

NOTIFICATION OF DEMOLITION AND RENOVATION AND ASBESTOS CONTAMINATED DEBRIS ACTIVITY FORM AAC-2(a)



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FEB 05 2021

LDEQ
OES/PSS

Louisiana Department of Environmental Quality
Office of Environmental Services
Public Participation and Permit Support Division
Notifications and Accreditations Section
Phone (225) 219-3244

For LDEQ Use Only	
A.I. No.	22734
Ck./Voucher No.	6540
Amt. Received	M3
Postmark Date	2-4-2021
ADVF No.	53076

No. of Asbestos Disposal Verification Forms (ADVF) Requested 1

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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 _____

I. 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).

II. 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)

III. Facility Description

Facility Name <u>Louisiana State Police Troop L</u> Physical Address <u>2600 N Causeway Blvd</u> City <u>Mandeville</u> State <u>LA</u> Zip <u>70471</u> Parish <u>St Tammany</u> Owner Name <u>Louisiana State Police</u> Contact Name <u>Blake Acquistapace</u> Mailing Address <u>36408 LA-433</u> City <u>Slidell</u> State <u>LA</u> Zip <u>70460</u> Contact Phone <u>985 661-9191</u> Contact Email <u>blake@arcmechanical.net</u>	Project Designer Info (schools, state, public or commercial buildings) Name _____ LA Accred. No. _____ Building Size (sq. ft.) <u>5000</u> No. Floors <u>1</u> Age of Building (Yrs) <u>50+</u> Location on site (Bldg, Floor, Room, etc.) where work is done <u>Mechanical Room</u> Present Use <input type="checkbox"/> School <input checked="" type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation <input type="checkbox"/> Other _____ Prior Use <input type="checkbox"/> School <input checked="" type="checkbox"/> State Bldg. <input type="checkbox"/> Public/Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Installation <input type="checkbox"/> Other _____
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IV. 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.

V. 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	<input type="checkbox"/> TSI	<input type="checkbox"/> Ceiling	<input type="checkbox"/> VAT	<input type="checkbox"/> Transite	<input type="checkbox"/> VAT	<input type="checkbox"/> Asphalt Roofing
	<input type="checkbox"/> Fireproofing	<input type="checkbox"/> VAT	<input type="checkbox"/> Piping	<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Mastic	
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> 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

VI. Asbestos Removal Contractor Information for RACM/ACD

Asbestos Removal Contractor's Name[‡] LLJ Environmental Construction LLC On-site Supervisor's Name Oscar Martinez
 LA Contractor's License No. 60059 On-site Supervisor's Accred. No. 180340
 Mailing Address PO Box 805 Supervisor's Accred. Expir. Date 1/18/22 (mm/dd/yy)
 City Harvey State LA Zip 70059 Contact Name Joy Gros
 Phone 504-309-7304 ‡A.I. No. _____ Contact Email Jgros@ljenvironmental.com

VII. 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 () _____

VIII. Scheduled Dates for Asbestos Removal or Activities that May Disturb Asbestos Material in a Demolition, Renovation, Response Action, or ACDAStart Date 2/18/21 (mm/dd/yy) Completion Date 2/19/21 (mm/dd/yy)**IX. Scheduled Demolition Dates**

Start Date _____ (mm/dd/yy) Completion Date _____ (mm/dd/yy)

X. Solid Waste Transporter to Landfill for RACM/ACD

SW Transporter Name Voodoo Disposal Contact Name Jason
 LDEQ SW Transporter No. T- 051-14184 Contact Email jason@voodoodisposal.com
 Mailing Address 416 Fairfield Contact Phone (504) 952-2099
 City Gretna State LA Zip 70056

XI. 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 () _____

XII. Recognized Asbestos Landfill (RAL) for RACM/ACD Disposal Site for RACM (See LAC 33:III.5151.B)

RAL Name River Birch Contact Name Vic Culpepper
 Physical Address 2000 S. Kenner Rd. Contact Phone 504-436-1288
 City Avondale State LA Zip 70094 Mailing Address 2000 S. Kenner Rd Avondale, LA 70094
 City _____ State _____ Zip _____

XIII. 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.**XIV. 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 _____

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)

XV. Planned Demolition, Renovation Work, Response Action, or ACDA

Description of activity including techniques of removal and facility components

Establish full containment with negative pressure

Description of work practices & engineering controls including asbestos removal and waste handling emission control procedures

Glovebag method of black mastic insulation and dispose

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)

Wet and bag immediately

XVI. Comments Provide any additional comments /information relevant to this notification (EX: name and number for Air Clearance Sampler, if known)

XVII. Certification

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 of LAC 33:III.5151.

Kayla Eloff

Printed Name of Owner or Operator/Contractor



Signature of Owner or Operator/Contractor

2/4/21

Date (mm/dd/yy)

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 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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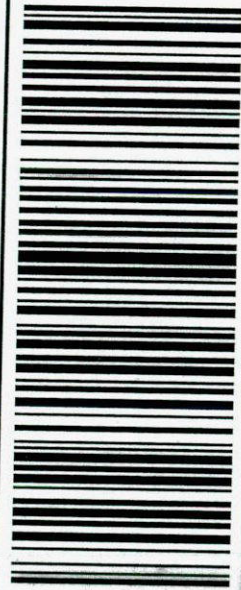
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XOL21.02.67 NV45 42.0A 01/2021*

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