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| **NOTIFICATION OF DEMOLITION AND RENOVATION AND**  **ASBESTOS CONTAMINATED DEBRIS ACTIVITY FORM AAC-2(a)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | | | |  | | | | Louisiana Department of Environmental Quality  Office of Environmental Services  Public Participation and Permit Support Division  Notifications and Accreditations Section  Phone (225) 219-3244  **Please type and complete all required sections or the form will not be processed. No ADVF will be issued if this form is incomplete.** | | | | | | | | | | | | | | | | | | | | | **For LDEQ Use Only** | | | | | | | | | | |
| A.I. No. | | | | | | |  | | | |
| Ck./Voucher No. | | | | | | |  | | | |
| Amt. Received | | | | | | |  | | | |
| Postmark Date | | | | | | |  | | | |
| ADVF No. | | | | | | |  | | | |
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| **No. of Asbestos Disposal Verification Forms (ADVFs) Requested** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |
| **Note: This form is to be used only when requesting ADVFs for Asbestos Contaminated Debris Activities (ACDA), Demolition, Renovation, and/or Response Action projects where Regulated Asbestos-Containing Material (RACM) is present, or assumed to be present, at or above the established thresholds in LAC 33:III.5151.F.1 and is stripped, removed, dislodged, cut, drilled, or similarly disturbed, or as otherwise required by LAC 33:III.5151.F.1.**  **For demolitions where RACM is absent or amount present is below established thresholds, and no ACM will be removed, use *Asbestos Notification of Demolition (Negative Declaration) Form AAC-2(b).*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency** Note: Emergency notification is allowable only for a sudden, unexpected event that would cause an unsafe condition (or health hazard), equipment damage, or would pose an unreasonable financial burden, per LAC 33:III.5151.F.2.d.xvi. **Explanation to justify your emergency request must be provided** (see Section XIV).  Note: Follow-up form must be submitted within 5 working days per LAC 33:III.5151.F.2.e.ii. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Non-Emergency** Note: Must be submitted at least 10 working days before work activity is to begin per LAC 33:III.5151.F.2.c. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Revision** ADVF #s to be revised | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Cancellation** ADVF #s to be canceled | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **Type of Notification** (check only one box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Original** | | | | | | | | | | **Disposal Only** | | | | | | | | **Additional**  Latest ADVF# Issued | | | | | | | | | | | | | | |  | | | | | | |  |
| **Annual** (Maintenance) Check if Form AAC-2(a) is for non-scheduled operations for repair or maintenance less than 1 Cubic Yard of RACM per operation (indicate total volume in Section V as bin size). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Type of Operation** (check only one box) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Reno & Demo** (ACM or RACM removal & subsequent demo) | | | | | | | | | | | | | | | | | | | **Renovation** | | | | | | | | | | | | **ACDA** | | | | | | | | | |
| **RACM Demo** (entire structure treated as RACM) | | | | | | | | | | | | | | | | | | | **Response Action** (schools, state, public or commercial bldgs.) | | | | | | | | | | | | | | | | | | | | | |
| Is structure being demolished under order of a state or local government agency?  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes (Complete Sec. XIII) | | | | | | | | | |
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| 1. **Facility Description** | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Name | | | |  | | | | | | | | | | |  | Project Designer Info (schools, state, public or commercial buildings) | | | | | | | | | | | | | | | | | | | | | | |  | |
| Physical Address | | | |  | | | | | | | | | | |  | Name | | | | | | | |  | | | | | | | | | | | | | | | |  |
| City |  | | | | | | | State | |  | Zip | |  | |  | LA Accred. No. | | | | | | | |  | | | | | | | | | | | | | | | |  |
| Parish |  | | | | | | | | | |  | |  | |  | Building Size (sq. ft.) | | | | | | |  | | | | | | | | | | | | | | | | |  |
| Owner Name | | |  | | | | | | | | | | | |  | No. Floors | | | | |  | | | | Age of Building (Yrs) | | | | | | | | | |  | | | | |  |
| Contact Name | | |  | | | | | | | | | | | |  | Location on site (Bldg,  Floor, Room, etc.) where  work is done | | | | | | | | |  | | |  | | | | | | | | | | | |  |
| Mailing Address | | |  | | | | | | | | | | | |  |  | |  | |  | | | | | | | | | | |  |
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| Present  Use | | | | School  Residential | | | | | | State Bldg.  Industrial | | | | | | | | Public/Commercial  Installation | | | | | | |
| City | |  | | | | | State | | |  | Zip | |  | |
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| Contact Phone | | | | ( ) | |  | | | | | | | | |  |
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| Prior  Use | | | | School  Residential | | | | | | State Bldg.    Industrial | | | | | | | | Public/Commercial  Installation | | | | | | |
| Contact Email | | | |  | | | | | | | | | | |
