



Department of Health and Human Services, Environmental Health Division
Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

ALTERNATIVE FIRE DEBRIS REMOVAL PROGRAM APPLICATION

Who needs to complete this form? Private property owners who:

- (1) decide **not** to participate in the Government Sponsored Debris Removal Program and choose to clean up their property by hiring a qualified contractor and following the Alternative Fire Debris Removal Program (Alternative Program); OR
- (2) own properties with qualifying structures that are not eligible for the Government Program. The owner is required to clean up the property to the standards established in ordinances, regulations and this document, so that health and safety risks are adequately addressed for the community and the environment. The Alternative Program requires owners to provide documentation demonstrating adequate cleanup and proper disposal of debris.

As previously noted, if your property did not include a qualifying structure as outlined in the Government Plan, you are not required to complete the Alternative Fire Debris Removal Program Application. If this describes your property, contact Placer County Environmental Health at envhealth@placer.ca.gov or 530-745-2300 to obtain a certificate allowing disposal of debris at Western Regional Landfill, 3195 Athens Ave, Lincoln, CA 95648.

Please note that State disaster assistance funding will not reimburse property owners for work completed by a hired contractor under the Alternative Program.

Where do I submit this form? Submit this form to Placer County Environmental Health at 3091 County Center Dr. Suite 180, Auburn, California 95603 or email EnvHealth@placer.ca.gov

Property Owner Name: _____
 Phone(s): _____
 Property Address: _____
 City/State/Zip: _____
 Assessor’s Parcel Number (APN): _____
 Email: _____
 Mailing Address: _____
 City/State/Zip: _____

Description of Debris Being Removed (number and types of structures, types of waste, etc.)

Program Participation

A Licensed Contractor with proper certifications shall perform the ash and debris removal, hazardous materials and asbestos removal and other cleanup work. Contractors must comply with the California Contractors State License Board (CSLB) requirements to perform cleanup work under the Alternative Program.

Name of Contractor: _____
License Number: _____
Proposed Start Date: _____

Required: Owners are required to obtain approval from Placer County Environmental Health for the debris removal work plan prior to starting debris cleanup. Any employee performing debris removal shall have (at a minimum) OSHA 40-hr HAZWOPER Training in accordance with 29 C.F.R. §1910.120.

A. Property Owner Acceptance of Requirements and Indemnification

I have read and will fully comply, as will any contractor working on my property, with the conditions described in the document “**Management of Mosquito Fire Debris**” and approved debris removal work plan. I understand the ash and debris contain hazardous substances and exposure to hazardous substances may lead to acute and chronic health effects, and may cause long-term public health and environmental impacts and proper disposal of the debris is necessary to limit these impacts. I agree to ensure my contractor will wet down ash and debris before removal and will control dust on the property. I agree to ensure my contractor will completely encapsulate the ash and debris with a tarp ("burrito wrap" method) prior to transportation for proper disposal. I agree to ensure my contractor will collect soil samples and submit analytical results with the Debris Removal Cleanup Certification to Placer County Environmental Health to certify the project has been completed.

I understand that human remains may be encountered during the cleanup and that due to the extreme heat of the fire, any human remains are likely to consist of bones or bone fragments. I agree that if possible human remains are encountered (including any type of bones) during debris removal efforts, all personnel will be careful not to disturb the possible remains, exit the property, immediately report the possible remains to the Placer County Sheriff’s Office at (530) 889-7800, and will wait for a search team to arrive and determine whether they are in fact human remains before resuming debris cleanup.

I agree that the decision as to whether the Alternative Program requirements have been met is in the sole discretion of Placer County Environmental Health and that such decision is final.

I certify that I am the owner or authorized agent of the real property located at the above address. I hereby certify that I have full power and authority to execute this application without the need for any further action, including but not limited to notice or approval from any other party.

I acknowledge that the decisions made by the County of Placer (Local Government) are discretionary functions and Local Government is not liable for any claim based on the exercise or failure to exercise a discretionary function and promise not to make such a claim. I further release and agree to hold and save harmless Local Government from all liability for any damage or loss whatsoever that may occur during or after performance of the Alternative Program activities. I therefore waive any claim or legal action against Local Government.

*Property Owner Signature:	Date:
Contractor Signature:	Date:

B. Environmental Health Approval

Placer County Environmental Health has reviewed the work plan for debris removal from the above-referenced property. The work plan is complete and is therefore approved. The debris removal project shall not deviate from the approved work plan without written approval from Placer County Environmental Health. Any authorized official of the County may, upon presentation of proper credentials, enter such property as necessary to inspect any provision of the approved workplan and verify compliance with all state and local work plan requirements. A stop work order will be issued if unapproved deviation from the approved work plan is observed.

Environmental Health Representative Signature:	
Print Name and Title:	Date: