

**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  
One Davis Square, Suite 200  
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 \_\_\_\_\_