



Residential Building Self-Certification Statement Form

Model Remedy Implementation

Parcel Number (APN): _____ Lot Size: _____(Acres)

Parcel Address: _____ City/Zip Code: _____

Property Owner(s): _____ Zoning: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-mail: _____

Contractor/Home Builder (if different than owner): _____

Company and Mailing Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____

The following Self-Certification Statement (SCS) acknowledges that a Model Remedy was implemented at the parcel(s) listed above in accordance with the Washington State Department of Ecology Model Remedies for Cleanup of Former Orchard Properties in Central and Eastern Washington.

For remediation occurring during individual site development, the Property Owner(s) and Contractor performing the work are required to submit this SCS, signed, notarized, and recorded with the County Auditor, verifying the selected remedy has occurred for the identified parcel(s) listed above.

This SCS is required prior to receiving a Certificate of Occupancy for the residential construction project.

This SCS pertains only to certification of completion with the identified Model Remedy(ies) required for the above-identified parcel(s), and is not applicable to any other permit or regulatory requirement.

RESIDENTIAL BUILDING SELF-CERTIFICATION STATEMENT FORM

CHECKLIST

Check each of the following items and include them as attachments to this certification:

Brief description of implemented remedy including verification of cap depths and soil confirmation sampling for excavated areas, as applicable (for example, pre- and post-survey data or other means to demonstrate required cap thickness was attained).

Map of the property (obtained from assessor database or similar) with sample locations, if taken.

Photos showing components of the completed cleanup action (maximum of ten photos).

If samples were taken, analytical lab reports and tabulated data for all samples collected (for example, investigation samples, excavation confirmation samples, and stockpile samples for disposal characterization).

By signing below, I certify the required cleanup of lead and arsenate contamination on the parcel(s) identified above has been completed in accordance with the Department of Ecology requirements.

Signature of Property Owner

Date

Signature of Contractor

Date

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____

(Name of person(s))

is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

RESIDENTIAL BUILDING SELF-CERTIFICATION STATEMENT FORM

Dated: _____

(Seal or stamp)

Signature

Title

My appointment expires: _____

To request an ADA accommodation, contact Ecology by phone at 509-406-6931 or email at Rhonda.Luke@ecy.wa.gov, or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.