

CLANDESTINE DRUG LABORATORY LAW ENFORCEMENT NOTIFICATION

WEST VIRGINIA BUREAU FOR PUBLIC HEALTH

Office of Environmental Health Services

Radiation, Toxics and Indoor Air Division

Clandestine Drug Laboratory Remediation Program

350 Capitol Street

Room 313

Charleston, WV 25301-1798

Telephone (304) 558-2981 Fax (304) 558-0524

Date: _____ County: _____

Name of Investigating Agency: _____ Contact Person: _____

Contact Phone: _____

Notification #: _____

OEHS # (OEHS USE ONLY): _____

Type of Notification: _____ Original without Manifest (Within 24 hours of Seizure)
_____ Original with Manifest (Within 24 hours of Seizure)
_____ Manifest Only (Within 48 hours of Seizure)

Date of Lab Seizure: _____ Time of Lab Seizure: _____ AM/PM

Type of Lab: _____ Red-Phosphorous _____ NAZI (Birch/Lithium)
_____ Hypo-Phosphoric Acid _____ Other
(Please Indicate : _____)

Location of Lab: _____ Residential Dwelling _____ Hotel/Motel
_____ Apartment (See Below) _____ RV/Automobile (VIN _____)
_____ Mobile Home (VIN _____)
_____ Other (Explain _____)

Commercial Property Information: _____ # of Units

Type of HVAC: _____

Location inside Dwelling: _____

Physical Address of Lab: _____

Street Address

_____ Apt/Room #

_____ City

_____ Zip

Property Owner Name: _____

Address of Owner: _____

Owner Phone Number: _____

PLEASE ANSWER THE FOLLOWING:

- | | | | |
|----|-----------------------------|------------|-----------|
| 1. | LABORATORY ACTIVE: | YES | NO |
| 2. | DUMP SITE LOCATED: | YES | NO |
| 3. | BOOBY TRAPS LOCATED: | YES | NO |