DEPARTMENT OF ECOLOGY
State of Washington

Grant Recipient's Name:
Grant Number:
Payment Request Number:

II/SHA/Meth Progress Report

Billing period start date: _____ End Date _____

(must correspond to the A-19 for the payment request)

CONTACT PERSON NAME: _____TELEPHONE NUMBER: ____

TASK 1: Initial Investigations

Site Specific Information (List all addresses where work was performed)

Date ERTS Report Received	ERTS#	Site or Property Address	Site Visit? (Y/N)	Date Report was sent to Ecology	Recommendations or Outcome

EMPLOYEE	DATE	HOURS	ACTIVITY

Totals

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

Site Specific Information

Date Received	ERTS#	Site or Address	Site Visit? (Y/N)	Date Report sent to Ecology	Recommendations/Rank

EMPLOYEE	DATE	HOURS	ACTIVITY PERFORMED

Comments:

Number of SHAs initiated this period	
Number of SHAs completed this period	
Number of SHAs ongoing	
Number of SHAs completed under Award	

II/SHA/Meth Progress Report

Grant Recipient's Name:
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TASK 3: Clandestine Drug Lab

Date Received	ERTS#	Site Name and/or Address

EMPLOYEE	DATE	HOURS	ACTIVITY PERFORMED

Comments:

Number of Meth Lab Sites initiated this period	
Number of Meth Lab Sites completed this period	
Number of Meth Lab Sites ongoing	
Number of Meth Lab Sites completed under Award	

If you need this document in a format for the visually impaired, call the Waste 2 Resources Program at 360-407-6900. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.