



# 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 the 2019 Kincadee 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 \_\_\_\_\_