|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Seal | | **NOTIFICATION OF DEMOLITION FOR**  **DRUG LAB CLEANUP**  State Form 55660 (R6 / 6-18) | | | | | | | | **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](mailto: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*](mailto: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.* | | | | | | | | | |
| **DEMOLITION CONTRACTOR INFORMATION** | | | | | | | | | | | | |
| Name | | | | | | | | | | Telephone number  (     ) | | |
| Company (*if applicable)* | | | | | | Signature | | | | | | |
| Street address *(number and street)* | | | | | | | | | | | | |
| City or town | | | | | | | State | | | | ZIP Code | |
| **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 | | | | State | | | | ZIP Code | | | | County |
| Property type: | | Single family dwelling  Multiple family dwelling  Hotel, motel or other lodging  Mobile home  Vehicle or Watercraft  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) |
| **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 at the property that can affect the health of persons at or near the property.  Notify the local health department of the following:  (A) That demolition will be conducted at that location.  (B) The date that demolition will begin.  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.  Protect all persons at the contaminated property from hazards identified at that property, including respiratory protection if needed.  Remove all soil 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 no more than seventy-two (72) hours after demolition is completed and attach all disposal receipts.  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](mailto:druglabcleanup@ISDH.in.gov) | | | |
| Attachments: | ISP Laboratory Occurrence Report  Landfill / POTW receipt(s)  Before / After photographs | | |