STANDARD SPECIFICATIONS

APPENDIX



City of Lafayette

3675 Mount Diablo Boulevard, Suite 210 • Lafayette, CA 94549 (925) 284-1951 • www.ci.lafayette.ca.us

WASTE ASSESSMENT FORM

(To be filled out and submitted to the Engineer before commencing demolition work)

The table below lists debris materials that are routinely generated during construction or demolition. Identify the materials that you estimate will be recycled, salvaged, or landfilled from your project site and the handling procedure, hauler and/or destination of each material type.

Motorial Type	Ider	ntify Materi	als (🗈)	Handling Procedure, Hauler, or Final
Material Type	Recycle	Salvage	Landfill	Destination of Material
Asphalt				
Brick				
Concrete				
Dirt/Clean Fill				
Masonry				
Metals (steel, brass, aluminum, copper, etc.)				
Rock/Stone				
Vegetative Debris				
Wood/Lumber				
Other:				
Garbage				
knowledge, that you ac	knowledge percent dive other agents	that 40% of ersion requ s with regar	f your contra irement, and d to the dive	on is true and correct to the best of you act retention may be forfeited to the City for that you are responsible for the actions dersion requirement.
SIGNATURE:				DATE:

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WASTE ASSESSMENT SUMMARY REPORT FORM

(To be filled out upon project completion)

Complete the table below by indicating what was actually done with all the C&D materials from the project and the quantities (by weight) that were recycled, salvaged, or landfilled. All C&D materials must be accounted for whether or not they were recycled or taken to the landfill. Attach receipts and weight tags from all recyclers and landfill locations identifying, 1) date, 2) project number, 3) material type, 4) if materials were recycled, salvaged, or landfilled, and 5) weight of load(s).

Material Type	Identify Materials (2)			Handling Procedure, Hauler, or Final	
Material Type	Recycle	Salvage	Landfill	Destination of Material	
Asphalt					
Brick					
Concrete					
Dirt/Clean Fill					
Masonry					
Metals (steel, brass, aluminum, copper, etc.)					
Rock/Stone					
Vegetative Debris					
Wood/Lumber					
Other:					
Garbage					

Please sign and date attesting that the above information is true and correct to the best of your knowledge, that you acknowledge that 40% of your contract retention may be forfeited to the City for failure to meet the 50 percent diversion requirement.

CIONATURE	
SIGNATURE: DATE:	

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RECEIPT FOR MATERIALS RECYCLED

(To be filled out by receiver <u>only</u> if facility <u>does not</u> issue an itemized receipt)

Company or Individual Receiving Material: (Business stamp is acceptable) Company: Address: City: Zip: **Phone: Facility/Individual Type:** (Circle one) Recycler Salvager **End User Facility Attendant Signature:** (Required) Construction/Demolition Company: (Business stamp is acceptable) Company: Address: City: Zip:

Materials Received:

Phone:

Material Type	Amount (specify in cubic yards, lbs, or tons)	Cost (or payment if applicable to service)	Intended Use of Material Received (circle one)		Date Received or Picked Up
			Recycle Salvage	Reuse Landfill	
			Recycle Salvage	Reuse Landfill	
			Recycle Salvage	Reuse Landfill	
			Recycle Salvage	Reuse Landfill	

Contact:

Make extra copies as needed.

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UTILITY POTHOLE LOG

(Contractor shall complete and submit to the Engineer prior to commencing excavation work.)

The Contractor shall notify Underground Service Alert (800-227-2600) prior to potholing for utilities. The Contractor shall positively locate all utilities (laterals and mains) marked by utility representatives or identified by the Engineer.

Address	Approx. Station	Offset From Existing Improvement or Centerline	Utility Owner and Type	Depth*
2685 Sample Street	10+53	2' from North Gutter Lip, in Street	PG&E (Gas Service)	36"
P		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(
*Depth measured fro	m existing s	surface		
Contractor shall sign	and date, at	ttesting that the above information is t	rue and correct to the	best of

Contractor shall sign and date, attesting that the above information is true Contractor's knowledge.	and correct to the best of
Contractor Name:	
Signature of Contractors Representative:	Date:
Signature of City of Lafayette Representative:	Date:

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PEST MANAGEMENT RECORD

(Submit to Engineer each month or with each Progress Payment Invoice)

Company Name	Currently IPM Certified Yes No Attach documentation	Supervisor/Applicator (print)	Preparer's Signature	Date	
Target Pest	Alternative Methods Used	d Prior to Use of Pesticide	Location of Application		
Pesticide Used	Quantity of Pesticide App	lied	Date Applied		
Target Pest	Alternative Methods Used	d Prior to Use of Pesticide	Location of Application		
Pesticide Used	Quantity of Pesticide App	Quantity of Pesticide Applied Date			

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