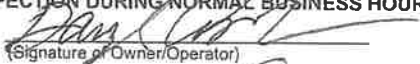


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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	Alt 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 built 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 ASBESTOS 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		7-16-25
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Daryl Anderson		7-16-25
Type or Print Name	(Signature of Owner/Operator)	(Date)