



Self-Certification 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: _____

A completed Self-Certification Form acknowledges a cleanup was done at the location listed above in accordance with the Washington State Department of Ecology Model Remedies for Cleanup of Former Orchard Properties in Central and Eastern Washington.

The Property Owner(s) and Contractor performing the work must submit this form. The form must be signed, notarized, and recorded with the County Auditor to verify cleanup activities were done at this location.

This form may be required by your local authority prior to receiving appropriate permits (final subdivision/plat approval, building permit, certificate of occupancy, etc.).

This form applies only to the identified cleanup activities completed for the location stated above and is not applicable to any other permit or regulatory requirement.

CHECKLIST

Confirm property eligibility.

All boxes must be checked:

- Property located in central or eastern Washington State.
- Property was former orchard land, verified by using Ecology's Dirt Alert Mapping tool.
- Soil sampling has confirmed lead or arsenic above cleanup levels in the soil.
- Lead and arsenic are the only suspected soil contaminants on the property.
- No surface water is adjacent to contaminated soil, or cleanup activities will only take place above the Ordinary High-Water Mark (OHWM).
- Groundwater is more than five (5) feet below the ground surface.

What type of model remedy was used?

Check all that apply:

- Excavation and removal
- Mixing
- Capping in place (using an Ecology approved geotextile).
- Consolidation and capping (using an Ecology approved geotextile).

Confirm independent cleanup.

All boxes must be checked:

- Brief description of how all areas of contaminated soil were cleaned up.
- Property map with sampling locations.
- Property map showing areas where cleanup occurred.
- Photos of cleanup showing: *(Up to ten total)*
 - Depth of soft cap (soil, gravel, organic material, etc.) with a measuring device.
 - Use, type, and location of geotextile.
 - Actions taken to complete the Model Remedy.
- Laboratory reports and/or field data. This includes soil characterization data, stockpile samples, imported soil samples, and any other sampling completed.

Is future property development anticipated?

No

Yes

If yes, please describe: _____

Additional protective measures.

Check all that apply:

Use of fencing or other physical barriers.

Developer Agreement Letter (contact

Education and outreach materials (e.g., signs, notification letters, etc.)

Other: _____

Not required for this project.

Optional forms

(Appendix of Model Remedy Document found at <https://apps.ecology.wa.gov/publications/documents/2109006.pdf>)

Check all that apply:

Form 1: Characterization Sampling

Form 2: Characterization Sampling Results

Form 3: Excavation and Removal

Form 4: Mixing

Form 5: Capping in Place

Form 6: Consolidation and Capping

Form 7: Compliance Sampling

Form 8: Stockpile Sampling

Form 9: Imported Soil Sampling

SELF-CERTIFICATION FORM

SUBMIT FORM

Submit a digital copy of this completed form with all the attachments found in the checklist to FormerOrchards@ecy.wa.gov. After Ecology review and approval, a Self-Certification Receipt letter will be provided for your records. This letter will be forwarded to your local authority to demonstrate a cleanup has been completed.

By signing below, I certify that a cleanup was done at the location identified above in accordance with 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.

Date
(Seal or stamp)

Signature

Title

My appointment expires: _____

To request an ADA accommodation, contact Ecology by phone at 509-406-6931 or by 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.