MPCA Contractors’ Procedural Report for Outdoor Contamination Due to Meth Lab Waste Disposal

Note: This contractors’ procedural report is for documenting assessment and cleanup of outdoor contamination created by meth lab wastes. The Minnesota Department of Health (MDH) posts a Contractors’ Procedural Report for indoor cleanup guidance on their website [http://www.health.state.mn.us/divs/eh/meth/lab/contractorreport.pdf](http://www.health.state.mn.us/divs/eh/meth/lab/contractorreport.pdf).

The sheets for General Site Description, Sheets A through D, and Sheet P, Final Project Report, in this document have been edited to fit outdoor assessment and cleanup work. If the property to be assessed and remediated includes structures, use Sheets A through D and Sheet P from the MDH Contractors’ Procedural Report.

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# Outdoor Contamination Procedural Report
## Sheet A: Property and Contact Identification

**MPCA Guidance Dated:** **July 1, 2006**  **Date Investigation Started** ________________

**Property**
- **Name (if business):**
- **Site Street Address:**
- **Nearest City:**
- **County:**
- **Latitude:**
- **Longitude:**
- **Date of Lab Discovery:**

**Local Authority Overseeing Cleanup**
- **Name:**
- **Agency:**
- **Mailing Address:**
- **City, State, Zip:**
- **Telephone:**
- **Email:**
- **FAX:**

**Property Owner/Other Client**
- **Name(s):**
- **Mailing Address:**
- **City, State, Zip:**
- **Telephone:**
- **Email:**
- **FAX:**

**Lead Criminal Investigator**
- **Name:**
- **Agency:**
- **Mailing Address:**
- **City, State, Zip:**
- **Telephone:**
- **Email:**
- **FAX:**

**Consultant/Contractor**
- **Project Manager:**
- **Firm:**
- **Mailing Address:**
- **City, State, ZIP:**
- **Telephone of Project Manager:**
- **Email:**
- **FAX:**

**Access Arrangements**
- **Name(s):**
- **Mailing Address:**
- **City, State, Zip:**
- **Telephone:**
- **Email:**
- **FAX:**
Outdoor Contamination Procedural Report
Sheet B: Project Checklist

Contractor’s Project Manager must circle a Y/N or complete every line.

**Preliminary Tasks:**

Contacted lead criminal investigator and requested police reports?  Y / N
Comments________________________________________________________

Gross chemicals, filters, and glassware present?  Y / N
   If Yes, call lead criminal investigator.  Y / N
Comments________________________________________________________

**General Site Description:**

Sheet A: *Property and Contact Identification* completed?  Y / N
Comments________________________________________________________

Sheet C: *Background Information* collected?  Y / N
Comments________________________________________________________

Sheet D1: *Map to Site* and Sheet D2: *Site Map* completed?  Y / N
Comments________________________________________________________

**Outdoor Assessment**

Was a well(s) present on-site or within 250 ft. of cook or waste disposal site?  Y / N
   Sheet M: *Well Location and Testing* described?  Y / N
Comments________________________________________________________

Was a sanitary sewer/septic system present on the property?  Y / N
   Sheet N: *Septic and Drainfield Description and Testing* completed?  Y / N
Comments________________________________________________________

Were burn pits, burial or dumpsites present?  Y / N
   Sheet O: *Burn Pits, Burial Pits and Dump Sites* completed?  Y / N
Comments________________________________________________________

Site Address ______________________________________________________
Outdoor Contamination Procedural Report
Sheet B: Project Checklist, continued

Project Completion Report

Sheet P: Project Completion Report completed? Y / N
Comments________________________________________________________

Work Plan and sample results submitted to local authority? Y / N

Post-Remediation

After cleanup, submitted cleanup completion notice to local authority Y / N

Final report, with all analytical data attached, submitted to owner? Y / N
Date submitted to owner _________________________________
Comments________________________________________________________

Owner signed and submitted final report to local authority? Y / N
Date submitted to local authority _________________________________

Additional Comments

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Site Address _________________________________________________________
Outdoor Contamination Procedural Report
Sheet C: Background Information

Describe known or reported clandestine laboratory activity on the site (e.g., areas of meth cooking, date of last suspected cook or suspect arrest date, law enforcement estimates of time meth operations existed, approximate quantities of meth produced, chemical location and amount disposed, and any lab apparatus, etc). Reference and/or attach appropriate available police reports:

Other observed contamination sources on the site, such as waste oil dumping, oil tanks, hobby or business chemical use, etc.

