CASE #: _____
FUND CODE: 50207 51303 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.