



Site ID# _____



Property Access Agreement for Soil Sampling Tacoma Smelter Plume Soil Sampling

Owner Name _____
Last First

Street Address _____
Street City State Zip

Mailing Address _____
Street/PO Box City State Zip

Phone (Work) _____ (Home) _____
(Cell) _____ Best time of day to call _____

Dogs Yes/No Locked Gates Yes/No

E-mail address _____

Property Access (circle one): Sample anytime / Schedule an appointment _____
Best time(s) / Day(s)

Agreement Language

This section describes what you are agreeing to if you sign this form. Please contact the Tacoma-Pierce County Health Dept. (TPCHD) if you have any questions or concerns (bottom of page).

I am the **owner** of the property identified above, and give my permission for representatives of the TPCHD to enter the property and take soil samples to analyze for **arsenic** and **lead**. Note that if you are not the property owner, your landlord must provide a signed access agreement to allow TPCHD and its representatives to collect a soil sample from the property listed above.

I understand that the data collected from my property are subject to requests for public disclosure under the Public Record Act or the Freedom of Information Act. I understand that the data collected will be placed on a public database. TPCHD or the Washington State Department of Ecology (Ecology) must provide the data, including my name and address, if requested under these acts. However, my name and address will not be published in any report generated by Ecology or its representatives. I understand that I may have to disclose data collected from my property on Form 17 (Real Property Transfer Disclosure Statement) at time of sale.

I agree to hold harmless the Tacoma-Pierce County Health Department and its employees, agents, and representatives from any and all liability arising directly or indirectly from the sampling, testing, evaluation, and disclosure related to the subject project.

Property owner signature

Date

Return your completed form in the following ways: in the enclosed postage-paid envelope; scan or send a picture of the signed access agreement to Glenn Rollins at grollins@tpchd.org.

For Official Use Only:

Parcel Number: _____ Age of house: _____ PCR Study: _____ AREIS: _____ Mapped: _____