## ACCESS PERMISSION AND VAPOR MITIGATION AGREEMENT

I,	hereby give permission to	the City of West Bend
(Print Name)	_ , , ,	, and the second
and its employees, duly authorized represent	tatives, agents and contracto	rs, to enter upon and have access at
reasonable times to the home located at		, West Bend, Wisconsin 53090, and
	(Address)	
that is owned by		
(Prin	nt Name)	
The property is located in the Town 11 Nort	h, Range 19 East, Section 9,	parcel #,
Washington County, West Bend, Wisconsin		

The access permission is for the following purposes: The City of West Bend or City's consultants or agents may mitigate vapor intrusion at the home due to chlorinated volatile organic compounds (CVOC). This permission allows the City of West Bend or the City's consultants or agents 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 the City of West Bend 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 or manufacturer's operation manual.

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	
TIII 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	
Γenant(s) email address	Mail or email correspondence regarding this sit to:
	City of West Bend Doug Neumann, Director of Public Works

City of West Bend Doug Neumann, Director of Public Works 251 Municipal Drive West Bend, WI 53095

neumannd@ci.west-bend.wi.us