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| DEQ Logo 2005**ASBESTOS** **NOTIFICATION OF DEMOLITION**   |  |  | | --- | --- | | **For LDEQ Use Only** | | | A.I. No. |  | | Ck./Voucher No. | N/A | | Amt. Received | N/A | | Postmark Date |  | | ADVF No. | N/A |   **(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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Please type and complete all required sections.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **NOTE: This form is to be used only for 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 demolition; or that RACM, including any ACM that will be made RACM by the demolition, is less than the thresholds below (See Section I). For all other demolitions, renovations, or asbestos-contaminated debris activities, request ADVFs using the *Notification of Demolition and Renovation and Asbestos Contaminated Debris Activity Form AAC-2(a).*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE: This form is to be used for NON-EMERGENCIES only.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Type of Notification** | | | | | | | | | | | |  | | | | | | | No ACM present | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Established Thresholds per LAC 33:III.5151.F.1.  Combined amount of RACM is less than:  • 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | ACM present is not RACM and will not be made RACM by the demolition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | RACM, or ACM that will be made RACM, is less than the established thresholds (See right) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Type of Operation** | | | | | | | | | | | | **Demolition** (allowable only if structure contains no RACM or contains RACM below established  thresholds) (See Section I, above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Facility Description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Project Designer La. Accreditation No.**  **(schools & state bldgs, only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Contact Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Present Use | | | | School | | | | | | | | | | | | | | State Bldg. | | | | | | | Public/Commercial | | | | | | | | | | | |
| Mailing Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Residential | | | | | | | | | | | | | | Industrial | | | | | | |  | | | | | | | | | | | |
| City | | | |  | | |  | | | | | | | | State | | | | | |  | | | | Zip | | | | | |  | | | | | | | | | | |  | | | | |  | | | | Other | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | |
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| Phone | | | | | ( ) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Prior Use | | | | School | | | | | | | | | | | | | | State Bldg. | | | | | | | Public/Commercial | | | | | | | | | | | |
| Email | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Residential | | | | | | | | | | | | | | Industrial | | | | | | |  | | | | | | | | | | | |
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| 1. **Determination of No RACM Present /Amount of RACM Present is Below Established Thresholds for Demo Project** (See Section I) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspection Date | | | | | | | | | |  | | | | | | | | | | | | | | | | | | (mm/dd/yy) | | | | | | | | | | | |  | | | | Lab Analysis Date | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | (mm/dd/yy) | | | | | | | | |  |
| Inspector’s Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Accredited Lab Name | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| Inspector’s Accred. No. | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | LELAP\* Lab ID No. | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
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| 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 47-57, 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 Demolition (Negative Declaration) Form AAC-2(b)* will not be processed without these attachments.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **Asbestos Containing Material (ACM) Not to be Removed from Structure Prior to Demolition** (if ACM is present) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | RACM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-regulated ACM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Asbestos Material** | | | | | | | | | | | TSI  Ceiling Tile | | | | | | | | | | | | | Fireproofing  Other | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | VAT  Mastic | | | | | | | | | | | | | | | Asphalt Roofing  Other | | | | | | | | | | | | | | |  |
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| **Amount of Asbestos Material Not Removed** | | | | | | | | | | |  | | |  | | | | | | | | | | linear feet | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | linear feet | | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | square feet | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | square feet | | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | cubic yards | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | cubic yards | | | | | | | | | | | | | | |  |
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| 1. **Demolition Contractor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Contractor Name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Contact Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mailing Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Contact Email | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| City | |  | | | | | | | | | | | | | | | | | | | State | |  | | | | | | | Zip | | | | | | | |  | | | | | | | |  | | | | Contact Phone | | | | | | | | | ( ) | | | | | | | | | |  | | | | | | | | | | | | | |  |
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| 1. **Scheduled Demolition Dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Start Date | | | | | |  | | | | | | | | | | | | | | | | (mm/dd/yy) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Completion Date | | | | | | | | | | | |  | | | | | | | | | | | | | (mm/dd/yy) | | | | | | | | |
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| 1. **Planned Non-RACM Demolition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe planned non-RACM demolition and methods to be used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. Comments Provide any additional comments/information relevant to the *Asbestos Notification of Demolition (Negative Declaration) Form AAC-2(b).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. 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 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 47-57; 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 47-57; the LDEQ will require retesting if the laboratory performing the analysis is not accredited under this regulation.** * **the *Asbestos Notification of 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 47-57.** * **cessed without the required analysis and supporting documentation from an accredited commercial laboratory (See Section IV).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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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| **Submittal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is no fee associated with the *Asbestos Notification of Demolition (Negative Declaration) Form AAC-2(b)*. * Submit the form with an original signature and required attachments by one of the methods of delivery listed below. * Information MAY NOT BE FAXED. Forms may be submitted by email (DEQ.ASBESTOSNOTIFICATIONS@LA.GOV); however, the form with an original signature and required attachments must be submitted to the LDEQ within 5 working days of the email date 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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