



Butte County Environmental Health Division
 202 Mira Loma Drive, Oroville, California 95965
 Phone: (530) 552-3880
 Email: alternativeprogram@buttecounty.net

ALTERNATIVE FIRE DEBRIS REMOVAL PROGRAM APPLICATION

Who needs to complete this form? Private property owners who:

- (1) decide **not** to participate in the Government Sponsored Debris Removal Program (Government CalOES Program) and choose to clean up their property by hiring a qualified contractor and following the Alternative Fire Debris Removal Program (Alternative Program);
OR
- (2) own properties with qualifying structures that are not eligible for the Government (CalOES) Program. The owner is required to clean up the property to the standards established in ordinances, regulations and this document, so that health and safety risks are adequately addressed for the community and the environment. The Alternative Program requires owners to provide documentation demonstrating adequate cleanup and proper disposal of debris.

As previously noted, if your property did not include a qualifying structure as outlined in the Government (CalOES) Plan, you are not required to complete the Alternative Fire Debris Removal Program Application. If this describes your property, contact the Butte County Environmental Health Division to obtain a certificate to bring your debris to the Neal Road Recycling and Waste Facility.

Please note that State disaster assistance funding will not reimburse property owners for work completed by a hired contractor under the Alternative Program.

Where do I submit this form? Submit this form to the Butte County Environmental Health Division at 202 Mira Loma Drive, Oroville, California 95965.

Property Owner Name: _____

Phone(s): _____

Property Address: _____

City/State/Zip: _____

Assessor's Parcel Number (APN): _____

Email: _____

Mailing Address: _____

City/State/Zip: _____

Description of Debris Being Removed (number and types of structures, types of waste, etc.)

Program Participation

A Licensed Contractor with proper certifications shall perform the ash and debris removal, hazardous materials and asbestos removal and other cleanup work. Contractors must comply with the California Contractors State License Board (CSLB) requirements to perform cleanup work under the Alternative Program.

Name of Contractor:

License Number:

Proposed Start Date:

Required: Owners are required to obtain approval from the Butte County Environmental Health Division for the work plan prior to starting debris cleanup. Any employee performing debris removal shall have (at a minimum) OSHA 40-hr HAZWOPER Training in accordance with 29 C.F.R. §1910.120.

A. Property Owner Acceptance of Requirements and Indemnification

I have read and will fully comply, as will any contractor working on my property, with the conditions described in the document “**Management of Camp Fire Debris**” and approved work plan. I understand the ash and debris contain hazardous substances and exposure to hazardous substances may lead to acute and chronic health effects, and may cause long-term public health and environmental impacts and proper disposal of the debris is necessary to limit these impacts. I agree to ensure my contractor will wet down ash and debris before removal and will control dust on the property. I agree to ensure my contractor will completely encapsulate the ash and debris with a tarp ("burrito wrap" method) prior to transportation for proper disposal. I agree to ensure my contractor will collect soil samples and submit analytical results with the Debris Removal Cleanup Certification to certify the project has been completed.

I understand that human remains may be encountered during the cleanup and that due to the extreme heat of the fire, any human remains are likely to consist of bones or bone fragments. I agree that if possible human remains are encountered (including any type of bones) during debris removal efforts, all personnel will be careful not to disturb the possible remains, exit the property, immediately report the possible remains to the Butte County Sheriff's Office at (530) 538-7322, and will wait for a search team to arrive and determine whether they are in fact human remains before resuming debris cleanup.

I agree that the decision as to whether the Alternative Program requirements have been met is in the sole discretion of the Butte County Environmental Health Division and that such decision is final.

I certify that I am the owner or authorized agent of the real property located at the above address. I hereby certify that I have full power and authority to execute this application without the need for any further action, including but not limited to notice or approval from any other party.

I acknowledge that the decisions made by the County of Butte and Town of Paradise (Local Government) are discretionary functions and Local Government is not liable for any claim based on the exercise or failure to exercise a discretionary function and promise not to make such a claim. I further release and agree to hold and save harmless Local Government from all liability for any damage or loss whatsoever that may occur during or after performance of the Alternative Program activities. I therefore waive any claim or legal action against Local Government.

Property Owner Signature (Required): _____ Date: _____

Contractor Signature: _____ Date: _____

B. Environmental Health Division Approval

The Butte County Environmental Health Division has reviewed the work plan for debris removal for the above-referenced property. The work plan is complete and is therefore approved. The debris removal project shall not deviate from the approved work plan without written approval from the Butte County Environmental Health Division. Whenever necessary to make an inspection to ensure compliance with the approved work plan, any authorized official of the County may, upon presentation of proper credentials, enter such property at all reasonable times to inspect any provision of the approved work plan.

Environmental Health Representative Signature: _____

Print Name and Title: _____ Date: _____