



COUNTY OF SAN BERNARDINO
 DEPT OF PUBLIC WORKS, SOLID WASTE
 MANAGEMENT DIVISION CONSTRUCTION &
 DEMOLITION WASTE MANAGEMENT PLAN
 (CDWMP)

County Use Only	
Date Paid	
Amount	
Check #/Cash	
Receipt #	PW
Initials	

Submit completed CDWMP form to Solid Waste Management for review and approval prior to permit issuance. Assistance with completing the form is available by appointment.

Solid Waste Programs Unit 222 W. Hospitality Ln 2nd Floor, San Bernardino, CA 92415-0017

Business Hours: Monday-Friday 8AM to 5PM - 909-386-8701 - www.sbcounty.gov/dpw/solidwaste

The County requires that all applicants submit a Construction Waste Management Plan for each project that will generate waste or unused materials at its conclusion. The intent is to comply with **State Law** by **diverting a minimum of 50%** of non-hazardous debris from landfills.

Your CWMP will identify the applicable material types and the actions that will be taken to divert construction and demolition debris from landfills. **Part One** is due prior to building permit issuance. **Part Two**, along with recycling/disposal documentation shall be submitted prior to final inspection.

Complete this form for the following projects:

- Residential dwellings of one unit including newly constructed attached and detached garages **\$125.00**
- Residential additions and alterations in which the livable space increase in size **\$125.00**
- Residential structures of 2 or more units, tract homes of up to 8 homes on a single form **\$372.00**
- Commercial, industrial, multi-family and solar projects including additions of 1,000 SF and alterations greater than \$200,000 in value **\$372.00**
- Commercial, industrial and all types of demolition projects **\$372.00**

APN	_____	Permit #(s)	_____
Project Name	_____	Project Address	_____
Owner's Name	_____	Owner Phone	_____
Mailing Address	_____	Contractor Name	_____
Contractor Phone	_____	Approx. Sq. Ft of All Structures	_____
<u>For Demo ONLY</u>	<u>For Demo ONLY</u>	Duration of Project	_____
Year of Original Construction	_____	Responsible Party for implementation	_____
	Is this fire related debris?		_____

** Demolition projects of structures built prior to 1984 will need to provide an asbestos report to SWMD Operations prior to submitting Part 2 and before taking materials to a County Landfill or transfer station.

Brief Description of the project _____

How will the waste be collected and transported from the site:

Container Size, Quantity and Frequency: _____

Hauler/Transporter(s): _____

Self-Haul: Yes No How Often: _____ Trailer Size: _____

PART 1: ESTIMATED DISPOSAL/DIVERSION WORKSHEET (Prior to Building/Demo Permits)

Please complete this worksheet to help identify the types of materials, estimated quantities, and how the waste material will be reused, recycled or disposed from the project site. Estimates can be calculated in tons or pounds. For Conversion Tables please refer to:

<http://www.calrecycle.ca.gov/LGCentral/Library/DSG/ICandD.htm>

- Commingled Sorting (all mixed) Sorted on Site (individual piles)
 Tons Pounds

APN: _____

MATERIAL TYPE	TOTAL WASTE	REUSED	RECYCLED	DISPOSED	FACILITY/LOCATION
ASBESTOS WASTE*					
ASPHALT					
CABINETS					
CARDBOARD					
CARPET/PADDING					
CONCRETE					
DOORS					
DRYWALL					
ELECTRICAL WIRE					
FIXTURES					
GARBAGE					
GRANITE					
INSULATION					
ORGANICS					
OTHER (specify):					
PLASTICS					
ROOFING MATERIALS					
SCRAP METAL					
WOOD (Non/Treated)					
WINDOWS					
TOTALS					

Diversion Percentage: ((Total Reuse + Total Recycled)/Total Waste) x 100%

***ASBESTOS WASTE IS NOT INCLUDED IN THE CALCULATION**

Pounds/Square Foot: (Total Disposed/Approximate Sq. Ft. of all Structures)

This method cannot be used for demolition projects.

Does applicant meet the 50% diversion or under 2 pounds/SF requirement?

- YES NO

PART 2: ACTUAL DISPOSAL/DIVERSION WORKSHEET (Prior to Final Occupancy/Inspection)

Please complete this worksheet to help identify the types of materials, estimated quantities, and how the waste material will be reused, recycled or disposed from the project site. Totals can be calculated in tons or pounds. For Conversion Tables please refer to:

<http://www.calrecycle.ca.gov/LGCentral/Library/DSG/ICandD.htm>

- Commingled Sorting (all mixed) Sorted on Site (individual piles)
 Tons Pounds

APN: _____

MATERIAL TYPE	TOTAL WASTE	REUSED	RECYCLED	DISPOSED	FACILITY/LOCATION
ASBESTOS WASTE*					
ASPHALT					
CABINETS					
CARDBOARD					
CARPET/PADDING					
CONCRETE					
DOORS					
DRYWALL					
ELECTRICAL WIRE					
FIXTURES					
GARBAGE					
GRANITE					
INSULATION					
ORGANICS					
OTHER (specify):					
PLASTICS					
ROOFING MATERIALS					
SCRAP METAL					
WOOD (Non/Treated)					
WINDOWS					
TOTALS					

Same method used in Part 1 has to be used in Part 2

Diversion Percentage: $((\text{Total Reuse} + \text{Total Recycled}) / \text{Total Waste}) \times 100\%$

***ASBESTOS WASTE IS NOT INCLUDED IN THE CALCULATION**

Pounds/Square Foot: $(\text{Total Disposed} / \text{Approximate Sq. Ft. of all Structures})$

This method cannot be used for demolition projects.

Does applicant meet the 50% diversion or under 2 pounds/SF requirement?

- YES NO

Exemption Request (subject to approval; applies to Part 2 ONLY):

- Excavated soil and land clearing debris is 100% reused or recycled
- Alternate waste reduction method since facilities are not located reasonably close to the site
- Haul boundaries of the diversion facility is not located reasonably close to the site
- Franchise hauler does not provide diversion/disposal documentation
- Material does not warrant recycling or reuse. Material must be disposed.
- Other: _____

Applicant's Signature

I hereby certify to the best of my knowledge and belief, the information contained herein is true and accurate of the waste material being offered for reuse, recycle and disposal generated at this project. I further certify that by utilizing this profile, neither myself nor any other contractors/subcontractors, will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic, hazardous waste, medical or infectious waste or any other waste prohibited by law.

PRINTED NAME

SIGNATURE

DATE

EMAIL ADDRESS/PHONE #

FOR COUNTY USE ONLY	CDWMP PART 1	CDWMP PART 2
REVIEWED BY		
SIGNATURE		
APPROVED DATE		
RESUBMITTAL REQUIRED		
RESBUMITTAL DATE		
EXEMPTION APPROVED		
EXEMPTION DENIED		
COMMENTS		