Reset Form

QUALIFIED INSPECTOR'S CERTIFICATE OF ILLEGAL DRUG LAB CLEANUP

State Form 53276 (R8 / 6-16)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF PROGRAM SUPPORT
100 North Senate Avenue IGCN 1316
Indianapolis, Indiana 46204-2251
Telephone: (317) 234-1819
E-mail: druglabcleanup@idem.in.gov

INSTRUCTIONS:

1. *Fill in all requested information using the check boxes and text fields provided. Provide testing information where required.*
2. *Give the signed original to the property owner.*
3. *Provide a copy of the completed form to the local health department along with any additional information they require.*
4. *Send a copy of the completed form to ISDH Environmental Public Health Division to eph@isdh.in.gov and IDEM's Office of Program Support to druglabcleanup@idem.in.gov.*

PROPERTY INFORMATION

Street address *(number and street) (include apartment, unit or room number if applicable)*

City or town	ZIP Code	County

Property type: ☐ Single family dwelling ☐ Multiple family dwelling ☐ Hotel, motel or other lodging ☐ Mobile home ☐ Vehicle or watercraft ☐ Other *(describe)*:

Vehicle or Watercraft	Make	Model	Year	Vehicle or Hull Identification number (VIN or HIN)

Indiana State Police Methamphetamine Laboratory Occurrence Report:	Case number	Date of police report *(month, day, year)*

CLEANUP INFORMATION

Cleanup method used *(check one)*:

☐ Cleared by initial testing
☐ Disposal of vehicle/watercraft
☐ Decontamination and removal of potentially contaminated materials
☐ Demolition
☐ Removal in lieu of decontamination

Cleanup narrative:

Disposal site(s):

FINAL CONFIRMATION TESTING

Testing was required for this cleanup ☐ Yes ☐ No

Date of sampling *(month, day, year)*

Name of analytical laboratory

Address of analytical laboratory *(number and street, city, state, and ZIP code)*

Laboratory contact

Telephone number
( ) -

Controlled substance tested for:
☐ d-methamphetamine
☐ Other:

Highest residual level observed through testing:
_____ µg/100 cm^2

Location of highest level:

Analytical method used:
☐ EPA (SW-846) Method 8270C/D
☐ NIOSH 9111 DRAFT
☐ NIOSH 9106
☐ Other:

CERTIFICATION OF CLEANUP

"I am listed by the Indiana Department of Environmental Management to inspect and clean up properties contaminated with chemicals used in the illegal manufacture of a controlled substance under 318 IAC 1, and my listing was effective on the date this certificate was signed. I have cleaned or supervised cleaning of the property described above as required by 318 IAC 1. I certify that the property described above met all applicable decontamination levels listed in 318 IAC 1-5 at the time of sampling if sampling was required, and that all work required by 318 IAC 1 was performed. I certify, under penalty of perjury as provided in IC 35-44-2-1, that to the best of my knowledge this information is true and accurate."

Signature	Qualified Inspector Information *(name, address, telephone number, and e-mail address)*
Date *(month, day, year)*	

Attachments: ☐ Sampling Chain of Custody ☐ Laboratory reports ☐ Landfill/POTW receipt(s) ☐ Photos ☐ ISP Laboratory Occurrence Report