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| 1. **Determination of Asbestos Present** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asbestos Determined to be Present** per inspection by an accredited asbestos inspector and analysis from a commercial laboratory accredited under LAC 33: Subpart 3, Chapters 47-57 (If checked, complete inspection and lab information below; attach the inspection report and lab analysis report).  **Known or Assumed Asbestos Present** per inspection by an accredited asbestos inspector (If checked, all suspect materials identified are assumed or known ACM, and no analytical data is provided. Complete inspection information below and attach the inspection report).  **No Inspection was Conducted** (If checked, all materials are RACM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspector’s Name | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | Accredited Lab Name | | | | | | | | | | |  | | | | | | | | | |  | |
| Inspector’s Accred. No. | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | Lab Accred. No. | | | | | | | | | | |  | | | | | | | | | |  | |
| Inspection Date (mm/dd/yy) | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | Analysis Date (mm/dd/yy) | | | | | | | | | | |  | | | | | | | | | |  | |
| Procedure, including analytical method, if appropriate, used to detect the presence of asbestos | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Attach the following copies:** | | | | | | | | | | | | **• Inspection report for inspection date indicated (above)**  **• Lab Analysis Report for analysis date indicated (above)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **NOTE: The *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a)* will not be processed without the appropriate attachments.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Approximate Amount of Asbestos** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Removal Times** (check applicable times) | | | | | | | | | | | | | | | | | | | | | | Business Hours | | | | | | | | | | | | | | | After Hours | | | | | | Weekends | | | | | | | | Holidays | | | | | | |
|  | | | | **Material to be Removed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Nonregulated ACM Not to be Removed Prior to Demolition (if applicable)** | | | | | | | | | | | | |
|  | | | | **RACM** | | | | | | | | | | | | | | | | | | | | | | | | **CAT I/CAT II** | | | | | | | | | | | | | | | | | **CAT I/CAT II** | | | | | | | | | | | | |
| **Type of Asbestos Material** | | | | TSI | | | | | | | | | | | | Ceiling | | | | | | | | | | | | VAT | | | | | | | | | | | Transite | | | |  | | VAT | | | | | | | Asphalt Roofing | | | | | |
| Fireproofing | | | | | | | | | | | | VAT | | | | | | | | | | | | Piping | | | | | | | | | | | Mastic | | | | |  | Mastic | | | | | | |  | | | | | |
| Other | | | | | | |  | | | | | | | | | | | | |  | | | | Other | | | |  | | | | | | | | | | | |  | Other | | | |  | | | | | |  | | |
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| **Amount of Asbestos Material** | | | |  | | |  | | | | | | Linear Feet | | | | | | | | | | | | | | |  |  | | | | | | | Linear Feet | | | | | | | | |  | |  | | | Linear Feet | | | | | | | |
|  | | |  | | | | | | Square Feet | | | | | | | | | | | | | | |  |  | | | | | | | Square Feet | | | | | | | | |  | |  | | | Square Feet | | | | | | | |
|  | | |  | | | | | | RACM Cubic Yard | | | | | | | | | | | | | | |  |  | | | | | | | ACM Cubic Yard | | | | | | | | |  | |  | | | ACM Cubic Yard | | | | | | | |
|  | | |  | | | | | | ACD\* Cubic Yard | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | |  | |  | | |  | | | | | | | |
| \*ACD = Asbestos-contaminated Debris | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| 1. **Asbestos Removal Contractor Information for RACM/ACD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asbestos Removal  Contractor’s Name‡ | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | On-site  Supervisor’s Name | | | | | | |  | | | | | | | | | | | | | | | | |  |
| LA Contractor’s License No. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | On-site Supervisor’s Accred. No. | | | | | | | | | | | | | | |  | | | | | | | | |  |
| Mailing Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | Supervisor’s Accred. Expir. Date | | | | | | | | | | | | | | |  | | | | | (mm/dd/yy) | | | |  |
| City |  | | | | | | | | | | | | | State | | | |  | | | | | Zip | |  | | | | |  | | | Contact Name | | | | | | |  | | | | | | | | | | | | | | | | |  |
| Phone | | | ( ) | | |  | | | | | | | | ‡A.I. No. | | | | | | |  | | | | | | | | |  | | | Contact Email | | | | | | |  | | | | | | | | | | | | | | | | |  |
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| 1. **Other Operator/Demolition Contractor** (see Section XVI to add additional contractors or other information) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Contractor Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | Contact Name | | | | | |  | | | | | | | | | | | | | | | | |  |
| Mailing Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | Contact Email | | | | | |  | | | | | | | | | | | | | | | | |  |
| City | |  | | | | | | | | | | | | | State | | | |  | | | | Zip | |  | | | | |  | | | | Contact Phone | | | | | | ( ) | | | | | |  | | | | | | | | | | |  |
