

Notification of Demolition and Renovation Form (Form AAC-2)
Instructions

The Louisiana Air Quality Regulations (LAC 33:III.5151.Subchapter M), which can be found at <http://www.deq.louisiana.gov/portal/Portals/0/planning/regs/title33/33v03.doc> require written notification of all demolition activities, and renovation activities involving the removal of friable asbestos containing materials (ACM). Notification must be made by submitting a completed AAC-2 Form. After proper notification is received, the Department issues an Asbestos Disposal Verification Form (ADVF) to ensure that the ACM removed is disposed of properly.

The AAC-2 form must be either postmarked or hand delivered to the Department at least 10 working days prior to the scheduled dates of asbestos removal (Section VIII) or 10 working days prior to the scheduled dates of demolition or renovation (Section IX). The completed AAC-2 form should be submitted to the Department at the address at the top of the form.

Note: The AAC-2 form **MUST** be typed, properly completed, have original signatures, and be accompanied by the appropriate fee. Faxed originals are unacceptable. The AAC-2 Form **MUST** be the most current form approved by the Department, and can be located at <http://www.deq.louisiana.gov/portal/Default.aspx?tabid=2251>. Modified forms will not be accepted.

Instructions:

No. of ADVFs Requested - One ADVF is required per load of asbestos containing waste material (ACWM) being transported.

LDEQ Use Only: Please leave these spaces blank: AI No, Check Voucher Electronic Transfer no, Amount Received, and Postmark Date. Note ADVF no. only when requesting a revision or an additional.

I. Type of Notification - Check the appropriate selection:

Original - The first notification of the particular removal activity.

Revised - A revision to a prior notice.

Canceled - Notification that the removal activity is canceled. The unused ADVF must be marked VOID and returned to LDEQ at the address on the Notification form.

Additional - Request an (# of) additional ADVF(s) in a series. Document the ADVF number in which additional ADVF(s) are requested.

Nonscheduled Operation: Any individual asbestos renovation and/or demolition operation necessitated solely by the need for the repair or maintenance of facility components, and involves a total of less than 1 cubic yard of RACM per operation.
(Annual)

II. Type of Operation - Check the appropriate selection:

Demo: The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

Reno: Altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component that is to be returned or remain in place.

Ordered Demolition is ordered by a local or state government agency.

Emergency: A renovation that results from a sudden unexpected event. Verbal notification must be given by telephone to the LDEQ regional and main offices, immediately but no case later than 1 hour after learning of the incident, followed by a written notification to the main office within 5 working days.

Negative Declaration: Notification of a demolition of a building that has no Regulated Asbestos Containing Material (RACM).

- III. Facility** Enter the following information for the facility where the actual activity will take place.
- Description:** take place.
- Facility Name:** Legal name of the facility.
- Project Designer:** LDEQ Accreditation no. of the Project Designer. This blank is required only for schools and state buildings.
- Physical Address:** The physical address where the activity will take place. Specific directions to the site, should the address prove inadequate. (i.e. Two miles past Highway X on the right.) Include the city, state, zip code and parish where the facility is located. No P.O. Box Numbers.
- Site Location:** Building name or number, equipment or component name (i.e. boiler).
- Telephone No:** Telephone no. of the facility where the asbestos activity will take place.
- Building Size:** Estimate in square meters or square feet.
- No. of Floors:** Enter the no. of floors including the basement or ground level floors.
- Age in Years:** The approximate age of the facility.
- Present Use/ Prior Use:** Describe the primary use of the facility.

IV. Is Asbestos Present? Circle the appropriate selection: Yes or No.

If the activity is a Demolition, include:

Inspection Date (MM/DD/YY) Month/Day/Year;

Inspectors Name;

LDEQ Inspector Accreditation number; and

Procedure used to identify the asbestos material, including analytical method.

(Assumed to be asbestos containing is acceptable.)

V. Approximate Amount of Asbestos, including:

Check if removal times will be during:

Business Hours, After Hours, Weekend, or Holidays.

