



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

Boxed Area for LDEQ Use Only
AI No.
Ck/Voucher Elec Transfer No.
Amt Received:
Postmark Date:
ADVF No. <i>Please note original ADVF no. if a revision</i>
No. ADVFs Requested

Note: Incomplete or Illegible Applications Will Not Be Processed.

I. Type of Notification: (check all appropriate boxes) <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 appropriate boxes) <input type="checkbox"/> DEMO* <input type="checkbox"/> RENO <input type="checkbox"/> ORDERED <input type="checkbox"/> EMERGENCY <input type="checkbox"/> NEGATIVE DECLARATION* (Complete only Sections w/ asterisks* for Negative Declarations)

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)		NONREGULATED ACM NOT TO BE REMOVED PRIOR TO DEMOLITION * (if applicable)
	RACM	CAT I/CAT II	UNIT		CATEGORY I/II (packings, gaskets, resilient/vinyl flooring, asphalt roofing, cloth, etc.)
Pipes/ Surface Area			Linear Ft.	Square Ft.	
Total Volume of RACM			Cubic Yds.		

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

VII. ASBESTOS REMOVAL CONTRACTOR INFORMATION FOR RACM				
Asbestos 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. ()

VIII. OTHER OPERATOR/DEMOLITION CONTRACTOR: *		Contact:	Telephone No. ()
Mailing Address:		City:	State: Zip Code:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) *	Start:	Complete:
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X. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	Complete:
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