



ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION FORM AAC-2

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

OES - Air Permits Division, Manufacturing Section

PO Box 4313, Baton Rouge, LA 70821-4313

Phone (225) 219-3051 Fax (225)219-3156

Shaded boxes for LDEQ Use Only
AI No.
Ck/Voucher Elec Transfer No.
Amt Received:
Postmark Date:
ADVF No.
(Please note original ADVF no. if a rev.)
No. ADVFs Requested

Note: Incomplete or Illegible Applications Will Not Be Processed.

I. Type of Notification: (check one) <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/> Additional <input type="checkbox"/> Annual (Maintenance)
II. Type of Operation: (check one) <input type="checkbox"/> DEMO <input type="checkbox"/> RENO <input type="checkbox"/> ORDERED <input type="checkbox"/> EMERGENCY <input type="checkbox"/> NEGATIVE DECLARATION

III. FACILITY DESCRIPTION					
Facility Name:				Project Designer La. Accred. No.	
Physical Address:		City:	State:	Zip Code:	Parish:
Site Location: (Building no., Name, Floor, Room No. Etc.)			Telephone No. ()		Building Size:
No. of Floors:	Age in Years:		Present Use:		Prior Use:

IV. IS ASBESTOS PRESENT: (Circle One) YES NO		Inspection Date: (MM/DD/YY)	
Inspector's Name:		Inspector's Accreditation No.	
Procedure including analytical method, if appropriate, used to detect the presence of asbestos material:			

V. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING							
REMOVAL TIMES: (Check One) <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		RACM/ CATEGORY I & II TO BE REMOVED (Describe Material-TSI, ceiling, transite etc)		RACM - UNIT OF MEASUREMENT (Type in Amount)		NONFRIABLE ACM <u>NOT</u> TO BE REMOVED DURING DEMOLITION	
		RACM	CAT I/CAT II	UNIT		CAT I/ Cat II (packings, gaskets, resilient flooring, asphalt roofing, cloth, etc.)	
Pipes/ Surface Area				Linear Ft.	Square Ft.		
Volume of RACM if off of Facility Component				Cubic Ft.	Cubic Yds.		

VI. FACILITY INFORMATION				
Owner Name:		Contact Name:	Telephone No.	Fax No.
Mailing Address:		City:	State:	Zip Code:

Removal Contractor Name:		LA Contractor's License No.	On-Site Supervisor Name:		On-Site Supervisor Accreditation No.	
Mailing Address:			Contact:		Supervisor Exp. Date:	
City:	Fax No.		State:	Zip Code:	Telephone No. ()	

Other Operator:			Contact:		Telephone No. ()	
Mailing Address:			City:		State:	Zip Code:

VII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	Complete:
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VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)	Start:	Complete:
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IX. WASTE TRANSPORTER TO LANDFILL			
Name:	DEQ SW Transporter No.	Contact:	Telephone No. ()
Address:	City:	State:	Zip Code:

X. WASTE TRANSPORTER (Other) i.e. CONTRACTOR TRANSPORTER TO DESIGNATED AREA			
Name:	DEQ SW Transporter No.	Contact:	Telephone No. ()
Address:	City:	State:	Zip Code:
Physical Location of Drop Off Area:	City:	State:	

XI. WASTE DISPOSAL SITE:			
Name:	Contact:	Telephone No. ()	
Physical Location:	City:	State:	Zip Code:

XII. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY REPRESENTATIVE:		
Name:	Title:	Authority:
Date of Order: (MM/DD/YY)	Date Ordered To Begin: (MM/DD/YY)	

XIII. FOR EMERGENCY RENOVATIONS:	
Date and Hour of Emergency: (MM/DD/YY)	Description of the Sudden, Unexpected Event:
Justify circumstances that caused unsafe condition(s) or would cause equipment damage (or an unreasonable financial burden):	

XIV. I certify that the above information is correct and that personnel performing asbestos Demolition or Renovation activities are trained and accredited in accordance with LAC 33:III.5151.F.3.h; and that the evidence of the required training will be available on the project site for inspection by LDEQ personnel.		
_____	_____	_____
(Date)	(Signature of Owner or Operator/Contractor)	(Printed Name)

XIV. <u>NEGATIVE DECLARATIONS ONLY</u> : I certify that the above information is correct and that no asbestos or regulated asbestos containing material (RACM) is present or being removed.		
_____	_____	_____
(Date)	(Signature of Owner or Operator/Contractor)	(Printed Name)

XV. Description of planned non-RACM Demolition or Renovation work and Methods to be used:
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ADVF Fees: \$66 (Minimum of 10 working days notification given) \$99 for Emergencies (less than 10 working days notification given) No Voucher's Will Be Accepted for Emergencies No Fee for Negative Declarations. REMIT TO: LDEQ/OES - Air Permits Division, Manufacturing Section, P. O. BOX 4313, BATON ROUGE, LA 70821-4313
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Pursuant to 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.