



Butte County Environmental Health Division
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Appendix F

ALTERNATIVE FIRE DEBRIS REMOVAL PROGRAM CLEANUP COMPLETION CERTIFICATION

What is the purpose of this form? The purpose of this form is to certify that your parcel has been properly cleaned and the removal of hazardous wastes, ash, and debris has been completed. This form will be used to certify property owner or contractor cleanup completion so that building permits can be approved.

Who needs to complete this form? Property owners who elect *not* to participate in the Government (CalOES) Program and choose to clean up their property with a qualified contractor and consultants in the Alternative Program.

Property Owner Name: _____ Year Structure Built: _____

Property Address: _____ Town/City: _____

Assessor's Parcel Number: _____ Email: _____

Mailing Address: _____

Mailing City: _____ State: _____ ZIP: _____

A. Program Participation

Yes, I completed the "Alternative Fire Debris Removal Program Application"

B. Household Hazardous Waste and Asbestos Screening and Disposal

1. Household Hazardous Waste Removal

Description of wastes found onsite: _____

Provide disposal receipt documentation for all household hazardous waste identified and removed for proper disposal.

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2. Asbestos Waste Screening

Contractor Name: _____ **License Number:** _____

Determination based on inspection:

Attach sample results, if applicable.

Consultant Name: _____ **Certification Number:** _____

Telephone: _____

If Asbestos was present, attach asbestos waste disposal receipts.

C. Ash, Debris and Soil Disposal

1. The ash, debris and soil was removed and disposed of by:

Licensed Contractor Hauler Contractor

Name: _____ **Phone:** _____

Address: _____ **City:** _____

License Number: _____ **License Type:** _____

Date of Completion: _____ (Attach disposal documentation)

D. Metal Recycling

1. The ash, debris and soil was removed and disposed of by:

Licensed Contractor Hauler Contractor

Name: _____ **License Number:** _____

Address: _____ **Phone:** _____

City/State/Zip: _____

2. The waste metal from my property was taken for recycling to the following facility(s):

E. Inert Waste (Concrete and Masonry) Disposal

1. The inert waste was removed and disposed of by:

Licensed contractor Hauler/Myself

If you checked "Hauler/Myself" go to Part E2 below. If you checked "Licensed Contractor," please provide the following information and Part E2:

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Name: _____ License Number: _____

Address: _____ Phone: _____

City/State/Zip: _____

2. The inert waste from my property was disposed at the following facility(s):

Facility Name: _____

Date(s) of Delivery: _____

Date of Completion: _____

(Attach disposal facility documentation)

F. Cleanup Confirmation Sampling Results

1. Consultant Name: _____ License Number: _____

Please attach a copy of the consultant's report containing the sampling locations, test results, analysis and conclusions.

G. Property Owner Certification and Indemnification

I hereby certify that all identifiable asbestos, household hazardous waste, burn ash and contaminated soil that may have been generated by the 2018 Camp Fire on my property and identified in this document have been identified, removed and properly disposed of or recycled. I understand that since cleanup of the property was performed under my direction, the County of Butte cannot certify that cleanup was adequate until I submit proof of cleanup and soil testing.

I agree to accept all responsibility for loss or damage to any person or entity, including the County of Butte and to defend and indemnify, hold harmless, and release County of Butte and Town of Paradise, its elected representatives, officers, agents, and employees, from and against any actions, claims, damages, demands, losses, liabilities, disabilities or expenses, defense costs (including reasonable attorney fees), of any kind or nature, that may be asserted by any person or entity with respect to the removal of debris and any hazardous material from the above-mentioned real estate property.

Property Owner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

County Receipt: _____ Date: _____