

SURFACING/NON-SURFACING APPLICATIONS

Receipt for Offsite Reuse of Restricted^(*) Soils/Materials (<0.25% NOA)

Restricted^(*): Excavated Soils/Materials originating from the designated "Asbestos Review Areas" (EDCAQMD Rule 223-2)

Excavated Soil ORIGINATING Project Location Info (**Bolded Items MUST be completed**):

Address/Name: _____

APN Number: _____

Grading/Building Permit Number(s): _____

Certification by ORIGINATING Location Responsible Officials:_____

RESTRICTED^(*) SOILS/MATERIALS HAVE BEEN EVALUATED, TESTED AND ANALYZED FOR NATURALLY OCCURRING ASBESTOS (NOA). THE REPORTED ASBESTOS CONCENTRATION IS LESS THAN 0.25%.

"I am familiar with the Rules and Regulations of the El Dorado County AQMD that are applicable to above referenced excavated materials and I certify that the information and the data provided are true to the best of my knowledge".

Responsible Official Name (print)/Title: _____

Responsible Official Name (sign)/Date: _____

DELIVERY Location Information (**Bolded Items MUST be completed**):

Date: _____

Address/Name: _____

APN Number: _____

Total Est. Quantity Delivered (cubic yards or tons): _____

Planned use of Delivered Soils/Materials:

☐ On Site: _____

☐ Off Site:_____

Provide address/ name/ APN Number of new location.

DELIVERY Location Responsible Officials:_____

Delivery Accepted by Name (print)/Title: _____

Delivery Accepted by Name (sign)/Date: _____

This receipt must be provided to the recipient. A copy of this receipt and any associated soils sampling reports/results must be retained by the supplier of the restricted soil/material (EDCAQMD Rule 223-2.6.D.3 and ATCM 93106) and provided to any other recipients.