



ASBESTOS NOTIFICATION OF RENOVATION AND/OR DEMOLITION

NEGATIVE DECLARATION FORM AAC-2(b)

Do not use this form for
Asbestos Disposal Verification Forms (ADVF) requests

Louisiana Department of Environmental Quality
Office of Environmental Services
Public Participation and Permit Support Division
Notifications and Accreditations Section
Phone (225) 219-3244

For LDEQ Use Only	
A.I. No.	
Ck./Voucher	N/A
Amount	N/A
Postmark	
ADVF No.	N/A

Please type and complete all required sections.

NOTE: This form is to be used only for renovations and demolitions when lab analysis of properly sampled material indicates: that no Asbestos-Containing Material (ACM) is present; that the ACM present is not Regulated Asbestos-Containing Material (RACM), and will not be made RACM by the renovation or demolition; or that RACM, including any ACM that will be made RACM by the renovation or demolition, is less than the thresholds below (See Section I). For all other renovations, demolitions, or asbestos-contaminated debris activities, request ADVFs using the *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a)*.

☐ **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.

I. Type of Notification <input type="checkbox"/> No ACM present <input type="checkbox"/> ACM present is not RACM and will not be made RACM by the renovation or demolition <input type="checkbox"/> RACM, or ACM that will be made RACM, is less than the established thresholds (see right)		Established Thresholds per LAC 33:III.5151.F.1. Combined amount of RACM is less than: <ul style="list-style-type: none"> • 60 linear feet on pipes; • 64 square feet on other facility components; or • 1 cubic yard off facility components where length or area could not be measured previously. 																																				
II. Type of Operation <input type="checkbox"/> Demolition Allowable only if structure contains no RACM or contains RACM below established thresholds (see Section I, above) <input type="checkbox"/> Renovation Allowable only if ACM will not be made RACM or RACM created is below established thresholds (see Section I, above) <input type="checkbox"/> Renovation and Subsequent Demolition Allowable only if during renovation ACM will not be made RACM or RACM created is below established thresholds AND allowable only if structure being demolished contains no RACM or contains RACM below established thresholds (see Section I, above)																																						
III. Facility Description <table border="0"> <tr> <td>Facility Name _____</td> <td>Parish _____</td> </tr> <tr> <td>Physical Address _____</td> <td>Building Size (sq. ft.) _____</td> </tr> <tr> <td>City _____ State _____ Zip _____</td> <td>No. Floors _____ Age of Building (Yrs) _____</td> </tr> <tr> <td>Owner Name _____</td> <td>Location on site (Bldg, Floor, Room, etc.) where work is done _____</td> </tr> </table> <table border="0"> <tr> <td rowspan="3">Contact Information: Contact Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone (____) _____ Email _____</td> <td>Present Use</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> State Bldg.</td> <td><input type="checkbox"/> Public/Commercial</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Industrial</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Prior Use</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> State Bldg.</td> <td><input type="checkbox"/> Public/Commercial</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Industrial</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table>			Facility Name _____	Parish _____	Physical Address _____	Building Size (sq. ft.) _____	City _____ State _____ Zip _____	No. Floors _____ Age of Building (Yrs) _____	Owner Name _____	Location on site (Bldg, Floor, Room, etc.) where work is done _____	Contact Information: Contact Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone (____) _____ Email _____	Present 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"/> Other _____				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"/> Other _____		
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		<input type="checkbox"/> Other _____																																				

IV. Determination of One of the Following:

- No ACM Present;
- ACM Present is Not RACM and Will Not be Made RACM by the Renovation or Demolition; or
- RACM, or ACM that Will be Made RACM, is Less than the Established Thresholds (See Section I)

Inspection Date _____ (mm/dd/yyyy) Lab Analysis Date _____ (mm/dd/yyyy)

Inspector's Name _____ Accredited Lab Name _____

Inspector's Accred. No. _____ LELAP* Lab ID No. _____

Lab Agency Interest (AI) No. _____

Procedure, including analytical method, if appropriate,
used to detect the presence of asbestos material _____**NOTE: Laboratory analysis performed by commercial laboratories for this determination must have been conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.****Laboratory data generated by commercial laboratories that are not accredited by the *Louisiana Environmental Laboratory Accreditation Program (LELAP) under LAC 33:I.Subpart 3, Chapters 47-59, will not be accepted by the LDEQ; retesting of analysis will be required by a commercial laboratory accredited by LELAP.**Attach the following copies: • Signature page of inspection report for inspection date indicated (above)
• Lab Analysis Report for analysis date indicated (above)**NOTE: The Asbestos Notification of Renovation and/or Demolition Negative Declaration Form AAC-2(b) will not be processed without these attachments.****V. Approximate Amount of Asbestos**

