



NOTIFICATION OF DEMOLITION FOR ILLEGAL DRUG LAB CLEANUP

State Form 55660 (R9 / 2-23)

INDIANA DEPARTMENT OF HEALTH Environmental Public Health Division

2 North Meridian Street, 7-D

Indianapolis, Indiana 46204

Telephone: (317) 233-7177

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 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):

- 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.
- Perform a visual inspection of the contaminated property to identify safety and health hazards that can affect the health of persons at or near the property.
- Notify the local health department of the following:
 - (A) The date demolition will begin at the location.
 - (B) The date that demolition ends at the location.
- For any onsite sewage system, undertake the procedures required by 410 IAC 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.
- Protect all persons at the contaminated property from hazards identified at that property, including respiratory protection if needed.
- Remove all soil (to a depth and circumference of 10 inches) that has been contaminated with chemicals used in the illegal manufacture of a controlled substance.
- Prevent salvaging of materials from the contaminated property or transfer of those materials to another person.
- Dispose of all materials resulting from activities under this rule in accordance with 329 IAC 10 not more than seventy-two (72) hours after demolition is completed and attach all disposal receipts.
- Not more than five (5) days after completing demolition, notify the following in writing that demolition has been completed:
 - (1) The local health department.
 - (2) The Indiana 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: ISP Laboratory Occurrence Report Landfill / POTW receipt(s) Before / After photographs