

CASE #: \_\_\_\_\_  
FUND CODE: 50207 51303 2135



## DECONTAMINATION WORK PLAN REVIEW REQUEST

Please provide the following information:

### CONTRACTOR

Contractor Name: \_\_\_\_\_

Decontamination Contractor License #: \_\_\_\_\_

### PROPERTY

Owner(s)'s Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description (township, range, section, and tax lot #; or lot, block, and addition):

Property Description (and ID# if other than residential – e.g., car, boat, motor home, etc.):

I have provided/will provide (circle one) a completed work plan on the above listed property to the OREGON HEALTH AUTHORITY for review. I understand that contamination reduction work may not begin until I receive written notice from the OREGON HEALTH AUTHORITY that the work plan is approved, as provided by ORS 453.885 and Oregon Laws 1999, chapter 861; and OAR 333-040-0065(1)(b) and OAR 333-040-0070(2)(b).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Title/Position (typed/printed)

**Mail this completed form and the review fee** in the form of a check or money order for \$900 (\$100 for vehicles) 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 and copy of the check, along with the work plan to:** OREGON HEALTH AUTHORITY, Attn: 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.