

WEST VIRGINIA BUREAU FOR PUBLIC HEALTH
Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division
Clandestine Drug Laboratory Remediation Program
Capitol and Washington Streets
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Preliminary Remediation Plan Checklist

1. Preliminary Site Assessment

- a. Name, Signature and License Number of Technician
- b. Date of Site Assessment
- c. Physical Address/Legal Description
- d. Physical Description of Property
- e. Name/Address of Property Owner
- f. Age of Property
- g. Source of Potable Water
- h. Status of Utility Connections
- i. Description of HVAC Systems
- j. Copy of Asbestos Inspection Report (Only if any building materials are to be disturbed)

2. Site Drawing

- a. Floor Plan for each Structure
- b. Location of Areas Suspicious of Contamination
- c. Location of any Septic Systems and/or Water Wells
- d. Distance to Nearest Occupied Dwellings
- e. Location of Outbuildings
- f. Location of Dump Sites/Distressed Vegetation
- g. Distance to Nearest Streams/Storm Sewers

Preliminary Remediation Plan Checklist - Continued

3. Work Plan

- a. General List of Items to be Removed from Property for Disposal
- b. Methodology for Washing Hard Surfaces
- c. Sequences of Work Activities
- d. Items Requiring Special Handling for Disposal including Septic Contents
- e. Asbestos Project Design (If ACM are to be Disturbed)
- f. Any Obvious Safety Hazards
- g. Methodology Used for Handling Cleaning Effluents Generated During Remediation
- h. Beginning and Ending Dates of Remediation
- i. Names and License Numbers of all Clandestine Laboratory Remediation Technicians and Contractors involved
- j. Name of Subcontractors Used
- k. Name and Location of Waste Disposal Site.

4. Analytical Sample Results

- a. Cross-referenced to the Site Drawing
- b. Photographs of Sample Location

5. Quality Control Plan

- a. Sample Collection
- b. Sample Protocol