



# Construction and Demolition Debris Recycling

Solid Waste Planning and Recycling • 5469 Kearny Villa Rd, Suite 305 • San Diego, CA 92123

## Final Debris Management Report

### Part 1

Construction and Demolition Debris Permit # \_\_\_\_\_ Project Name (If applicable) \_\_\_\_\_

Project Location \_\_\_\_\_  
 Address (Cross Street, Floor, Suite, etc) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Estimated Start Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_ Final Project Square Footage \_\_\_\_\_

### Part 2

Report how the materials generated by the project were handled, using actual tonnages. Use the attached Materials Conversion Table to convert volumes to tons.  
**Requirement** - Reduce the quantity of materials disposed at landfills by 90% for inerts and 70% for the rest (determined by weight).

Step 2 Post-Project Actual (TONS) (To be filled out at completion of project)						
	TOTAL Debris Quantity	Recycled	Salvaged or Reused Onsite	Disposed	County Use Only Receipt or other proof (staff initials)	
<b>Inerts</b>	Asphalt & Concrete					
	Brick/Masonry/Tile					
	Dirt					
	Mixed Inerts <sup>1</sup>					
	Stucco, Cement (no wire)					
	<b>Total Inert</b>	<b>A</b>				
<b>Other Materials</b>	Cabinets, Doors, Fixtures, Windows (circle all that apply)					
	Cardboard					
	Carpet					
	Padding/Foam (carpet)					
	Ceiling Tile (acoustic)					
	Drywall (used)					
	Drywall (new, unpainted or scrap)					
	Landscaping (brush, trees, stumps, etc.)					
	Roofing Materials					
	Scrap Metal					
	Unpainted Wood & Pallets					
	Trash					
	Other (describe)					
	Mixed Recyclables <sup>1</sup>	<b>B</b>	x	30% =	<b>C</b>	
	<b>Total Remaining</b>	<b>D</b>			<b>E</b>	
<b>Total D + E = Generated</b>				<b>F</b>		

#### Notes

- Mixed items must be taken to an approved mixed sorting facility. Multiply B x 0.30 and enter as C. This equals disposal tonnage for mixed sorting.
- Asbestos, hazardous debris, treated wood, contaminated soil and other restricted materials require special handling.

<OVER>

**Part 3**  
**Diversions Calculations**

**Inert Materials Recycling Rate**  
Using the worksheet in Part 2, fill in the blanks below to determine if the project meets the requirement to reduce inert material debris by 90%.

**Diversions %** \_\_\_\_\_ = 100%  
Total B

Is the diversion percentage greater than or equal to 90%? If NO, explain why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remaining Debris Recycling Rate**  
Using the worksheet in Part 2, fill in the blanks below to determine if the project meets the requirement to reduce other material debris by 70%.

**Diversions** \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_  
Total D Total F *diversion%*

Is the diversion percentage greater than or equal to 70%? If NO, explain why:  
\_\_\_\_\_

**Total Diversion**  
Using the worksheet in Part 2, fill in the blanks below to determine the total recycling rate.

\_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_  
Total B + D Total F *diversion%*

**Part 4**  
**Final Plan Submittal and Refund Request**

Send completed form and all documentation to: County of San Diego  
Solid Waste Planning and Recycling  
Attn: C&D Recycling Coordinator  
5469 Kearny Villa Road, Suite 305  
San Diego, CA 92123

**Applicants must submit refund requests within 180 days following issuance of certificate of occupancy. Requests submitted after 180 days will not be eligible for a refund. Refunds will not be issued if all requested information and documentation is not provided. Refunds will be mailed within 30 days following receipt of all proper forms and documentations.**

**Section A**

I certify under penalty of perjury under the laws of the State of California that the information provided in and with this form pertains to construction and demolition debris generated only from the project listed in Part 1, that I have reviewed the accuracy of the information, and that the information is true and correct to the best of my knowledge and belief.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B**

Complete this part only if the refund check is sent to a different person and address than that listed in Part 1. By signing my name, I hereby direct the C&D refund for this project to be sent to the person listed in Section C below.

**Section C**

Send refund to: Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**For information on these forms call County of San Diego Solid Debris Planning and Recycling Section at (858) 874-4285. To find a list of recycling centers call 1-877-R-1-EARTH (1-877-713-2784) or www.wastefreesd.org**