

CASE #: \_\_\_\_\_  
FUND CODE: 51600 51623 2190



**DECONTAMINATION CONTRACTOR'S SITE ASSESSMENT**

LICENSED CONTRACTOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

**SITE DESCRIPTION/CHARACTERIZATION** – SEE OAR 333-040-0070(1)(a)

Property address: \_\_\_\_\_

Brief description of property (house, apartment, motel, vehicle, etc.): \_\_\_\_\_

Scale drawing of site including all buildings; location of wells, septic tanks, springs or other surface waters; dump sites; burn piles; and any other prominent features. (Attach)

Floor plans of affected buildings drawn to reasonable scale with location of drug lab operations, chemical storage, damage, and any observable contamination. (Attach)

Photographs of site including building exteriors, interiors, and any dump sites, burn piles, damage, or observable contamination. (Attach)

Date of site characterization/sampling: \_\_\_\_\_

**SAMPLING PLAN**

Sample locations, methods, and tests (indicate on floor plan/site diagram). (Attach)

Articles *proposed* for removal (furniture, appliances, carpets, benches, etc.): \_\_\_\_\_

Name of sampling company: \_\_\_\_\_

Name(s) of sampling personnel (personnel new to program need Department approval): \_\_\_\_\_

Name(s) of analytical lab(s): \_\_\_\_\_

NAME OF SUPERVISOR (On-site during sampling): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Mail this form (without attachments) and review fee** (\$300 check payable to the STATE OF OREGON) to: OREGON HEALTH AUTHORITY, Business Services, PO Box 14260, Portland, OR 97293-0260. **Send a copy of this form along with attachments and a copy of the review fee check to:** OREGON HEALTH AUTHORITY, Attention: Drug Lab Specialist, 800 NE Oregon Street, Suite 640, Portland, OR 97232. **Please Note:** Under OAR 333-040-0180 (5), all fees are non-refundable unless the applicant submits a written request to withdraw the application within ten days.