RACM to be Removed:

Describe the RACM, including Category I or II to be removed. Describe the material, i.e. thermal system insulation (TSI), ceiling, transite siding, vinyl asbestos tile (VAT), etc.

Unit of Measurement:

For Pipes or Surface Material, note linear or square footage.

For Total Volume of RACM, note asbestos containing waste material in cubic yards.

Nonfriable ACM Not to Be Removed During Demolition:

Enter information on any ACM left in the building during demolition. Only Category I ACM that is in good condition, and will remain in good condition by the forces expected to act upon the material during demolition, may remain. For a definition of Category I and Category II non-friable ACM see LAC 33:III.5151.Subchapter M at

VI. Facility Information:

Enter the Name of the legal owner of the site at which the asbestos removal or demo/reno activity is taking place; the name, telephone no, and fax no. of the contact person; the owner's mailing address, including city, state, and zip code.

VII. Removal Contractor Information:

Enter the ACM Removal Contractor's name; the ACM contractor's license number issued by the La. State Licensing Board for Contractors; and the name, LDEQ accreditation no, and expiration date of the Supervisor/ Contractor in charge of the project.

Enter the ACM Removal Contractor's mailing address, including city, state, and zip code; a contact name, and telephone and fax numbers for the contact person.

Other Operator:

If another operator is handling ACM activities, including the demolition contractor, general contractor, or any other person who leases, controls or supervises the site, enter the contractor's mailing address, including city, state, and zip code; a contact name, and telephone no. for the contact person.

VIII. Scheduled Dates of Demo/Renovation:

Enter the dates for beginning and ending the demolition or renovation. For renovations, Sections VIII and IX may be (and usually are) the same.

IX. Scheduled Dates of Asbestos Removal:

Enter the dates (Month/Day/Year) for asbestos removal work. Asbestos removal work includes any activity which dislodges or disturbs asbestos materials, including site preparation.

X. Waste Transporter to the Landfill:

Enter the name, address, contact person, Solid Waste Transporter no, telephone no. of the company responsible for transporting the asbestos waste from the removal site to the waste disposal site.

XI. Waste Transporter to a Designated Site:

Enter the name, address, contact person, Solid Waste Transporter no, telephone no. of the company responsible for transporting the asbestos waste from the removal site to a designated area prior to transporting to the waste disposal site.

XII. Waste Disposal Site:

Identify the waste disposal site, including the complete name, location, telephone no. and contact person of the facility. The disposal site must be registered and approved by the LDEQ, Air Permits Division. A listing of approved sites can be found at

<http://www.deq.louisiana.gov/portal/Default.aspx?tabid=2251>

XIII. Government Ordered Demolition Information:

Provide the name of the responsible official, title and agency, authority under which the order was issued, the dates of the order and the dates the ordered demolition will begin. Attach a copy of the order to the AAC-2 form.

XIV. Emergency Renovation Information:

Provide the date and time of the emergency, a description of the sudden unexpected event; and a description of unsafe conditions, equipment damage, or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exception.

Instructions for AAC-1 form (continued)

For true emergencies, verbal telephone notification must be made immediately, but in no case later than one hour after learning of the incident. If more space is needed, write additional information on a separate sheet of paper and attach it to the AAC-2 form. The Department will determine whether the project is a true emergency, and will enforce the ten (10) day notification period if the project is not deemed an emergency.

XV. Certification of an Asbestos Renovation or Demolition Activity:

Please read and certify if the statement is accurate.

XVI. Certification of a Negative Declaration:

This statement certifies that no Regulated Asbestos Containing Material will remain in the structure prior to demolition. Please read and certify if the statement is accurate.

XVII. Description of Planned Demolition/ Renovation Work, and Method(s) to be Used:

Describe the demolition or renovation techniques to be used, and the areas and types of facility components that will be affected.

Note: All blanks on the AAC-2 form that are non-applicable must be completed with "NA". Please do not leave any blanks empty. If there are any blanks left empty; the AAC-2 form will be rejected and returned.