



NOTIFICATION OF DEMOLITION FOR ILLEGAL DRUG LAB CLEANUP

State Form 55660 (R7 / 5-19)

INDIANA STATE DEPARTMENT OF HEALTH
Environmental Public Health Division
 100 North Senate Avenue IGCN 855
 Indianapolis, Indiana 46204-2251
 Telephone: (317) 234-1819
 E-mail: druglabcleanup@ISDH.in.gov

- INSTRUCTIONS:**
1. A person who acts as a demolition contractor shall use this form to notify the local health department that demolition will be conducted at a specific location, and the date the demolition will begin.
 2. A person who acts as a demolition contractor shall use this form and required attachments to notify the local health department, and the Indiana State Department of Health, Environmental Public Health Division at druglabcleanup@ISDH.in.gov not more than five (5) days after completing the demolition.
 3. A person who acts as a demolition contractor shall obtain all required state and local permits to complete the demolition.

PROPERTY INFORMATION			
Date demolition to begin (month, day, year)		Date demolition completed (month, day, year)	
Street address (number and street including apartment, unit or room number, if applicable)			
City or town		ZIP Code	County
Property type:	<input type="checkbox"/> Single family dwelling	<input type="checkbox"/> Multiple family dwelling	<input type="checkbox"/> Hotel, motel or other lodging
	<input type="checkbox"/> Mobile home	<input type="checkbox"/> Vehicle or Watercraft	<input type="checkbox"/> Other (describe):
Disposal site(s):			
Indiana State Police Methamphetamine Laboratory Occurrence Report case number:	Date of police report (month, day, year)		Vehicle or Hull Identification Number (VIN or HIN)

DEMOLITION CONTRACTOR DUTIES
Contractor shall do all of the following (check each box as completed):
<input type="checkbox"/> Review the Indiana State Police Methamphetamine Laboratory Occurrence Report prepared by the law enforcement agency under IC 5-2-15 for that property and attach to notification.
<input type="checkbox"/> Perform a visual inspection of the contaminated property to identify safety and health hazards at the property that can affect the health of persons at or near the property.
<input type="checkbox"/> Notify the local health department of the following:
(A) That demolition will be conducted at that location.
(B) The date that demolition will begin.
<input type="checkbox"/> Remove the septic tank or ensure the septic tank has been emptied. Notify the person who pumps out the septic system that the property was used for illegal manufacture of a controlled substance.
<input type="checkbox"/> Protect all persons at the contaminated property from hazards identified at that property, including respiratory protection if needed.
<input type="checkbox"/> Remove all soil that has been contaminated with chemicals used in the illegal manufacture of a controlled substance.
<input type="checkbox"/> Prevent salvaging of materials from the contaminated property or transfer of those materials to another person.
<input type="checkbox"/> Dispose of all materials resulting from activities under this rule in accordance with 329 IAC 10 no more than seventy-two (72) hours after demolition is completed and attach all disposal receipts.
<input type="checkbox"/> Not more than five (5) days after completing demolition, the demolition contractor shall notify the following in writing that demolition has been completed:
(1) The local health department.
(2) The Indiana State Department of Health, Environmental Public Health Division at druglabcleanup@ISDH.in.gov

CERTIFICATION OF DEMOLITION	
I have followed the requirements of 410 IAC 38-6-2 and submit this notification as required by 410 IAC 38-6-3. I certify, under penalty of perjury (IC 35-44-2-1) that the information contained in the notification and attachments is true and accurate.	
Signature	Demolition Contractor Information (name, address, telephone number, and e-mail address)
Date (month, day, year)	
Attachments: <input type="checkbox"/> ISP Laboratory Occurrence Report <input type="checkbox"/> Landfill / POTW receipt(s) <input type="checkbox"/> Before / After photographs	