



Property Access Agreement for Soil Sampling

Owner Name				
	Last	First		
Street Address	Street	C:t.	Ctata	7in
	Street	City	State	Zip
Mailing Address	011/DO D	0.17	01.1	
D I (D)	Street/PO Box	City	State	Zip
Phone (Day)	(Evening)			
E-mail address				
Property Access (cl	neck one): Sample anyti	ime/Schedule an appoint	ment: Best time(s) /	Day(s)
Dogs : ☐ Yes ☐ No	Locked Gates:	Yes No Septic	: Yes No	
Underground Utilitie	es: Yes No			
Safety Hazards: Are there any unsafe areas we should stay away from? Please describe:				
have any questions o	or concerns (contact infor	to if you sign this form. If mation at bottom of the p	eage).	·
(deleted Agents) of the and take soil samples owner, your landlord	ne Washington State Dep s to analyze for arsenic a must provide a signed a	ve, and give my permission of Ecology (Ecology) (Ecology	logy) to enter the p f you are not the p	roperty
disclosure under th Ecology must provide address will not be pu understand that I may	e Public Record Act or e the data, including my rublished in any report ge	ny property are subject the Freedom of Information and address. Howe nerated by Ecology or its collected from my property me of sale.	ation Act. If reque ever, my name and representatives. I	ested,
		es, and representatives f , testing, evaluation, and		
Property owner signa	ture		Date	
Please return your compl	eted form in the enclosed pos	stage-paid envelope to Leslie J	imenez, Public Health	- Seattle

& King County, 401 5th Ave, Suite 1100 Seattle, WA 98104, or email it to ljimenez@kingcounty.gov