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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 QualityOffice of Environmental ServicesPublic Participation and Permit Support DivisionNotifications and Accreditations SectionPhone (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, 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 |  |  |
|  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |
|  |
| PresentUse |  [ ]  School [ ]  Residential |  [ ]  State Bldg. [ ]  Industrial |  [ ]  Public/Commercial [ ]  Installation |
| City |  | State |  | Zip |  |
|  |
|  |  |  |  [ ]  Other |  |  |
| Contact Phone | ( ) |  |  |
|  |  |  |  |
| PriorUse |  [ ]  School [ ]  Residential |  [ ]  State Bldg.  [ ]  Industrial |  [ ]  Public/Commercial [ ]  Installation |
| Contact Email |  |
|  |  |
|  |  |   |  [ ]  Other |  |  |
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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.** |
|  |
| 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 |  |  |
|  |  |  |  |  |  |  |  |
| **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  |  |  |
|  |
| 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 |  |  |
|  |  |  |  |  |  |  |  |  |
|  |
| 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) |  |
|  |  |
|  |
| 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 |  |  |
|  |  |  |  | Contact Phone | ( ) |  |
|  |  |  |  |  |  |  |  |  |  |
|  |
| 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 |  |  |
|  |  |  |  |  |  |  | City |  | State |  | Zip |  |  |
|  |  |  |  |  |  |  |  |  |
|  |
| 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.** |
|  |
| 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 |  |  |
|  |  |  |
| 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) |  |  |
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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**
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| **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.**
 |
|  |  |  |  |  |  |  |
|  | 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**. |
|  |
| **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 Mail:** | **or** |  **By Overnight or Hand-delivery:** |
| LDEQ Office of Environmental ServicesPublic Participation and Permit Support DivisionNotifications & Accreditations SectionP. O. Box 4313Baton Rouge, LA 70821-4313 |  | LDEQ Office of Environmental ServicesPublic Participation and Permit Support DivisionNotifications & Accreditations Section602 North 5th StreetBaton Rouge, LA 70802 |
|  |  |  |