Wisconsin Department of Natural Resources

Vapor Intrusion Template Access Agreement

**April 2014 RR-984**

**Responsible Party / 3rd Party Version**

**Access Agreement to Install Vapor Mitigation System**

Instructions for Use

* This template access agreement is meant to be used by the RP or its contractor to gain access to a property in order to install a chemical vapor mitigation system.
* Consider enclosing DNR PUB RR 892: What is Vapor Intrusion; RR 953: Why Test for VI; and RR 954: What to Expect During VI Sampling

Wisconsin DNR expects you to conduct honest and timely communication and outreach to residents and businesses in areas potentially impacted by vapor intrusion.

Because of the complex nature of vapor intrusion investigations, it is not possible to create a template letter for every situation. This template letter is yours to use as you see fit, in whole or in part. You may cut and paste this letter to your own letterhead.

When eventually sharing results of vapor intrusion testing, your communication with affected property owners should be done in plain, easily understood language. Laboratory results should be shared along with a simple cover letter that summarizes the results and any additional action or next steps.

Additionally, please keep these points in mind:

* This Microsoft Word document contains macro-enabled fields that may not function properly with other word processing programs or platforms.
* Yellow-shaded areas are macro-enabled. Click anywhere within the yellow-shaded area and fill in with the appropriate information.
* Green-shaded areas are NOT macro-enabled, but are meant to provide suggestions regarding language or statements, or to suggest enclosing or attaching additional documents to the letter. You should delete these sections in your final version.

Comments or questions about this template letter can be sent to: WI DNR Brownfields Program, to the attention of Mick Skwarok ([Michael.Skwarok@wisconsin.gov](mailto:Michael.Skwarok@wisconsin.gov)) or Alyssa Sellwood ([Alyssa.Sellwood@wisconsin.gov](mailto:Alyssa.Sellwood@wisconsin.gov)).

This document contains information about certain state statutes and administrative rules but does not necessarily include all of the details found in the statutes and rules. Readers should consult the actual language of the statutes and rules to answer specific questions. The Wisconsin Department of Natural Resources provides equal opportunity in its employment, programs, services, and functions under an Affirmative Action Plan. If you have any questions, please write to Equal Opportunity Office, Department of Interior, Washington, D.C. 20240. This publication is available in alternative format upon request. Please call 608-267-3543 for more information.

ACCESS PERMISSION AND VAPOR MITIGATION AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission to Name of RP or Consultant

(Print Name)

and its employees, duly authorized representatives, agents and contractors, to enter upon and have access at

reasonable times to the home/business located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and

(Address)

that is owned by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Print Name)

The property is located in the TOWN, RANGE, SECTION, PARCEL #, ETC. , COUNTY, Wisconsin.

The access permission is for the following purposes: The Name of RP or Consultant may mitigate vapor intrusion at the home/business due to CONTAMINANT. This permission allows the Name of RP or Consultant to:

1. *Inspect the home and determine which (if any) diagnostic tests are necessary in the home prior to installation of a sub-slab depressurization system (SSDS);*
2. *Install a SSDS in the home;*
3. *Conduct communication testing beneath the foundation slab after the SSDS is installed to determine if a pressure differential exists and to add additional suction pits, do additional foundation sealing, etc., if necessary;*
4. *If needed, to collect indoor air sample(s) on each level of the home; and*
5. *Inspect and maintain the system, and perform repairs to the system when needed*

The permission that is granted shall remain in effect until Name of RP receives closure approval from DNR for the source property.

Once the installation is complete, the SSDS will be owned by the property owner. The contractor will provide a basic warranty on labor and materials to the homeowner. The property owner agrees not to damage or interfere with the operation of the SSDS and any work performed in the home that was completed as part of the SSDS installation.

The responsible party will conduct operation, maintenance and repair of the mitigation system until DNR grants closure at the source property. After that time, the property owner assumes responsibility for the maintenance, operation and repair of the SSDS, and understands that in order for the system to be effective it must be operated continuously and as instructed by the contractor.

The property owner understands and agrees that DNR is not liable or responsible for any operation, repair, maintenance or any other costs associated with the SSDS after the SSDS is installed.

IN WITNESS WHEREOF:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Property Owner Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Email address

**(INFORMATION ON REVERSE)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address of Owner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code and Telephone Number

**TENANT(S) / LESSEE(S) by UNIT NUMBER, ETC.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Tenant(s)/Lessee(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant(s) phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant(s) email address

Mail or fax correspondence regarding this site to:

Name of RP or Consultant

ADDRESS

FAX NUMBER

EMAIL ADDRESS