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| 1. **Scheduled Dates for Asbestos Removal or Activities that May Disturb Asbestos Material in a Demolition, Renovation, Response Action, or ACDA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date (mm/dd/yy) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Completion Date (mm/dd/yy) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |  |
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| 1. **Scheduled Demolition Dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date (mm/dd/yy) | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | Completion Date (mm/dd/yy) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  |
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| 1. **Solid Waste Transporter to Landfill for RACM/ACD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| SW Transporter Name | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Contact Name | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| LDEQ SW Transporter No. | | | | | | | | | | | | | | | | T- | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Contact Email | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| Mailing Address | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Contact Phone | | | | | | | | ( ) | | | | | | | |  | | | | | | | | | | | |  |
| City | | | |  | | | | | | | | | | | | | | | | | | State | |  | | | | | | | Zip | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **Provide the following if RACM/ACD is taken to Non-processing Transfer Station Prior to Disposal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW Transporter Name | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Physical Location of Non- processing Transfer Station | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
| LDEQ SW Transporter No. | | | | | | | | | | | | | | | | T- | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | City | | | |  | | | | | | | | | | | | State | | | | |  | | Zip |  | | | | |  |
| Mailing Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Contact Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| City | | | |  | | | | | | | | | | | | | | | | | | State | |  | | | | | | | | Zip | | | | | | | |  | | | | | | |  | | | | | | | | Contact Email | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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| 1. **Recognized Asbestos Landfill (RAL) for RACM/ACD Disposal Site for RACM** (See LAC 33:III.5151.B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| RAL Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Contact Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| Physical Address | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Contact Phone | | | | | | | | | ( ) | | | | | | | | | | | | | | | | | |  | |  |
| City | | | |  | | | | | | | | | | | | | | | | | State | | | |  | | | | | | | | | | Zip | | | | | |  | | | | | |  | | | | | | | | Mailing Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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| 1. **Governmental Agency Ordered Demolition** (Complete only if you checked “Yes” in Section II) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gov’t Agency Representative Name | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Government Agency | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| Representative’s Title | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  |
| Date Issued (mm/dd/yy) | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | Date Ordered to Begin (mm/dd/yy) | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  |
| Attach a copy of the Demolition Order from the governmental agency identified (above).  **NOTE: The *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a)* will not be processed without this attachment.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Emergency Renovations Involving RACM** (Complete only for emergency event indicated by checked “Emergency” box on page 1.)   Attach additional pages, if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Emergency (mm/dd/yy) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | Time of Emergency | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| Describe the sudden, unexpected event requiring immediate attention | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Explain how event would cause an unsafe condition (health hazard), equipment  damage, or pose unreasonable financial burden (per LAC 33:III.5151.F.2.d.xvi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **Planned Demolition, Renovation Work, Response Action, or ACDA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| Description of activity including techniques of removal and facility components | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
