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**Department of Health and Human Services, Environmental Health Division**

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## **Appendix F**

### **Requirements for Final Report Submittals**

#### **Appendix F Form**

Complete the form and ensure that it is signed and dated by both the property owner and the contractor. All sections shall be completed and may not reference a previous submission such as referencing the work plan. The contractor may not sign on behalf of the property owner.

#### **Disposal Documentation**

Include documentation for ash/soil, concrete and metal debris. If a property does not have one of these (i.e., some mobile homes do not have any concrete waste) then put N/A in the appropriate place on the Appendix F form.

Disposal documentation should clearly note the APN or address.

#### **Foundation/slab**

Include a statement indicating that all foundations/slabs have been removed (or include photos documenting this). The final report will not be approved prior to obtaining an approval from the building department for a slab to remain.

#### **Soil Sampling Report**

The number of soil samples collected should be the same as proposed in the approved work plan or the Confirmation Sampling requirements of the Alternative Fire Debris Removal Program Application. Any discrepancies should be noted and explained in the text of the report.

Include a brief narrative/statement confirming that soil samples met the cleanup criteria.

Laboratory reports shall include copies of the chain-of-custody documentation. All analytical results (including Mercury) shall be in a table with the cleanup goal.

If soil sample results exceed the cleanup criteria, then background soil samples may be analyzed. It is recommended that background samples be collected during the initial sampling.

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Most labs will allow samples to be “held” and analyzed at a later date. Therefore, these samples may be analyzed if there is an exceedance of the cleanup criteria.

It is recommended that if there is an exceedance of the cleanup goal, that that area be re-scraped and re-sampled prior to the submittal of the final report so that information can be included in the report.

### **Soil Sample Map**

A soil sample map shall be included in the soil sampling report and not just refer to the work plan. The map shall reflect where samples were actually collected, which may differ from what was proposed in the work plan. If different than proposed, please explain the reason of the deviation in the text of the report.

Include square footage calculation of the ash footprint. If it is a hand drawn map, include dimensions of the ash footprint.

Clearly show where each sample was collected, and the sample identification. Each five sample locations for each individual composite sample shall be included. Sample IDs shall be the same for the location map, table, and lab reports.

Soil samples shall be distributed evenly throughout the footprint, with no significant gaps in coverage.

## Appendix F

### ALTERNATIVE FIRE DEBRIS REMOVAL PROGRAM CLEANUP COMPLETION CERTIFICATION

**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 Cal OES Program and choose to clean up their property with a qualified contractor and consultants in the Alternative Program.

Property Owner Name: \_\_\_\_\_ Year Structure Built: \_\_\_\_\_

Property Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### A. Program Participation

Yes, I completed the "Alternative Fire Debris Removal Program Application"

#### B. Household Hazardous Waste and Asbestos Screening and Disposal

##### 1. Household Hazardous Waste Removal

Description of wastes found onsite: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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### 2. Asbestos Waste Screening

Contractor Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Determination based on inspection:

\_\_\_\_\_

Attach sample results, if applicable.

Consultant Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

If Asbestos was present, attach asbestos waste disposal receipts.

### C. Ash, Debris and Soil Disposal

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

Licensed Contractor       Hauler Contractor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

License Number: \_\_\_\_\_ License Type: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ (Attach disposal documentation)

### D. Metal Recycling

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

Licensed Contractor       Hauler Contractor

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

2. The waste metal from my property was taken for recycling to the following facility(s):

\_\_\_\_\_  
\_\_\_\_\_

### 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:

## Appendix F

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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, 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 2021 River 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 Placer 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 Placer and to defend and indemnify, hold harmless, and release County of Placer, 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 Receipt: \_\_\_\_\_ Date: \_\_\_\_\_