



County of Santa Cruz Health Services Agency
Environmental Health
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<https://www.scceh.org/>

Appendix F

PRIVATE CONTRACTOR FIRE DEBRIS REMOVAL PROGRAM CLEANUP DEBRIS REMOVAL CERTIFICATION OF COMPLETION

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 Private Contractor Program.

Property Information and Property Owners	
Property Owner Name:	
Phone Number(s):	
Burn Property Address:	
City/State/Zip:	
Assessor's Parcel Number (APN):	
Email:	
Mailing Address:	
City/State/Zip	

A. Program Participation

Yes, I completed the "Property Owner Application to Hire a Private Contractor for Fire Debris Removal"

¹This document sometimes refers to property owners, owners, contractors, consultants or you. These terms all refer to the property owner and his or her duties, as an owner is required to use contractors and consultants to complete the cleanup process.

B. Household Hazardous Waste and Asbestos Screening and Disposal

1. Household Hazardous Waste Screening and Removal

Hazardous Waste Screening			
Name of Consultant:		Email:	
License Number:		Mobile Phone #	
Hazardous Waste Disposal (if applicable)			
Name of Contractor:		Email:	
License Number:		Mobile Phone #	
Disposal Facility:		Attach disposal facility documentation	
Description of wastes found onsite:			

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

2. Asbestos Waste Screening

Asbestos Screening			
Name of Consultant:		Email:	
License Number:		Mobile Phone #	
Asbestos Disposal (if applicable)			
Name of Contractor:		Email:	
License Number:		Mobile Phone #	
Disposal Facility:		Attach disposal facility documentation	
Description of wastes found onsite:			

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If Asbestos was present, attach asbestos waste disposal receipts.

C. Ash, Debris and Soil Disposal

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

<input type="checkbox"/> Licensed Contractor		<input type="checkbox"/> Hauler Contractor	
Name of Contractor:		Email:	
Address:		Mobile Phone #:	
License Number:		License Type:	
Disposal Facility:		Attach disposal documentation	

D. Metal Recycling

The metal was removed and disposed of by:

<input type="checkbox"/> Licensed Contractor		<input type="checkbox"/> Hauler Contractor	
Name of Contractor:		Email:	
Address:		Mobile Phone #:	
License Number:		License Type:	
Recycling Facility:		Attach recycling documentation	

E. Inert Waste (Concrete and Masonry) Disposal/Recycled

The inert waste was removed and disposed/recycled by:

<input type="checkbox"/> Licensed Contractor	<input type="checkbox"/> Hauler/Myself
<p>If you checked "Hauler/Myself" go to Part E2 below. If you checked "Licensed Contractor," please provide the following information and Part E2:</p>	

Name of Contractor:		Email:	
Address:		Mobile Phone #:	
License Number:		License Type:	
Disposal or Recycling Facility:		Attach recycling documentation	

F. Cleanup Confirmation Sampling Results

Hazardous Waste Screening			
Name of Consultant:		Email:	
License Number:		Mobile Phone #	

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 2020 CZU Lightning Complex 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 Santa Cruz 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 Santa Cruz and to defend and indemnify, hold harmless, and release County of Santa Cruz, 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 (Required)	Date
Contractor Signature	Date
County Acknowledgement:	Date