis, Jr. TDH License Number: ____
Site Supervisor: ____ TDH License Number: ____
Trained On-Site NESHAP Individual: Dallas Monceaux Certification Date: 10/21/95

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
Attention: Andrew F. Jackson
Mailing Address: 3301 5 th 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: Water Clarifier Treatment Bldg

Prior Use: Water Treatment Future Use: Same
Age of Building: 9 Size: 50,000 Sq Ft Number of Floors: NA

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): 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 Asbestos Containing Material [ACM]

9) Was an Asbestos survey performed? ☑ YES ☐ NO TDH Inspector License No: ____
Survey Date: 09 /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: All Transite panels will be removed from water treatment area and panels will be double wrapped in 6 mil poly.

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: HEPA vacuum will be used, wet method will be used, material double bagged employees will wear PAPR and full-body disposable protective clothing will be worn.

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

UCTC 18305

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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)		500			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)								

13) Waste Transporter Name: BFI TDH License No: 34734
Address: 1700 Northeast Street City: La Porte 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: 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: 10/9/96 Complete: 10/23/96

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: 10 /8 /96 Complete: 10 /25 /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) 9 /23 /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*

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

UCTC 18306

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