



## SAN MATEO COUNTY DEBRIS REMOVAL COMPLETION CERTIFICATION CZU LIGHTNING COMPLEX FIRE

### A. PROPERTY INFORMATION

Property Owner Name \_\_\_\_\_

Burned Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Assessor's Parcel Number (APN) \_\_\_\_\_ Year Structure Built \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### B. PROGRAM PARTICIPATION

- Yes, I completed the **San Mateo County Debris Removal Application**.
- Yes, I read and understand the **San Mateo County Wildfire Debris Management Requirements**.

### C. ASBESTOS SCREENING AND DISPOSAL

**Asbestos/ Hazardous Waste Screening**

Consultant Name \_\_\_\_\_ Certification # \_\_\_\_\_

Contact Address \_\_\_\_\_ Phone \_\_\_\_\_

**Asbestos/ Hazardous Waste Disposal (If Applicable)**

Consultant Name \_\_\_\_\_ Certification # \_\_\_\_\_

Contact Address \_\_\_\_\_ Phone \_\_\_\_\_

Disposal Facility \* \_\_\_\_\_

### D. ASH AND DEBRIS DISPOSAL

**The ash and debris were removed and disposed by:**       Licensed Contractor       Hauler

Contractor/Hauler Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Address \_\_\_\_\_

License # \_\_\_\_\_ License Type \_\_\_\_\_

\* Attach disposal facility documentation



**The ash and debris from my property were disposed at the following facility(s):**

Disposal Facility\* \_\_\_\_\_

Date of Delivery

Date of Completion

Disposal Facility\* \_\_\_\_\_

Date of Delivery

Date of Completion

**E. METAL RECYCLING**

**The metal was removed and disposed by:**

Licensed Contractor

Hauler

Contractor/Hauler Name \_\_\_\_\_

License # \_\_\_\_\_

Contact Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Disposal Facility\* \_\_\_\_\_

Itemized description of metal types and amounts

Disposal Facility\* \_\_\_\_\_

Date of Delivery

Date of Completion

**F. INERT WASTE (CONCRETE AND MASONRY) DISPOSAL**

**The inert waste was removed and disposed by:**

Licensed Contractor

Hauler/ Myself

If you checked **Hauler/ Myself**, continue on **section 2**. If you checked **Licensed Contractor**, please provide information under **section 1 and 2**

**Section 1 Contractor Information**

Contractor/Hauler Name \_\_\_\_\_

License # \_\_\_\_\_

Contact Address \_\_\_\_\_

Phone \_\_\_\_\_

**Section 2 Disposal Facility**

Disposal Facility\* \_\_\_\_\_

Date of Delivery

Date of Completion

\*Attach disposal facility documentation



**G. CLEANUP CONFIRMATION SAMPLING RESULTS**

Consultant Name \_\_\_\_\_ License # \_\_\_\_\_

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

**H. PROPERTY OWNER CERTIFICATION AND INDEMNIFICATION**

I have reviewed and understand the San Mateo 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 wildfire on my property and identified in this document have been identified, removed and disposed as described herein and in conformance with the approved San Mateo 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 San Mateo 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 the County of San Mateo, and to defend and indemnify, hold harmless, and release the 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	<input type="text"/>	Date	<input type="text"/>
Contractor Signature	<input type="text"/>	Date	<input type="text"/>
County Acknowledgement	<input type="text"/>	Date	<input type="text"/>

Notes

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

**OFFICIAL USE** FA  SR  Date  Updated by