Site Address ____________________________________________________________
Outdoor Contamination Procedural Report
Sheet D1: Map to site

Show roads from nearest town, major surface water, north arrow, and other important features. Attach separate sheet if necessary.

Additional directions to site:

Site Address _________________________________________________________
Outdoor Contamination Procedural Report
Sheet D2: Site Map

**Site map:** Sketch buildings, wells, septic tank/drainfield, burn or burial pits; arrows and distances to nearest occupancies and wells, and surface water in each direction. Include north direction arrow. Attach separate sheet if necessary.

Site Address _________________________________________________________
Diagram site and locations of wells on site and within 250 feet of septic system, drain field, suspected meth cooking and/or disposal areas.

For each well, record the following, if applicable:
(Attach additional sheets for more wells if necessary)

Well Diagram #__ Owner ___________________________ Phone ______
Address_____________________________________________ Well use________________
If available, please record:
Unique Well #   ___________________________
Depth/construction _______________________

Well Diagram __ owner ___________________________ Phone ______
Address__________________________________________ Well use________________
If available, please record:
Unique Well #   ___________________________
Depth/construction _______________________

Well Diagram #__ Owner ___________________________ Phone ______
Address________________________________________________ Well use________________
If available, please record:
Unique Well #   ___________________________
Depth/construction _______________________

Site Address __________________________________________________
Sample all wells within 100 feet of septic systems, drain fields, meth cooking or disposal areas for VOCs per MDH Method 498.


Attach laboratory data sheets to report.

Site Address  ____________________________________________________________
NOTE: Before pumping septic tank, ensure that indoor cleanup of all structures has been completed including flushing of indoor plumbing. Clearing plumbing includes:

1. Flush all plumbing to clear traps of solvents, lye, etc.
2. Continue flushing until PID readings of all plumbing traps are nondetect.
3. Test for residual pH by collecting sample of material from each trap using a long handled tongs and cotton gauze.

Diagram septic tank with cleanout, drain field, dwelling and other structures, and wells with approximate distances.

Information disclosed by owner regarding construction, age, permits, condition of septic tank/drain field, last known use, etc.

1. Sample septic tank per guidance, analyze for VOCs using MDH method 498 (EPA 8260B).

Result ________ µg/liter total VOCs in septage sample.

Site Address _____________________________________________
2. If total VOCs > 2000 µg/liter and less than 10,000 µg/liter, agitate tank contents to aerate, then pump septic tank and dispose of septage per guidance.

Septage Disposal Facility________________________________________________________

* Note, if VOCs > than 10,000 µg/liter, immediately contact MPCA Emergency Response Team (ERT) at 651-649-5451 or 1-800-422-0798, and the local health authority.

3. If septic tank total VOCs > 2000 µg/liter, sample groundwater from under or at the perimeter of the drainfield. Analyze for VOCs using MDH method 498 (EPA 8260B).

   Result ____________ µg/liter total VOCs in groundwater sample # ____________
   Result ____________ µg/liter total VOCs in groundwater sample # ____________

If any VOC result in a groundwater sample collected from under or near a drainfield is greater than its HRL, contact MPCA ERT and notify the local authority. Current HRLs can be found at http://www.health.state.mn.us/divs/eh/groundwater/hrlgw/chemfinal.html See discussion in Section E, “Wells,” in the “Outdoor Contamination due to Meth Lab Waste Disposal: Assessment and Cleanup” document at http://www.pca.state.mn.us/cleanup/meth.html.
Diagram showing locations of burn pits, burial pits and dump sites in relation to structures and wells. ID areas sampled (see #4 below).

Description of burn, burial, and disposal areas.

