

**Louisiana Department of Environmental Quality  
OES, Permit Support Services Division  
Notifications and Accreditations Section  
P.O. Box 4313, Baton Rouge, LA 70821-4313  
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**Notification of Demolition and Renovation Form and Asbestos Contaminated Debris Form  
(AAC-2a)  
General Information and Instructions**

**1. Demolition or Renovation involving Regulated Asbestos Containing Material (RACM)**

After proper notification is received, the Department issues an Asbestos Disposal Verification Form (ADVF) to provide approval to begin renovation and to ensure that the ACM removed is disposed of properly. The ADVF must be onsite during all RACM renovation or demolition activities.

The AAC-2 form must be either postmarked or hand delivered to the Department at least 10 working days prior to the scheduled dates of asbestos removal (Section VIII). The completed AAC-2 form should be submitted to the Department at the address at the top of the AAC-2 form.

**Note:** The AAC-2 form **MUST** be typed, properly completed with an original signature, and be accompanied by the appropriate fee. The AAC-2 Form **MUST** be submitted to LDEQ on the most current form approved by the Department, and can be located on the Asbestos web site at <http://www.deq.louisiana.gov/portal/tabid/2883/Default.aspx>. Modified forms will not be accepted.

**A. Notification of Demolition and Renovation Form, AAC-2 Instructions**

1. **Box at the top of the Form: No. of ADVFs Requested** - One ADVF is required per load of Asbestos Containing Waste Material (ACWM) being transported. Exception: Residential or Commercial demolition structures financed by FEMA as part of Hurricane projects may use the procedures noted in:

- **Addendum to ADVF Procedure for Residential ACWM**  **Sample Addendum**  (Implemented 3/29/2006; Revised 5/31/07)
- **Addendum to ADVF Procedure "ADVF 1" for Commercial ACWM** (9/27/07) 

which is located on the Demolition website at: <http://www.deq.louisiana.gov/portal/tabid/2885/Default.aspx>.

2. **Boxed Area for LDEQ Use Only:** Please leave these spaces blank.

3. **Check if the Notice is an Emergency and complete the information in Section XIV:** Emergencies are defined in LAC 33:III.5151.B Definitions:

**Emergency Demolition/Renovation Operation**—a demolition or renovation operation that was not planned but results from a sudden unexpected event that, if not immediately attended to, presents a safety or public health hazard, is necessary to protect equipment from damage, or is necessary to avoid imposing an unreasonable financial burden. This term includes operations necessitated by nonroutine failures of equipment.

4. **Check if this notification is a revision of a previous notification.** If it is a revision, please note the number of the most recent ADVF issued for the project. Highlite or mark in some manner all changed sections on the AAC2. Note that none of the Types of Notifications in Section I may be used on the

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same form as a Revision.

5. **Check if the ADVF is Canceled**, and note the ADVF number issued by the LDEQ.

**Sections on the AAC-2 Form:**

**I. Type of Notification:** Check the appropriate selection:

**Original:** The first notification of the particular removal activity.

**Additional:** Request additional ADVF(s) for a particular activity. Document the number of the original or first ADVF number issued in which the additional ADVF(s) are necessary.

**Annual:** Any individual asbestos renovation and/or demolition operation necessitated solely by the need for the repair or maintenance of facility components, and involves a total of less than 1 cubic yard of RACM per operation. **Note the Total Volume in Section V as an estimate only. Storage bin size may be used for an estimate.**

(Annual Maintenance)

**Disposal Only** If the asbestos is for disposal only, check the box noted as “Disposal Only”.

**II. Type of Operation -** Check the appropriate selection:

**Demo:** The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.  
**Note:** Intentional burning of any facility that contains any type of asbestos is strictly prohibited.

**Reno:** Altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component that is to be returned or remain in place.

**RACM Demo:** Entire structure treated as RACM

**ACDA:** Asbestos Containing Debris Activities

**Response Action:** RACM operations for schools or State buildings

**Ordered:** Demolition is ordered by a local or state government agency.

**III. Facility Description:** Enter the following information for the facility where the actual activity will take place:

**Facility Name:** Legal name of the facility.

**Project Designer:** LDEQ Accreditation no. of the Project Designer is required **only for schools and State buildings**. Leave blank if the facility is not a school or state building.

**Physical Address:** The physical address where the activity will take place. Specific directions to the site, should the address prove inadequate. (i.e. Two miles past Highway X on the right.) Include the city, state, zip code and parish where the facility is located. No P.O. Box Numbers are accepted.

**Owner Name:** Include contact name, mailing address, phone number, and email

**Site Location:** Building name or number, equipment or component name (i.e. Bldg 2-A, Boiler 1) where the work is being done.

**Telephone No:** Telephone no. of the facility where the asbestos activity will take place.

## General Information and Instructions for AAC-2 form (continued)

**Building Size:** Estimate in square meters or square feet.

**No. of Floors:** Enter the no. of floors including the basement or ground level floors.

**Age in Years:** The approximate age of the facility.

**Present Use:** Describe the current primary use of the facility.

**Prior Use:** Describe the former primary use of the facility

### IV. Determination of Asbestos Present? Check “known or assumed” or “determined by inspection”.

Include:

Inspection Date (MM/DD/YY) Month/Day/Year;

Inspectors Name;

LDEQ Inspector Accreditation number; and

Procedure used to identify the asbestos material, including analytical method.

(“Assumed” or “Known” to be asbestos containing is acceptable.)

