

AFFIDAVIT OF REMEDIATION

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

Affiant, _____, being duly sworn, on oath states as follows:

1. Affiant is a member of the county or local health department or sheriff's department having authority pursuant to Minn. Stat. Sec. 152.0275 to prohibit occupation of property or a portion of property found to be a clandestine lab site and contaminated by the manufacture of methamphetamine.
2. Affiant or another member of the county or local health department or sheriff's department previously ordered that certain property be assessed and remediated as provided in the Department of Health's clandestine drug labs general clean up guidelines.
3. An Affidavit Regarding Property Contaminated by Manufacture of Methamphetamine was previously recorded on _____ as Doc. No. _____ in the office of the County Recorder/Registrar of Titles of _____ County.
4. The property has been assessed and remediated as required by law and the order directing that the property not be occupied or used until assessment and remediation is complete is vacated. A contractor has verified that the remediation was completed in accordance with the Minnesota Department of Health clandestine drug labs general clean up guidelines and best practices. A copy of the verification is attached.
5. Affiant makes this affidavit in good faith in compliance with Minn. Stat. Sec. 152.0275.

(name of affiant)

(title/position)

Subscribed and sworn to before me _____
(date)

Notary Stamp or Seal Or Other Title or Rank

Signature of Notary Public or Other Official

Name, street address, and telephone number of the
County or local health department or local sheriff's
department:

THIS INSTRUMENT WAS DRAFTED BY:
(name and address)