**STANISLAUS COUNTY DEPARTMENT OF
ENVIRONMENTAL RESOURCES**
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STANISLAUS COUNTY WILDFIRE DEBRIS REMOVAL OPT-OUT APPLICATION

WHO NEEDS TO COMPLETE THIS FORM?

Property owners who choose to clean-up their property on their own, or with a qualified contractor, and decide not to wait for the potential State sponsored clean-up program. The work must be done to standards established in State regulations so that health and safety risks are adequately addressed for the community and the environment. Documentation on adequate cleanup and proper disposal will be required.

Property Owner Name: _____ **Phone(s):** _____

Property Address: _____ **City:** _____

Assessor's Parcel Number (APN): _____ **Email:** _____

Mailing Address: _____

Mailing City: _____ **State:** _____ **ZIP:** _____

A. **Who will perform the debris removal?** ☐ Owner   ☐ Licensed Contractor

   If Contractor, please provide the following:

   Name of Contractor: _____

   Contractor's Email: _____ Phone: _____

   License Number: _____ Proposed Start Date: _____

B. **Work Plan Required:** ☐ Work Plan Included

   A work plan must be submitted at least two weeks prior to starting any debris cleanup.
   Work plan approval by Dept. of Environmental Resources is required prior to starting debris cleanup.

C. **Property Owner Acceptance**

   I have reviewed the protocols as stated in the "Stanislaus County Wildfire Debris Management Requirements" document and specifications for private debris removal. I understand the ash and debris contain hazardous substances and can be a health hazard. I understand the ash and debris shall be wetted down prior to removal and dust shall be controlled. The ash and debris shall also be completely encapsulated with a tarp ("burrito wrap" method) prior to being transported for disposal. I understand that soil samples shall be collected in order to self-certify the project was completed.

Property Owner Signature (Required): _____ **Date:** _____

Contractor Signature: _____ **Date:** _____

Stanislaus County Acknowledgement: _____ **Date:** _____