If the material is “known” or “assumed” to be asbestos and the inspection information is not known, check that box in lieu of the inspection information.

### V. Approximate Amount of Asbestos, including:

#### Check if removal times will be during:

Business Hours, After Hours, Weekend, or Holidays.

#### ACM to be Removed:

Describe the RACM, and Category I or II to be removed. Describe the material, i.e. thermal system insulation (TSI), ceiling, transite siding, vinyl asbestos tile (VAT), etc.

#### Unit of Measurement:

For Pipes, note linear footage; and for Surface Material, note square footage.

The “Total Volume of RACM” in **cubic yards** is **mandatory**. Note the total amount of asbestos containing waste material in cubic yards for the entire project.

#### Non-Regulated ACM Not to Be Removed Prior to Demolition:

Enter information on any ACM left in the building during demolition. Note: **Only** Category I ACM that is in good condition, and will remain in good condition by the forces expected to act upon the material during demolition, may remain in the structure prior to demolition. For a definition of Category I and/or Category II non-friable Asbestos Containing Material, see the Louisiana Air Quality regulations, LAC 33:III.Chapter 51. Subchapter M at <http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx>.

### VI. Asbestos Removal Contractor Information:

Enter the licensed asbestos removal contractor’s name; State AI number; the licensed asbestos removal contractor’s license number issued by the La. State Licensing Board for Contractors; and the name, LDEQ accreditation no, and expiration date of the Supervisor/ Contractor in charge of the project.

Enter the licensed asbestos removal contractor’s mailing address, including city, state, and zip code; a contact name, and telephone, fax number, and email address for the contact person.

### VII. Other Operator/Demolition Contractor:

If another operator/ contractor is handling demolition activities (whether the structure contains asbestos or not), such as a general contractor, or any other person who leases, controls or supervises

**General Information and Instructions for AAC-2 form (continued)**

the site activity, enter the operator or contractor's mailing address, including city, state, and zip code; a contact name, telephone no. and email address.

**VIII. Scheduled Dates of Asbestos Removal:**

Enter the dates (Month/Day/Year) for asbestos removal work. Asbestos removal work includes any activity which dislodges or disturbs asbestos materials, including site preparation.

**IX. Scheduled Dates of Demolition:**

Enter the dates for beginning and ending the demolition or renovation activity. For renovations, Sections IX and X may be (and usually are) the same.

**X. Solid Waste Transporter for RACM/ACD to the Landfill:**

Enter the name, address, contact person, Solid Waste (SW) Transporter no, and telephone no. of the company responsible for transporting the asbestos waste from the removal site to the waste disposal site. Please contact Sheryl Grimmer of the LDEQ Permit Support Services Division, Notifications and Accreditations Section at 225-219-1665 to apply for a SW transporter number.

**XI. Solid Waste Transporter for RACM/ACD to a Designated Site for Storage:**

Enter the name, address, contact person, Solid Waste Transporter no, telephone no. of the company responsible for transporting the asbestos waste from the removal site to a designated area prior to transporting to the asbestos waste disposal site. Please contact Sheryl Grimmer of the LDEQ Permit Support Services Division, Notifications and Accreditations Section at 225-219-1665 to apply for a Solid Waste transporter number.

**XII. Asbestos Waste Disposal Site (RAL) for RACM/ACD:**

Identify the asbestos waste disposal site, including the complete name, location, telephone number, and contact person of the facility. The disposal site must be permitted by the LDEQ, Waste Division and recognized by the LDEQ, Permit Support Services Division. A listing of approved sites can be found at <http://www.deq.louisiana.gov/portal/tabid/2883/Default.aspx> under the heading, [Louisiana Recognized Asbestos Landfills](#).

**XIII. Government Ordered Demolition Information:**

Provide the name of the responsible official, title and agency, authority under which the order was issued, the dates of the order and the dates the ordered demolition will begin. Attach a copy of the Government Order to the AAC-2 form.

**XIV. Emergency Renovation Information:**

Provide the date and time of the emergency, a description of the sudden unexpected event; and a description of unsafe conditions, equipment damage, or financial burden resulting from the event. The information should be detailed enough for DEQ to evaluate whether a renovation falls within the emergency exception.

The Louisiana Air Quality regulations note emergencies as:

- 1- a sudden, unexpected event that necessitated the renovation;
- 2- an unsafe condition, or condition that would cause equipment damage; or
- 3- an unreasonable financial burden.

**General Information and Instructions for AAC-2 form (continued)**

**Louisiana Air Quality regulations:** <http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx>

For emergencies, verbal telephone notification must be made immediately, but in no case later than four hours after learning of the incident. If additional space is needed, write the information on a separate sheet of paper and attach it to the AAC-2 form. The Department will determine whether the project is a true emergency, and will enforce the ten (10) day notification period if the project is not deemed an emergency.

**XV. Description of Planned Demolition, Renovation, Response Action, or ACDA Work Method(s) to be Used:** Describe the demolition or renovation techniques to be used, and the areas and types of facility components that will be affected. (eg. Adequately wet material, use leak-tight bags, etc.)

**XVI. Comments:** Provide additional comments relevant to this notification.

**XVII. Certification of an Asbestos Renovation or Demolition Activity:**

If the activity involves Regulated ACM, read and certify by signature if the statement is accurate.

**Note:** All blanks on the AAC-2 form that are non-applicable must be completed with "NA". Please do not leave any blanks empty. If there are any blanks left empty; the processing of the AAC-2 will be delayed until the required information is submitted to the department.