

Jasper County Health Department
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Carthage, Missouri 64836
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**ENVIRONMENTAL CONTAMINATION ORDINANCE
REMEDICATION FORM**

DATE: _____

PHONE: _____

OWNER'S NAME: _____

SUBDIVISION NAME: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR TO DO REMEDIATION: _____

PHONE: _____

SITE TESTED POSITIVE FOR: LEAD _____ ppm

CADMIUM _____ ppm

EXCAVATED AREA TESTED: _____

FILL TESTED: _____

