## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION DRYCLEANING SOLVENT CLEANUP PROGRAM PERMISSION TO ENTER PROPERTY

| l. | The undersigned real property owner,                        | ("undersigned"), hereby gives                  |
|----|---|--|
|    | permission to the State of Florida, Department of Environm  | ental Protection ("Department") and its        |
|    | agents and contractors to enter the undersigned's property  | ("the property") located at {insert address of |
|    | eligible drycleaning solvent contaminated site and ERIC ID# |  |

- 2. This permission is specifically limited to the following activities which may be performed by the Department, its agents or contractors: <u>Collection of soil, groundwater (including the installation of wells)</u>, surface water and sediment samples for the assessment of the nature and extent of contamination.
- 3. Upon completion of the investigation, the Department, its agents or contractors will restore the property as nearly as practicable to its condition immediately prior to the commencement of such activities.
- 4. The granting of this permission by the undersigned is not intended, nor should it be construed, as an admission of liability on the part of the undersigned or the undersigned's successors and assigns for any contamination discovered on the property.
- 5. The Department, its agents or contractors may enter the property during normal business hours and may also make arrangements to enter the property at other times after agreement from the undersigned.
- 6. The undersigned shall not be liable for any injury, damage or loss on the property suffered by the Department, its agents or employees, unless caused by the negligence or intentional acts of the undersigned or its agents or employees.
- 7. The Department acknowledges and accepts its responsibility under applicable law (Section 768.28, Florida Statutes) for damages caused by the acts of its employees acting within the scope of their employment while on the property.
- 8. The undersigned authorizes the Department to act as their agent in signing all required forms and supporting documentation necessary for the purpose of obtaining applicable permits related to well construction, repair, modification, and abandonment. The Department accepts responsibility under Chapter 373, Florida Statutes, to maintain or properly abandon monitor wells installed pursuant to this agreement.
- 9. Monitoring wells installed pursuant to this agreement are the property of the Department. The undersigned is responsible for restoring any Department property that may be damaged or lost during site development activities undertaken by the undersigned. These activities may include, but are not limited to, site redevelopment and resurfacing of the parking area. In order to secure and protect the Department's property from damage, the Department requests notification within thirty (30) calendar days prior to any activities that may damage or destroy monitoring wells/equipment. Once notified, the Department and/or its agent will coordinate with the undersigned in an effort to secure and protect the monitoring wells.

Permission to Enter Property {Enter Site Name} {Enter ERIC ID#}

| Signature of Undersig                  | ned (Real Property Owner)  | )            | Signature of Witness      |                      |  |
|--|----------------------------|--------------|---------------------------|----------------------|--|
|  |                            |              |                           |                      |  |
| Print Name                             | Date                       |              | Print Name                | Date                 |  |
| Address:                               |                            |              |                           |                      |  |
|  |                            |              |                           |                      |  |
| Email:                                 |                            |              |                           |                      |  |
| Phone:                                 |                            |              |                           |                      |  |
| Preferred Correspond                   | lence - Email:             | Phone:       |                           |                      |  |
| Accepted by the State                  | e of Florida Department of | Environmenta | l Protection by the follo | wing authorized ager |  |
| Signature of Department Representative |                            |              | Signature of Witness      |                      |  |
| Print Name                             | Date                       |              | Print Name                | Date                 |  |
| DEP Project Manager                    |                            |              |                           |                      |  |
| Email:                                 |                            |              |                           |                      |  |
| Phone:                                 |                            |              |                           |                      |  |