



County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division

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Director of Environmental Health

YOLO COUNTY WILDFIRE CLEAN-UP PLAN 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 with this application.

Work plan approval by Environmental Health is required prior to starting debris cleanup.

C. Property Owner Acceptance

I have reviewed the protocols as stated in the "Yolo 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: _____

Yolo County Acknowledgement: _____ Date: _____

For office use only: _____ Entered Date _____ Entered By _____