



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
2890 WOODBRIDGE AVENUE  
EDISON, NJ 08837

**CONSENT FOR ACCESS TO PROPERTY**

Name of Property Owner: \_\_\_\_\_

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

I, \_\_\_\_\_, am the owner of, or representative authorized to grant access to, the above-listed property ("Property"). I hereby consent to officers, employees, contractors, sub-contractors and authorized representatives of the United States Environmental Protection Agency ("EPA") entering and having access to the Property to conduct a response action on the Property pursuant to its response and enforcement authorities under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, 42 U.S.C. Sections 9601-9675.

I understand and agree that the above-mentioned representatives will be free to enter the Property to perform investigative and other response activities as mutually scheduled. These activities include, but are not limited to, the following tasks: (1) visual inspection; (2) soil sampling; (3) ceramic chip sampling; (4) collection of field measurements to determine if lead is present on the exterior of the home and other structures located on the property; and (5) documentation of the samples taken on the property including, but not limited to, photographic documentation, site sketches and GPS coordinates.

I further consent to EPA releasing to the public all analytical results of any samples that EPA and its representatives collect or have collected on the Property.

I understand that EPA requires its contractors to maintain comprehensive vehicle liability insurance and comprehensive general liability insurance for bodily injury, death, and loss or damage to property, arising from the activities conducted by its contractors.

This written permission is given by me voluntarily without threats or promises of any kind. By my signature, I also acknowledge that I am fully authorized to grant the access described in this Consent for Access to Property.

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

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_