NOTE: If any containers with raw materials, drug residues, partially finished drug product, etc. are found, contact criminal investigators.

1. Refer to guidance and flow chart. See “Soil Sample Collection and Analysis Procedures Appendix I. Field Screening Procedure” for protocol for PID screening at: http://www.pca.state.mn.us/publications/c-prp4-04.pdf

2. Separate solid waste (empty solvent containers, hoses, pans, and meth pipes). Make specific arrangements with the municipal solid waste facility prior to disposal.

   Excavate ash from burn pits and screen with PID. If PID reading is less than (<) 40 parts per million (ppm), dispose of ash at a municipal solid waste facility or industrial waste landfill.

   If PID reading is greater than (> 40 ppm, dispose of ash with soil. Make specific arrangements with the disposal facility prior to delivering contaminated materials.

Site Address _____________________________________________________________
3. Excavate contaminated soil from all burn and burial pits. Stockpile all contaminated soil on a plastic or impervious surface and cover with plastic. Field screen soil samples using PID headspace measurements.

<table>
<thead>
<tr>
<th>Headspace for ash (ppm)</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
</tr>
</thead>
</table>

4. **PID screen soils at 12-inch depth.** If PID < 40 ppm, rake and aerate soil. If PID > 40 ppm, remove contaminated soil until PID reading is at or below 40 ppm per PID headspace analysis. Call MPCA if excavation becomes deep to request guidance.

<table>
<thead>
<tr>
<th>Headspace (ppm)</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12” depth Soils Headspace (ppm)</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
</tr>
</thead>
</table>

5. If the soil volume is less than 10 cubic yards, contact a member of the MPCA Emergency Response Team through the Minnesota State Duty Officer at 651-649-5451 or 1-800-422-0798 for verbal approval before thin spreading on site.

If the excavated soil volume is greater than 10 cubic yards or the site conditions are not suitable for thin spreading, contact the MPCA Emergency Response Team prior to disposal is arranged.

6. After excavation of the contaminated soils are complete, collect a **bottom grab sample** 12-inches below the surface at each disposal location. Collect an additional sample if the area is greater than 100 square feet. Submit soil sample(s) to a laboratory in an appropriate container for VOC sediment analysis using MDH method 466.

If any contaminants are detected in the laboratory analysis, provide a copy of the laboratory data to the local authority and the MPCA Emergency Response Team through the Minnesota State Duty Officer.

Disposal Site ____________________________ City ________________

Site Address _________________________________________________
Contractor Certification: I certify that the investigation and cleanup described in this report is in compliance with the *MPCA Cleanup Guidance* dated ____________ and required by state law (as well as any applicable county or city ordinance). I certify that all information submitted is true and accurate to my understanding, and that all laboratory results for this property are attached to this report.

Contractor’s Project Manager signature: ____________________________________________________________ Signature

Date: ____________  Printed name: ____________________________________________

Property Owner or Authority: I own or have legal authority for this property. I have received this report and submitted it to the local authority responsible for oversight of this remediation project. I certify that the information in this report about wells, septic tanks and drainfields, chemical and oil use on the property, and clandestine laboratory operation on the property is true and accurate to my understanding.

Property Owner/Authority signature: ____________________________________________________________ Signature

Date: ____________  Printed name: ____________________________________________

Site Address ____________________________________________________________

Local Authority: I am the local authority for the property that is the subject of this report. I have accepted the final report signed and dated by the Contractor’s project manager on ____________, and signed and dated by the property owner on ____________.

The investigation and cleanup required under state and/or local ordinance and order are complete and satisfactory to the best of my knowledge. (Cross out following sentence(s) if not applicable.) Any no-occupancy order issued under ordinance or Chapter 145A will be vacated. Nothing prohibits a local authority from reinstating a no-occupancy order or taking other action if subsequent information indicates further clandestine laboratory activity on this property, or if additional information is obtained regarding presence or health significance of methamphetamine or other chemical residues on this property.

Local Authority signature: ____________________________________________________________

Date: ____________  Printed name: ____________________________________________

Affidavits filed if required?  Y / N