

**ACCESS AUTHORIZATION FORM FOR
SAMPLING OF DRINKING WATER WELL(S)**

I, _____ (full name), am the

property owner

tenant

of the real property located at:

Property Street Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email: _____

TENANTS: Please provide name and phone number of property owner or property manager:

OWNERS OF RENTAL PROPERTY: Please provide name and phone number of current tenant:

I hereby give the Navy and its contractor(s) permission to access the above described property on _____ (date) to collect drinking water samples from the drinking water well(s) located on this property. I affirm that I have authority to allow access to this property. I understand that if my sampling appointment is rescheduled, a new access authorization form must be completed prior to sample collection.

I understand that this sampling will allow the Navy to assess whether certain per- and polyfluoroalkyl substances (PFAS), specifically perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS) have migrated from a potential source on Naval Weapons Station Earle to the drinking water well(s) on above described property. I also understand that the Navy will call me with the preliminary results within 30 days of the sampling date and will explain next steps, if any, based on those results. I understand the Navy will provide the validated sampling results in writing (via mail) within 3 months from the sampling date.

Signature

Date Signed