

When recorded, return to:

Arizona Department of Environmental Quality
Waste Programs Division
Technical Support Section
1110 W. Washington Street
Phoenix, Arizona 85007

**CANCELLATION OF
A NOTICE OF VOLUNTARY ENVIRONMENTAL MITIGATION USE
RESTRICTION**

[ADEQ Program Name]
[Facility Name]
[Facility Address]

This Cancellation of a Notice of Voluntary Environmental Mitigation Use Restriction is executed on behalf of the Arizona Department of Environmental Quality (“Department”).

RECITALS

A. On _____ *[date]*, _____
[original owner] executed a written Notice of Voluntary Environmental Mitigation Use Restriction (“Notice”) pertaining to the property located at _____

[insert address used in the original Notice]. The Notice included the following restriction:

[summarize the institutional and/or engineering control described in the Notice]. The Department reviewed and approved the Notice prior to its recording.

B. The Notice was recorded in the office of the _____ County Recorder on _____ *[date]* and given instrument number _____.

C. On _____ *[date]*, _____ submitted a request that the Notice described above be cancelled. After reviewing the information submitted, the Department has determined that cancellation of the Notice is appropriate because soil contaminant concentrations have been remediated in accordance with A.R.S. § 49-152.

CANCELLATION

On behalf of the Department, this is to provide notice that the Notice described above has been cancelled, and that the restrictions that were described in the Notice no longer apply to the property identified above.

This Cancellation of a Voluntary Environmental Mitigation Use Restriction is confirmed this _____ day of _____, 20__, by the Arizona Department of Environmental Quality.

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY, an agency of the State of Arizona,

by: _____
[signature of the Department's authorized agent]

Name _____
[print name of the authorized agent]

Its _____
[state person's official title]

This Cancellation of a Voluntary Environmental Mitigation Use Restriction was subscribed and sworn to before me this _____ day of _____, 20__.

by: _____
[state full name and title of Department's agent]

Notary Public

My commission expires: _____