

## II/SHA/Meth Progress Report

<b>Grant Recipient's Name:</b>	Grant Number:
Payment Request N	[umber:
For the billing period	through,
(The Billing Period must correspond	d to the A-19 for the payment request)

**TASK 1: Initial Investigations** 

**Site Specific Information** 

ERTS#	Date ERTS Report	Staff Name	Action Taken/Activity	Reason For Action/Activity	Hours
	Received				
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Number of Initial Investigations initiated this period	
Number of Initial Investigations completed this period	
Number of Initial Investigations ongoing	
Number of Initial Investigations completed under Award	

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## **TASK 2: Site Hazard Assessments**

FSID#	Date of Action	Staff Name	Action Taken/Activity	Reason For Action/Activity	Hours
Com	ments:			1	l
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		s initiated this periods s completed this peri			
	mber of SHA		luu .		$\blacksquare$

Number of SHAs completed under Award

## **TASK 3: Clandestine Drug Lab**

	Date Received	Site Name and/o	r Property Address	
Employee	Date	Hours	<b>Activity Performed</b>	
_				
Comme	nts:			
	of Meth Lab Sites			
Number	of Meth Lab Sites of Meth Lab Sites	completed this pe	riod	

If you require this publication in an alternate format, please contact the Waste 2 Resources Program at 360-407-6129. For persons with a speech or hearing impairment call 711 for relay service or 800-833-6388 for TTY.