

**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

**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.	

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, at or above the established thresholds in LAC 33:III.5151.F.1 and is stripped, removed, dislodged, cut, drilled, or similarly disturbed, 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).
Note: Follow-up form must be submitted within 5 working days per LAC 33:III.5151.F.2.e.ii.
- ☐ **Non-Emergency** Note: Must be submitted at least 10 working days before work activity is to begin per LAC 33:III.5151.F.2.c.
- ☐ **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, public or commercial bldgs.)

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

III. 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 _____	Present Use <input type="checkbox"/> School <input type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial		
City _____ State _____ Zip _____	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation		
Contact Phone () _____	<input type="checkbox"/> Other _____		
Contact Email _____	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 _____		

IV. Determination of Asbestos Present

- ☐ **Asbestos Determined to be Present** per inspection by an accredited asbestos inspector and analysis from a commercial laboratory accredited under LAC 33: Subpart 3, Chapters 47-57 (If checked, complete inspection and lab information below; attach the inspection report and lab analysis report).
- ☐ **Known or Assumed Asbestos Present** per inspection by an accredited asbestos inspector (If checked, all suspect materials identified are assumed or known ACM, and no analytical data is provided. Complete inspection information below and attach the inspection report).
- ☐ **No Inspection was Conducted** (If checked, all materials are RACM)

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 _____

Attach the following copies: • 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 the appropriate attachments.

V. Approximate Amount of AsbestosRemoval Times (check applicable times) ☐ Business Hours ☐ After Hours ☐ Weekends ☐ Holidays

	Material to be Removed		Nonregulated ACM <u>Not</u> to be Removed Prior to Demolition (if applicable)
	RACM	CAT I/CAT II	CAT I/CAT II
Type of Asbestos Material	<input type="checkbox"/> TSI <input type="checkbox"/> Ceiling <input type="checkbox"/> Fireproofing <input type="checkbox"/> VAT <input type="checkbox"/> Other _____	<input type="checkbox"/> VAT <input type="checkbox"/> Transite <input type="checkbox"/> Piping <input type="checkbox"/> Mastic <input type="checkbox"/> Other _____	<input type="checkbox"/> VAT <input type="checkbox"/> Asphalt Roofing <input type="checkbox"/> Mastic <input type="checkbox"/> Other _____
Amount of Asbestos Material	_____ 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'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 _____

VII. Other Operator/Demolition Contractor (see Section XVI to add additional contractors or other information)

Contractor Name _____ Contact Name _____

Mailing Address _____ Contact Email _____

City _____ State _____ Zip _____ Contact 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

SW Transporter Name _____

Contact Name _____

LDEQ SW Transporter No. T- _____

Contact Email _____

Mailing Address _____

Contact Phone () _____

City _____ State _____ Zip _____

XI. 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 _____

Contact Phone () _____

XII. 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 _____

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.)

Attach additional pages, if necessary.

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 (EX: name and number for Air Clearance Sampler, if known) _____

XVII. 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 of LAC 33:III.5151.

Printed Name of Owner or Operator/Contractor

Signature of Owner or Operator/Contractor

Date (mm/dd/yy)

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.
	\$ 5,000	For unlimited non-emergency ADVF requests from a single agency interest site for a period of one fiscal year per LAC 33:III.223.B (a minimum of 10 working days' notification is required per LAC 33:III.5151.F.2.c).
	NO FEE	For revisions or cancellations.

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:

By U.S. Mail:

LDEQ Office of Environmental Services
Public Participation and Permit Support Division
Notifications & Accreditations Section
P. O. Box 4313
Baton Rouge, LA 70821-4313

or

By Overnight or Hand-Delivery:

LDEQ Office of Environmental Services
Public Participation and Permit Support Division
Notifications & Accreditations Section
602 North 5th Street
Baton Rouge, LA 70802