

## CONSENT FOR ACCESS TO PROPERTY

Name (please print): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Property: \_\_\_\_\_

I consent to officers, employees, contractors, and authorized representatives of the United States Environmental Protection Agency (EPA) entering and having continued access to the property described above to perform the following response actions:

- (1) Collecting samples, surface and subsurface, including but not limited to soil and air;
- (2) The documenting of scientific and engineering observations, including, but not limited to taking notes, photographs, and surveying;
- (3) Removing contaminated soil and related activities;
- (4) Completing restoration efforts once contaminated soil has been removed to include replacement of removed soil with clean soil, re-sodding of previously grass covered areas, limited landscaping restoration, replacement of gravel, repair of possible damage or property loss as a direct result of sampling, removal, and restoration activities; and
- (5) Other such actions as the EPA On-Scene Coordinator determines may be necessary to protect human health and the environment.

I realize that these possible actions are being undertaken pursuant to the response authorities under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, 42 U.S.C. Section 9601 *et seq.*

I give this written permission voluntarily, on behalf of myself and all other co-owners of the Property, with knowledge of my right to revoke my voluntary consent at any time, and without threats or promises of any kind. I understand that an EPA or authorized representative will contact me before the start of any investigation or remedial activities on my property, and I will notify any tenants in my property of any such investigation or remedial activities.

This document should be signed only by the legal owner of the property described above.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name (printed): \_\_\_\_\_

Owner's Address (if different from the Address listed above): \_\_\_\_\_

\_\_\_\_\_

**Please sign and return this form to:**

Heriberto Leon, EPA Region 5 (SI-6J), 77 West Jackson Blvd., Chicago, IL 60604