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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, above the established thresholds, when greater than 3 linear or 3 square feet of Asbestos-Containing Material (ACM) is stripped, dislodged, cut, drilled, or similarly disturbed in a school or state building, 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). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | **Known or Assumed Asbestos Present** (if checked, all suspect materials are ACM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Asbestos Determined to be Present** Per Inspection and/or Lab Analysis from a commercial laboratory that is accredited under LAC 33: Subpart 3, Chapters 47-57; (if checked, complete the items below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **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 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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