	Material to be Removed		Material Not to be Removed (if ACM is present)	
	RACM (below established threshold)	Non-regulated ACM	RACM (below established threshold)	Non-regulated ACM
Type of Asbestos Material	<input type="checkbox"/> TSI <input type="checkbox"/> Ceiling Tile <input type="checkbox"/> Fireproofing <input type="checkbox"/> Other _____	<input type="checkbox"/> VAT <input type="checkbox"/> Mastic <input type="checkbox"/> Asphalt Roofing <input type="checkbox"/> Other _____	<input type="checkbox"/> TSI <input type="checkbox"/> Ceiling Tile <input type="checkbox"/> Fireproofing <input type="checkbox"/> Other _____	<input type="checkbox"/> VAT <input type="checkbox"/> Mastic <input type="checkbox"/> Asphalt Roofing <input type="checkbox"/> Other _____
Amount of Asbestos Material	_____ linear feet _____ square feet _____ cubic yards	_____ linear feet _____ square feet _____ cubic yards	_____ linear feet _____ square feet _____ cubic yards	_____ linear feet _____ square feet _____ cubic yards

VI. Renovation and/or Demolition ContractorContractor Name _____ Contact Name _____
Mailing Address _____ Contact Email _____
City _____ State _____ Zip _____ Contact Phone () _____**VII. Scheduled Renovation and/or Demolition Dates** (enter dates for applicable activity or N/A if not applicable)Renovation Start Date _____ (mm/dd/yyyy) Renovation Completion Date _____ (mm/dd/yyyy)
Demolition Start Date _____ (mm/dd/yyyy) Demolition Completion Date _____ (mm/dd/yyyy)

VIII. Emergency Renovation and/or Demolition

Explain how event would cause an unsafe condition (health hazard), equipment damage,
or pose an unreasonable financial burden per LAC 33:III.5151.F.2.d.xvi. _____

IX. Planned Non-RACM Renovation and/or Demolition

Describe planned non-RACM renovation and/or demolition and methods to be used _____

Describe procedures to be followed in the event unexpected RACM
is found or CAT II becomes RACM (per LAC 33:III.5151.F.2.d.xvii) _____

X. Comments

Provide any additional comments/information relevant to the *Asbestos Notification
of Renovation and/or Demolition Negative Declaration Form AAC-2(b)*. _____

XI. Certification Sign this section only if RACM is absent or amount of RACM present is below established thresholds (See Section I)

I certify that the above information is correct and that under penalty of law, with regard to the structure being demolished, RACM is determined to be absent or the amount of RACM present is below established thresholds per LAC 33:III.5151.F.1. I understand that:

- the *Asbestos Notification of Renovation and/or Demolition Negative Declaration Form AAC-2(b)* is incomplete without the required analysis and supporting documentation from a commercial laboratory accredited under LAC 33: Subpart 3, Chapters 47-59; this constitutes a failure to notify the LDEQ (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 47-59; the LDEQ will require retesting if the laboratory performing the analysis is not accredited under this regulation.
- the *Asbestos Notification of Renovation and/or Demolition Negative Declaration Form AAC-2(b)* will not be processed without the required analysis and supporting documentation from a commercial laboratory accredited under LAC 33: Subpart 3, Chapters 47-59.

Printed Name of Owner or Operator/Contractor

Signature of Owner or Operator/Contractor

Date (mm/dd/yyyy)

Submittal Information

- There is no fee associated with the *Asbestos Notification of Renovation and/or Demolition Negative Declaration Form AAC-2(b)*.
- **For Emergencies-** Information MAY NOT BE FAXED. Information may be submitted by: phone (225-219-3244); email (DEQ.ASBESTOSNOTIFICATIONS@LA.GOV); or hand-delivery. NOTE: If phoned or emailed, a follow-up form with original signature must be submitted to the LDEQ by one of the methods of delivery (below) WITHIN 5 WORKING DAYS.
- **For Non-emergencies-**Information MAY NOT BE FAXED. Forms may be submitted by email (DEQ.ASBESTOSNOTIFICATIONS@LA.GOV) with a follow-up form submitted at least 5 working days before demolition begins in accordance with LAC 33:III.5151.F.2.c. The form with an original signature must be submitted to the LDEQ by one of the following methods of delivery:

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