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| **ASBESTOS** **NOTIFICATION OF RENOVATION AND/OR DEMOLITION**  |
| DEQ Logo 2005 | **NEGATIVE DECLARATION FORM AAC-2(b)****Do not use this form for****Asbestos Disposal Verification Forms (ADVF) requests**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.** | **For LDEQ Use Only** |
| A.I. No. |  |
| Ck./Voucher No. | N/A |
| Amount Received | N/A |
| Postmark Date |  |
| ADVF No. | N/A |
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| **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.** |
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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 renovation or 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)  |
| [ ]  | **Renovation** Allowable only if ACM will not be made RACM or RACM created is below established thresholds (see Section I, above)  |
| [ ]  | **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)  |
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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:* |  |  |  |
|  | Present Use | [ ]  School | [ ]  State Bldg.  | [ ]  Public/Commercial |
| Contact Name |  |  | [ ]  Residential | [ ]  Industrial |  |
| Mailing Address |  |  |  | [ ]  Other |  |  |
|  |  |  |  |  |
| City |  | State |  | Zip |  | Prior Use | [ ]  School | [ ]  State Bldg.  | [ ]  Public/Commercial |
| Phone | ( ) |  | [ ]  Residential | [ ]  Industrial |  |
| Email |  |  |  |  |  |  |  |  | [ ]  Other |  |  |
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| 1. **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.** |  |
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| 1. **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** | [ ]  TSI[ ]  Ceiling Tile[ ]  Fireproofing [ ]  Other | [ ]  VAT[ ]  Mastic[ ]  Asphalt Roofing[ ]  Other | [ ]  TSI[ ]  Ceiling Tile[ ]  Fireproofing [ ]  Other | [ ]  VAT[ ]  Mastic [ ]  Asphalt Roofing [ ]  Other |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Amount of Asbestos Material** |  |  | linear feet |  |  | linear feet |  |  | linear feet |  |  | linear feet |  |
|  |  | square feet |  |  | square feet |  |  | square feet |  |  | square feet |  |
|  |  | cubic yards |  |  | cubic yards |  |  | cubic yards |  |  | cubic yards |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| 1. **Renovation and/or Demolition Contractor**
 |  |
| Contractor Name |  |  | Contact Name |  |  |
| Mailing Address |  |  | Contact Email |  |  |
| City |  | State |  | Zip |  |  | Contact Phone |  ( |  | ) |  |  |
|  |  |  |  |  |  |  |
|  |  |
| 1. **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) |  |
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| 1. **Emergency Renovation and/or Demolition**
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| 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. |  |  |
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| 1. **Planned Non-RACM Renovation and/or Demolition**
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| Describe planned non-RACM renovation and/or 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
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| Provide any additional comments/information relevant to the *Asbestos Notification*  |
| *of Renovation and/or 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)
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| **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.**
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|  |  |  |  |  |  |  |
|  | Printed Name of Owner or Operator/Contractor |  | Signature of Owner or Operator/Contractor |  | Date (mm/dd/yyyy) |  |
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| **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***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 |
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