



Tacoma - Pierce County

# Health Department

Healthy People in Healthy Communities

## Property Access Agreement for TPCHD Home Soil Testing

**This testing is not part of the Washington State Department of Ecology’s residential yard clean-up program. Results are purely for your information. We will offer advice to help you minimize exposure if your soil is contaminated, but cannot provide financial or physical assistance with clean up.**

Sample Date / Time: \_\_\_\_\_ Site Number: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Age of your home:

- Before 1900
- 1900-1920
- 1920-1940
- 1940-1960
- 1960-1980
- 1980-To present

Number of Children in household: \_\_\_\_\_ Age of Children in household: \_\_\_\_\_

Number of other children that play in your yard: \_\_\_\_\_ Ages of the children: \_\_\_\_\_

Has the home or property had any major projects that disturbed surface soils in the past 30 years, for example landscaping, roto-tilling or grading? \_\_\_\_\_

Do you have a dog or other outdoor pets (If yes, please specify)? \_\_\_\_\_

I am the **owner** of the property identified above, and give my permission for representatives of the Tacoma-Pierce County Health Department to enter the property and take multiple soil samples for the purpose of analyzing the soil to determine whether it contains deposits of arsenic and lead. In the event that TPCHD needs to sample below six inches (e.g., in gardens or areas to be landscaped), I agree to have a utility locator inspect my property prior to sampling, which will be arranged by TPCHD. I would like a copy of the results from samples collected on my property.

**TPCHD will not publish the names and addresses of any participants involved in this study; however, any information collected during the course of this project is subject to requests for public disclosure.**

**This sampling is not meant to fulfill due-diligence requirements for real estate transactions or sampling requirements associated with hazardous waste cleanup laws.**

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 Home Soil Testing program.

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