

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

Clandestine Drug Laboratory Preliminary Remediation Plan Review

A. General Information

Name of Firm _____ Business Phone (____) _____

Address _____ City _____

State _____ Zip Code _____ Fax Number (____) _____

WV Clandestine Laboratory Remediation Contractor License Number: _____

Name of Preliminary Remediation Plan Preparer: _____

WV Clandestine Laboratory Remediation Technician License
Number: _____

Fee - \$100.00 To be attached with application

Please attach a copy of the Preliminary Remediation Plan

B. Applicant Attest

In accordance with Chapter 64, Article 92 of the Code of West Virginia and the applicable promulgated rules, I hereby certify that all submitted information and documentation is true and correct and that I am familiar with all applicable licensing requirements.

Signature Plan Preparer _____

Date _____ Title _____

C. Health Department Use Only

Fee:

App. No. _____

Paid By _____

Approved By _____ Date _____

Amount Paid _____

Denied By _____ Date _____

Check Number _____

Date of Check _____