## **CONSENT TO ENTER PRIVATE PROPERTY**

| I, | ,                             |       |          |
|----|-------------------------------|-------|----------|
| ,  | Print Name                    | Title |          |
|    |                               |       |          |
|    | Business Name (if applicable) |       |          |
|    |                               |       |          |
|    | Street Address                |       |          |
|    |                               |       |          |
|    | City                          | State | Zip Code |
|    |                               |       |          |
|    | Telephone Number              |       |          |

owner of (or representative authorized by the owner to grant access to) the property described in Attachment A ("Property"), having been informed of the request by the Department of Environmental Quality (DEQ) to conduct corrective actions on the Property, hereby voluntarily permit and authorize the DEQ, its employees, contractors, or authorized representatives to have entry; and, as necessary, to re-enter the Property and to undertake corrective actions, including, but not limited to, install soil borings, take soil samples, and/or conduct other field assessment activities. This access may also be necessary to take photographs.

I understand that the DEQ has the authority pursuant of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), to enter public or private property at all reasonable times for purposes that include, but are not limited to, obtaining samples and taking corrective action.

I agree that the duration of this entry authorization shall be of such reasonable length to enable the DEQ, its employees, contractors, or authorized representatives to satisfactorily complete the activities described herein. The duration of field work to perform these corrective actions is expected to be less than one week once initiated. DEQ staff will notify me at least two days prior to the initiation of field work. A copy of any sample analysis results or photographs taken as part of these activities will be provided to me upon request.

If I choose to revoke this entry authorization, I agree that I will provide a revocation of entry in writing to Mr. Paul Owens, District Supervisor, SE Michigan District Office, Remediation and Redevelopment Division, DEQ, 27700 Donald Court, Warren, Michigan 48092, at least thirty (30) days prior to the effective date of the revocation of

entry authorization. I agree that the duration of this entry authorization shall continue until either I revoke it, or the activities described above are completed. I also agree that as long as this entry authorization remains in force, I will not interfere with, interrupt, change, or otherwise disturb any systems or equipment installed or utilized by the DEQ, its employees, contractors, or authorized representatives.

Upon completion of the corrective actions performed under this Consent to Enter, the DEQ will undertake reasonable efforts to restore to the conditions that existed prior to initiation of corrective actions, any property, vegetation, and structures damaged by the DEQ. I understand that the DEQ's contractors are required through their contract with the State of Michigan to carry certain insurance coverages with respect to their activities.

| This voluntary written permission is granted to the Departme | ent of Environmental Quality |
|--|------------------------------|
| by:  |                              |
|  |                              |
| Signature of Property Owner or Authorized Representative     | Date                         |

## Please return signed consent form via mail, fax or email to:

Gregory Barrows, Senior Geologist Department of Environmental Quality 27700 Donald Court Warren, Michigan 48092-2793 Phone: (586) 753-3807

Phone: (586) 753-3807 Fax: (586) 753-3801

E-Mail: <u>barrowsg@michigan.gov</u>

## OR

St. Clair County Health Department 3415 28<sup>th</sup> Street Port Huron, MI 48060

ATTN: Steve Demick, Environmental Health Director