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| Description of work practices & engineering controls including  asbestos removal and waste handling emission control procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Describe procedures to be followed in the event unexpected RACM is  found or CAT II nonfriable becomes RACM (per LAC 33:III.5151.F.2.d.xvii) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. Comments Provide any additional comments /information relevant to this notification (EX: name and number for Air Clearance Sampler, if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I certify under penalty of law that the above information is correct and that the Asbestos Contaminated Debris Activities (ACDA), Demolition, Renovation, and/or Response Action projects where Regulated Asbestos-Containing Material (RACM) is present, or assumed to be present above the established thresholds as described in this notification are required to be conducted in accordance with LAC 33:III.5151. I understand that:**   * **Per LAC 33:III.5151.F.3.h, all workers performing the demolition or renovation activity, response action, or ACDA that disturbs RACM or ACDA must be trained in accordance with LAC 33:III.5151.Subsection P and that evidence of the required training or accreditation shall be made available for inspection by LDEQ personnel at the demolition, renovation, response action or ACDA site.** * **The *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a)* is incomplete without a copy of the Signature page of the inspection report, if inspection was performed** (See Section IV); * **In accordance with LAC 33:III.5151.F.2.d.v, the *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a)* is incomplete without a copy of the Lab Analysis Report from a commercial laboratory accredited under LAC 33: Subpart 3, Chapters 47-57, if lab analysis was performed** (See Section IV); * **The LDEQ will not accept laboratory data generated by a commercial laboratory that is not accredited under LAC 33: Subpart 3, Chapters 47-57; the LDEQ will require retesting if the laboratory performing the analysis is not accredited under this regulation.** * **If the *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a)* is incomplete, inaccurate, or the proper fee is not submitted, the LDEQ will inform the company that the application is incomplete. In accordance with LAC 33:III.5151.F.2.a.i, processing will be discontinued until all applicable information is completed and submitted to the LDEQ;** * **Per LAC 33:III.5151.F.2.a.ii, any unauthorized renovation, demolition, or ACDA project, including those not processed due to incompleteness or inaccurate information on the *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a)* is a violation ofLAC 33:III.5151.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Printed Name of Owner or Operator/Contractor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Signature of Owner or Operator/Contractor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Date (mm/dd/yy) | | | | | | | |  | |
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| **ADVF Fees** | | | | | **$** | | | **73** | | | | **each** | | | | | | **For non-emergencies** (minimum of 10 working days’ notification is required per LAC 33:III.5151.F.2.c). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **$** | | | **109** | | | | **each** | | | | | | **For emergencies** (less than 10 working days’ notification given) as allowed per LAC 33:III.5151.F.2.d.xvi (see p. 1). No vouchers will be accepted for emergencies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **$** | | | **5,000** | | | |  | | | | | | **For unlimited non-emergency ADVF requests from a single agency interest site** for a period of one fiscal year per LAC 33:III.223.B (a minimum of 10 working days’ notification is required per LAC 33:III.5151.F.2.c). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **NO FEE** | | | | | | | | | | | | | **For revisions or cancellations.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Submittal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **For Emergencies -** Notification to the LDEQ as required by LAC 33:III.5151.F.2.e may be submitted by: fax (225-325-8283); email (DEQ.ASBESTOSNOTIFICATIONS@LA.GOV); phone (225-219-3244); or hand-delivery. If phoned, faxed or emailed, a follow-up form with original signature and applicable fee payment must be submitted to the LDEQ by one of the methods of delivery (below) within 5 working days per LAC 33:III.5151.F.2.e.ii. * **For Non-emergencies -** Information MAY NOT BE FAXED. Forms may be submitted by email (DEQ.ASBESTOSNOTIFICATIONS@LA.GOV) with a follow-up form with an original signature submitted at least 10 working days before work activity is to begin per LAC 33:III.5151.F.2.c. The form with an original signature and applicable fee payment must be submitted to the LDEQ by one of the following methods of delivery: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **By U.S. Mail:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **or** | | | | | | | | | **By Overnight or Hand-Delivery:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LDEQ Office of Environmental Services  Public Participation and Permit Support Division  Notifications & Accreditations Section  P. O. Box 4313  Baton Rouge, LA 70821-4313 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | LDEQ Office of Environmental Services  Public Participation and Permit Support Division  Notifications & Accreditations Section  602 North 5th Street  Baton Rouge, LA 70802 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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