

VENTURA COUNTY LOCAL DEBRIS REMOVAL PROGRAM
PROPERTY CLEAN-UP COMPLETION CERTIFICATION

What is the purpose of this form? The purpose of this form is to certify that your parcel has been cleaned of hazardous wastes, ash, and debris. This form will be used to certify completion of clean-up by property owners and contractors so that building permits can be issued for new and replacement structures.

Who needs to complete this form? Property owners who elect **not** to participate in the State-sponsored debris program and choose to clean-up their property with a qualified contractor.

Where do I submit this form? Submit this form to the Ventura County Environmental Health Division at 800 S. Victoria Avenue, Ventura, CA 93009 or EHDWoolsey-HillFire@ventura.org

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 "Ventura County Local Program Application"

Yes, I read and understand the "Management of Ventura County Wildfire Debris" requirements

B. Asbestos Screening and Disposal

B1. 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)

For Official Use: SR _____

C. Ash and Debris Disposal

C1. 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: _____

C2. 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

D1. The metal was removed and disposed of by: Licensed contractor Hauler

Contractor/Hauler Name: _____ License Number: _____
Contact Address: _____ Telephone: _____

D2. 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

E1. The inert waste was removed and disposed of by: Licensed contractor Hauler

If you checked "Hauler" 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: _____

E2. 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

F1. 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 "Management of Ventura County Wildfire Debris" requirements.

I hereby certify that all identifiable asbestos, household hazardous waste, and burn ash that may have been generated by the 2018 Ventura County Woolsey-Hill Wildfire on my property and identified in this document have been identified, removed and disposed as described herein and in conformance with the approved Management of Ventura County Wildfire Debris work plan attached.

I understand that since clean-up of the property mentioned above was performed under my direction, the County of Ventura 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 Ventura, 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: _____

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

Post Clean-Up Final Report Outline / Checklist

Final Report is to be submitted to the Environmental Health Division along with a completed "Local Program Debris Removal Program Property Clean-Up Completion Certification" form

Index of Final Report Contents:

1.0 Property Information

- Property Owner name and contact information
- Site address and Assessor's Parcel Number (APN)
- List of Contractors (including name, license number, and contact information)

2.0 Description of Activities / Work Performed

- Asbestos and soil testing / analysis (description and summary of results)
- Discussion of confirmation sampling results
- Air Monitoring Protocols for Fugitive Dust Implementation
- Soil grading / removal to level of visually clean
- Foundations (removed or testing results for potential reuse)

3.0 Receipts and Documentation

- Documentation / receipts of ash, fire debris, and soil removal / disposal
- Documentation / receipts of hazardous waste and asbestos removal /disposal
- Documentation / receipts of appliance and vehicle recycling / disposal
- Documentation of work related to water well(s) and septic system(s)

4.0 Vicinity Map, Plot Plan and Drawings

5.0 Analytical Table with results compared with State Health Screening Criteria

6.0 Certified Laboratory Reports