U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project # Po		Postmark			Date Received			Notification #		
I. Type of Notifi	cation (check of	ne): 🗹 O	riginal Revised			Canc	Canceled			
II. Facility Description										
Building Name: OLD PUERTO RICO OLEFINS										
Address: PR 385										
•	City:PEÑUELASState:PRZip Code:00624County:TALLABOASite Location :PR 385 KM 5.4 INT. PR 127 KM 19.1 TALLABOA PONIENTE WARD PEÑUELAS PR									
U V I	Building Size (square feet): 300,000 # of Floors: Age in Years: 45+									
Present Use: NONE							HEMICAL CO			
III. ••• •		e): 🗹 Demo 🗌			Renovati	on	Emergenc	y Renovation	Fire Training	
IV. Is Asbestos P	resent? (check of	one): V Yes	No							
V. Facility Info										
Owner Name: <u>TALLABOA INDUSTRIAL PARK</u> Address: PR 385 KM 5.4 INT. PR 127 KM 19.1 TALLABOA PONIENTE WARD										
Address: <u>F1</u> City: PEÑ								00004		
								Code: 00624		
			-	-				Fax:		
		HOMECA RE				INC	·			
		VE. RAFAEL C								
City: CAG								o Code: 00725		
		IOS VERA						Fax:		
-		n/general): HON				ER	CO., INC.			
		VE. RAFAEL C	ORDERO S	SUIT						
City: CAG							-	Code: 00725		
Contact: ED	UARDO RAM	IOS VERA	Teler	phone	e: (<u>787) 220</u>	0-58	368	Fax:		
		al methods, empl	oyed to dete	ect the	e presence of	and	l to estimate th	e quantity of RA	CM and	
		on-friable ACM:		אואוכ		CI			ΔΙ	
BULK SAMPLES LABORATORY ANALYSIS DURING PICKING UP OF FLOOR MATERIAL.										
VII. Approximate Amount of Asbestos Materials:										
	Non-friable Asbestos Material Non-friable Asbestos Material								estos Material	
		RACM to be Removed		to be Remov			NOT to be Removed			
					Category I	(Category II	Category I	Category II	
Pipes (linear feet) 1 LF ESTIMATE			MATE							
Surface Area (square feet) 1 SF ES			MATE							
Facility Components										
VIII. Scheduled Dates Demolition or Renovation: Start: 08/02/21 Complete: 08/13/21										
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 08/02/21 Complete: 08/13/21										
Days of the Week:	Monday	Tuesday	Wednesda			Thursday Friday		Saturday	Sunday	
		8	-				8	Saturday	Sunday	
Hours of Operation: 8		0	8		8		0			

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:						
XI.	-	-	ces and engineering congression control pro		used to comply	y with the requiremen	nts, including asbestos
XII.	Waste Tr	ansporter #1					
	Name:						
	Address:	PMB 323-200 AVE. RAFAEL CORDERO SUITE 140					
	City:	CAGUAS			State:	PR	Zip Code: 00725
	Contact:	EDUARDO R	AMOS VERA		Telephone:	(787)220-5868	
	Waste Tr	ansporter #2					
	Name:	ENVIRONME	NTAL TRANSPORT	r group			
	Address:			1575 AVE. I		ERA PMB 372	
	City:	PONCE			State:		Zip Code: 00717
	Contact:	LILLIAM BON	ET		Telephone:	(787)813-5006	
XIII.	Waste Di	-					
	Name: a)REPUBLIC SERVICE OF PUERTO RICO b)SISTEMA RELLENO SANITARIO						
	Address:	a)PO BOX 71			b)PO BOX		
	City:	a)PONCE	b)PEÑUELAS		State:		Zip Code: 00733 / 00624
	Contact:	,	NTANA b)ANA MA		-	(787) 284-4141	
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)						
		 Attach a copy of the Order to this notice. Name of Authority Issuing Order: Title: 					
		. Authority of Order (Citation of Code):					
		4. Date of Order (MM/DD/YY): Date Ordered to Begin					Ordered to Begin
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)						
	1. Date and Hour of the Emergency:						
		-	Sudden, Unexpected Ev		or aquinmont de	maga or an unrassona	ble financial burden
	3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.						
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes						
1)970	crumbled, pulverized, or reduced to powder. OP PICKING UP ACTIVITIES. 2)SECURE THE AREA. 3)NOTIFY THE OWNER AND/OR GENERAL						
			HE AREA FOR THE			OWNER AND/OR	GENERAL
XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.							
		Cab oli	mich		07/14/21	CARLOS SAN	CHEZ, PRESIDENT
		0	Owner/Operator		Date		rint Name and Title
XVIII.	I acknow	ledge the existen	ce of laws prohibiting	the submissi	on of false or n	nisleading statements	, and I certify that facts
	contained in this notification are true, accurate, and complete.						
		Cabo 0.	limits		07/14/21	CARLOS SAN	CHEZ, PRESIDENT
		-	Owner/Operator		Date		int Name and Title