MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201**

MDEQ Use Only: ☒ Email ☐ Mail ☐ Hand Delivery	Postmark (mail only)	Date Received 7/16/2025	AI Number

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Calhoun Communities West Apartments

Address 101 DOUGLAS AVE

City: Calhoun City	State: MS	Zip: 38916	County: Calhoun

Site Location: North Bldgs 1,2,3,4 and office		Tel: 662-628-6310	
Building Size 14,222sf	# of Floors: 1	Age in Years: 29 builit in 1996	
Present Use: Apartments	Prior Use: Apartments		

IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)

OWNER NAME: Calhoun Communities II LP

Address: 302 Campusview Dr., Ste. 208 Columbia, MO 65201

City: Columbia	State: MO	Zip: 65201
Contact: Wallace-Kleffner		Tel: 573-256-7200

ASBESTOS REMOVAL CONTRACTOR: Anderson Environmental Services, Inc.

Address: 783 Harris Street

City: Jackson	State: MS	Zip: 39202
Contact: Daryl Anderson		Tel: 601-354-4400
Certification Number: ABC-00002173		Expiration Date: 11-08-26

OTHER OPERATOR: L.C.S., INC

Address: P.O. Box 887

City: Aberdeen	State: MS	Zip: 39730
Contact: John Provias		Tel: 662-369-6586

V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes

WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 01-17-25
Inspector: Paul Anderson	Certification Number: ABI 0001686	Expiration Date: 5-29-26

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Ceilings, floors, walls, only impacted areas / PLM

VII. QUANTITY OF RACM TO BE REMOVED: 14,000sqft drywall ceiling material and Floor tile and mastic

Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):

VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:

Category I:	Category II:

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8-04-25 Complete: 11-06-25

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-25-25 Complete: 2-20-26

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Renovation of apartment complex

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Place areas in containment under negative pressure, keep wet and bag material and place in lined dumpster

XIII. WASTE TRANSPORTER #1

Name: Waste management		
Address: 1904 MS-76, Pontotoc, MS 38863		
City: Pontotoc	State: MS	Zip: 38863
Contact Person: Jeff Stanford		Tel: (662) 488-0444

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIV. WASTE DISPOSAL SITE Waste Management

Name: Three Rivers Regional Landfill		
Address: 1904 MS-76, Pontotoc, MS 38863		
City: Pontotoc	State: MS	Zip: 38863
Contact Person: Jeff Stanford, SW Mg		Tel: (662) 488-0444

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:	Title:
Authority:	
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authority.

XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Daryl Anderson — Type or Print Name

(Signature of Owner/Operator)

7-16-25 — (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson — Type or Print Name

(Signature of Owner/Operator)

7-16-25 — (Date)