

# NOTIFICATION OF DEMOLITION AND RENOVATION AND ASBESTOS CONTAMINATED DEBRIS ACTIVITY FORM AAC-2(a)



Louisiana Department of Environmental Quality  
Office of Environmental Services  
Public Participation and Permit Support Division  
Notifications and Accreditations Section  
Phone (225) 219-3244

For LDEQ Use Only	
A.I. No.	
Ck./Voucher No.	
Amt. Received	
Postmark Date	
ADVF No.	

**Please type and complete all required sections.**

No. of Asbestos Disposal Verification Forms (ADVF) 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, above the established thresholds or as otherwise required by LAC 33:III.5151.F.1.**

**For demolitions where RACM is absent or amount present is below established thresholds, use *Asbestos Negative Declaration Demolition Notification 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.
- Revision** ADVF #s to be revised \_\_\_\_\_
- Cancellation** ADVF #s to be canceled \_\_\_\_\_

**I. 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)

**II. 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 buildings)

Is structure being demolished under order of a state or local government agency?     No                       Yes (Complete Sec. XIII)

\*ACM=Asbestos-containing Material

**III. Facility Description**

Facility Name _____ Physical Address _____ City _____ State _____ Zip _____ Owner Name _____ Contact Name _____ Mailing Address _____ City _____ State _____ Zip _____ Contact Phone (    ) _____ Contact Email _____	Project Designer La. Accreditation No. (schools & state buildings) _____ Parish _____ Building Size (sq.ft.) _____ No. Floors _____ Age of Building (Yrs) _____ Location on site (Bldg, Floor, Room, etc.) where work is done _____ <hr/> Present Use <input type="checkbox"/> School <input type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation <input type="checkbox"/> Other _____ <hr/> Prior Use <input type="checkbox"/> School <input type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation <input type="checkbox"/> Other _____
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**IV. Determination of Asbestos Present**

- Known or Assumed Asbestos Present** (if checked, all suspect materials are ACM)
- Asbestos Determined to be Present Per Inspection and/or Lab Analysis** (if checked, complete the items below)

Inspector's Name \_\_\_\_\_ Certified Lab Name \_\_\_\_\_

Inspector's Accreditation No. \_\_\_\_\_ Lab Accreditation No. \_\_\_\_\_

Inspection Date (mm/dd/yy) \_\_\_\_\_ Analysis Date (mm/dd/yy) \_\_\_\_\_

Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material \_\_\_\_\_

- Attach the following copies:
- Signature page of 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 these attachments if inspection or lab analysis was performed.**

**V. 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  
 Fireproofing  VAT  
 Other \_\_\_\_\_

VAT  Transite  
 Piping  Mastic  
 Other \_\_\_\_\_

VAT  Asphalt Roofing  
 Mastic  
 Other \_\_\_\_\_

**Amount of Asbestos**

\_\_\_\_\_ Linear Feet  
 \_\_\_\_\_ Square Feet  
 \_\_\_\_\_ RACM Cubic Yard  
 \_\_\_\_\_ ACD\* Cubic Yard  
 \*ACD-Asbestos-contaminated Debris

\_\_\_\_\_ Linear Feet  
 \_\_\_\_\_ Square Feet  
 \_\_\_\_\_ ACM Cubic Yard

\_\_\_\_\_ Linear Feet  
 \_\_\_\_\_ Square Feet  
 \_\_\_\_\_ ACM Cubic Yard

**VI. Asbestos Removal Contractor Information for RACM/ACD**

Asbestos Removal Contractor Name \_\_\_\_\_  
 LA Contractor's License No. \_\_\_\_\_

Name of On-site Supervisor \_\_\_\_\_  
 On-site Supervisor Accreditation No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Supervisor Accred. Expir. Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ A.I. No. \_\_\_\_\_

Contact Email \_\_\_\_\_

**VII. Other Operator/Demolition Contractor**

Contractor Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**VIII. 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) \_\_\_\_\_

**IX. Scheduled Demolition Dates**

Start Date (mm/dd/yy) \_\_\_\_\_ Completion Date (mm/dd/yy) \_\_\_\_\_

**X. Solid Waste Transporter to Landfill for RACM/ACD**

Transporter Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
LDEQ SW Transporter No. T- \_\_\_\_\_ Contact Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Contact Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**XI. Solid Waste Transporter Only if Taken to Offsite Premises and Stored Prior to Disposal (RACM/ACD)**

Transporter Name \_\_\_\_\_ Physical Location of Drop Off Area \_\_\_\_\_  
LDEQ SW Transporter No. T- \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Contact Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Email \_\_\_\_\_  
Contact Phone ( ) \_\_\_\_\_

**XII. Recognized Asbestos Landfill (RAL) for RACM/ACD**

Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Contact Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**XIII. 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.**

**XIV. Emergency Renovations Involving RACM (Complete only for emergency event indicated by checked "Emergency" box on page 1)**

Date of Emergency (mm/dd/yy) \_\_\_\_\_ Time of Emergency \_\_\_\_\_

Describe the sudden, unexpected event requiring immediate attention \_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_

**XV. Planned Demolition, Renovation Work, Response Action, or ACDA**

Description of activity including techniques of removal and facility components \_\_\_\_\_  
\_\_\_\_\_

Description of work practices & engineering controls including asbestos removal and waste handling emission control procedures \_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_

**XVI. Comments** Provide any additional comments /information relevant to this notification  
\_\_\_\_\_

**XVII. Certification**

I certify that the above information is correct and that personnel performing Demolition or Renovation Activities, Response Action, or ACDA are trained and accredited in accordance with LAC 33:III.5151 when RACM is present, and that the evidence of the required training will be available on the project site for inspection by LDEQ personnel.

\_\_\_\_\_  
Printed Name of Owner or Operator/Contractor

\_\_\_\_\_  
Signature of Owner or Operator/Contractor

\_\_\_\_\_  
Date (mm/dd/yy)

<b>ADVF Fees</b>	\$66 each	For non-emergencies (minimum of 10 working days notification given).
	\$99 each	For emergencies (less than 10 working days notification given). No vouchers will be accepted for emergencies.
	NO FEE	For revisions or cancellations.

**Submittal Information**

- **For Emergencies**-Information may be submitted by: fax (225-325-8283); email ([DEQ.ASBESTOSNOTIFICATIONS@LA.GOV](mailto:DEQ.ASBESTOSNOTIFICATIONS@LA.GOV)); phone (225-219-3244); or hand-delivery. If 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.
- **For Non-emergencies**-Information MAY NOT BE FAXED. Forms may be submitted by email ([DEQ.ASBESTOSNOTIFICATIONS@LA.GOV](mailto:DEQ.ASBESTOSNOTIFICATIONS@LA.GOV)) with a follow-up form with an original signature submitted within 5 working days. The form with an original signature and applicable fee payment must be submitted to the LDEQ by one of the following methods of delivery:

**By 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 5<sup>th</sup> Street  
Baton Rouge, LA 70802

**Pursuant to La. R.S. 40.1574 A&B, be advised that no construction or renovation can begin until the plans and specifications are reviewed by the Office of the State Fire Marshall or it is determined by that Office that plans are not required to be submitted.**