



ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION FORM AAC-2

Louisiana Department of Environmental Quality

OES - Public Participation and Permit Support Division, Notifications and Accreditations Section

PO Box 4313, Baton Rouge, LA 70821-4313

Phone (225) 219-3244 Fax (225) 219-3310

Boxed Area for LDEQ Use Only
AI No.
Ck/Voucher Elec Transfer No.
Amt Received:
Postmark Date:
ADVF No.
Check/Voucher Date

Note: Please type and complete all appropriate information

No. of ADVFs Requested:

Emergency Revision - ADVF no(s) to be Revised Canceled - ADVF no

I. Type of Notification: (check only one box)
*Original Additional-Latest ADVF no issued
Check if AAC-2 is for Nonscheduled Operations for repair or maintenance less than 1 cubic yard of RACM per operation
Annual (Maintenance) Note Total Vol. Sec V as bin size
Disposal Only (work performed in year)

II. Type of Operation: (check only one box)
DEMO (RACM or *if structure contains no RACM) RENO
RENO & DEMO (RACM removal & subsequent demo)
Check being demolished under an order of a state or local government agency
Government Ordered (Complete Sec. XIV)

III. FACILITY DESCRIPTION *

Facility Name: Project Designer La. Accred. No (schools & state bldgs only).
Physical Address: City: State: Zip Code: Parish:
Site Location: (Building no., Name, Floor, Room No. Etc.) Telephone No. () Building Size:
No. of Floors: Age in Years: Present Use: Prior Use:

IV. IS ASBESTOS PRESENT: * YES NO
Inspection Date: (MM/DD/YY) Known or Assumed Asbestos

Inspector's Name: Inspector's Accreditation No.

Procedure including analytical method, if appropriate, used to detect the presence of asbestos material:

V. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING

REMOVAL TIMES: (Check Applicable Times)
Business Hours After Hours
Weekends Holidays
RACM/ CATEGORY I & II TO BE REMOVED
RACM CAT I/CAT II
*NONREGULATED ACM NOT TO BE REMOVED PRIOR TO DEMOLITION * (if applicable)
CATEGORY I (packings, gaskets, resilient/vinyl/asphalt)
Type of Non-Regulated Asbestos
VAT Asphalt Roofing
Other
RACM - UNIT OF MEASUREMENT (Type in Amount)
Linear Ft. Square Ft. Total Volume of all RACM Cubic Yards (mandatory)

VI. FACILITY INFORMATION *

Owner Name: Contact Name: Telephone No. Fax No.
Mailing Address: City: State: Zip Code: Email:

VII. ASBESTOS REMOVAL CONTRACTOR INFORMATION FOR RACM

Asbestos Removal Contractor Name: LA Contractor's License No. On-Site Supervisor Name: On-Site Supervisor Accreditation No.
Mailing Address: Fax No. Contact: Supervisor Exp. Date:
City: State: Zip Code: Telephone No. Email:

VIII. OTHER OPERATOR/DEMOLITION CONTRACTOR: *
Contact: Telephone No. ()
Mailing Address: City: State: Zip Code: Email:

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

X. SCHEDULED DEMO/RENOVATION DATES (MM/DD/YY)* Start: Complete:

XI. SOLID WASTE TRANSPORTER TO LANDFILL FOR RACM				
Name:	DEQ SW Transporter No.	Contact:	Telephone No. ()	
Address:	City:	State:	Zip Code:	Email:

XII. SOLID WASTE TRANSPORTER ONLY IF TAKEN TO OFFSITE PREMISES AND STORED PRIOR TO DISPOSAL (RACM ONLY)				
Name:	DEQ SW Transporter No.	Contact:	Telephone No. ()	
Address:	City:	State:	Zip Code:	
Physical Location of Drop Off Area:	City:	State:		

XIII. ASBESTOS WASTE DISPOSAL SITE FOR RACM:				
Name:		Contact:	Telephone No. ()	
Physical Location:		City:	State:	Zip Code:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY REPRESENTATIVE:				
Name:		Title:	Authority:	
Date of Order: (MM/DD/YY)		Date Ordered To Begin: (MM/DD/YY)	Note: Copy of Order must be attached to this Notification.	

XV. EMERGENCY RENOVATIONS INVOLVING RACM:	
Date and Hour of Emergency: (MM/DD/YY)	Description of the Sudden, Unexpected Event that must immediately be attended to:
Section 5151.F.2.d.xv – Explain how the event caused an unsafe condition (or health hazard) or would cause equipment damage, or poses an unreasonable financial burden:	
Section 5151.F.2.d.xv -- Description of procedures to be followed in the event unexpected RACM is found or Cat II nonfriable becomes crumbled, pulverized, or reduced to powder:	

XVI. Description of planned non-RACM Demolition or RACM Renovation work and Methods to be used: *
--

XVII. I certify that the above information is correct and that personnel performing asbestos Demolition or Renovation activities are trained and accredited in accordance with LAC 33:III.5151; and that the evidence of the required training will be available on the project site for inspection by LDEQ personnel. (Sign Sec. XVII only if RACM is present)		
_____	_____	_____
(Date)	(Signature of Owner or Operator/Contractor)	(Printed Name)

XVIII. * Certify in this Section For Demolitions Only if the Structure Contains No Regulated Asbestos Containing Material (RACM)		
I certify that the above information is correct and that during Demolition <u>No Regulated Asbestos Containing Material is present.</u>		
_____	_____	_____
(Date)	(Signature of Owner or Operator/Contractor)	(Printed Name)

ADVF Fees:	\$66 (Minimum of 10 working days notification given)
	\$99 for Emergencies (less than 10 working days notification given) No Voucher's Will Be Accepted for Emergencies
	*No Fee for Notification of Demo containing No RACM (Negative Declaration) may be faxed – Fax # 225-219-3310.
REMIT TO: LDEQ / OES – Permit Support Services Division, Notif & Accred Section, P. O. BOX 4313, BATON ROUGE, LA 70821-4313	

Pursuant to La. R.S. 40.1574 A&B, be advised that no construction or renovation can begin until the plans and specifications are reviewed by the Office of the State Fire Marshall or it is determined by that Office that plans are not required to be submitted.