



SONOMA COUNTY DEBRIS REMOVAL COMPLETION CERTIFICATION LNU LIGHTNING COMPLEX FIRES

Property Owner Name: _____ Year Structure Built: _____

Property Address: _____ City: _____

Assessor's Parcel Number (APN): _____ Email: _____

Mailing Address: _____

Mailing City: _____ State: _____ ZIP: _____

A. Program Participation

- Yes, I completed the "Sonoma County Debris Removal Application"
- Yes, I read and understand the "Sonoma County Wildfire Debris Management Requirements"

B. Asbestos Screening and Disposal

1. **Asbestos/Hazardous Waste Screening**
 Consultant Name: _____ Certification Number: _____
 Contact Address: _____ Telephone: _____
Asbestos/Hazardous Waste Disposal (If applicable)
 Contractor Name: _____ License Number: _____
 Contact Address: _____ Telephone: _____
 Disposal Facility: _____ (attach disposal facility documentation)

C. Ash and Debris Disposal

1. The ash and debris was removed and disposed of by: Licensed contractor Hauler

Contractor/Hauler Name: _____ Phone(s): _____
 Contact Address: _____ City: _____
 License Number: _____ License Type: _____

2. The ash and debris from my property was disposed at the following facility(s):

Facility Name: _____

Date(s) of Delivery: _____

Date of Completion: _____ (attach disposal facility documentation)

Facility Name: _____

Date(s) of Delivery: _____

Date of Completion: _____ (attach disposal facility documentation)

D. Metal Recycling

1. The metal was removed and disposed of by: Licensed contractor Hauler

Contractor/Hauler Name: _____ License Number: _____

Contact Address: _____ Telephone: _____

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

Facility Name: _____

Itemized description of metal types and amounts: _____

Date(s) of Delivery: _____

Date of Completion: _____ (attach disposal facility documentation)

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:

Contractor Name: _____ License Number: _____

Contact Address: _____ Telephone: _____

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 and results.

G. Property Owner Certification and Indemnification

I have reviewed and understand the “Sonoma County Wildfire Debris Management Requirements.”

I hereby certify that all identifiable asbestos, household hazardous waste, and burn ash that may have been generated by a wildfire on my property and identified in this document have been identified, removed and disposed as described herein and in conformance with the approved Sonoma County Wildfire Debris Management Requirements work plan attached.

I understand that since clean-up of the property mentioned above was performed under my direction, the County of Sonoma cannot certify that clean-up was adequate until I submit proof of clean-up and soil testing.

I agree to accept all responsibility for loss or damage to any person or entity, including County of Sonoma, and to defend and indemnify, hold harmless, and release County, 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 Acknowledgement: _____ Date: _____

Notes:

*The County of Sonoma cannot make recommendations or referrals for private businesses.
There are many qualified firms who can be contacted to provide these services.*

For office use only: FA _____ SR _____ Received Date _____ Updated By _____