



**Washington State
Department of Transportation**

Duane Berentson
Secretary of Transportation

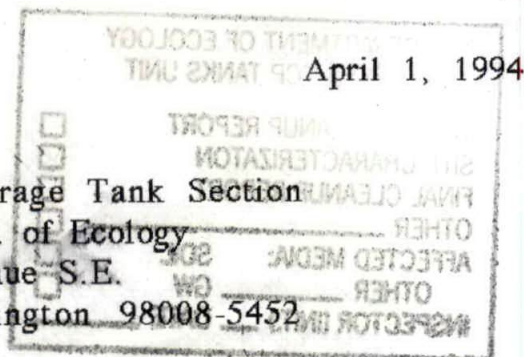
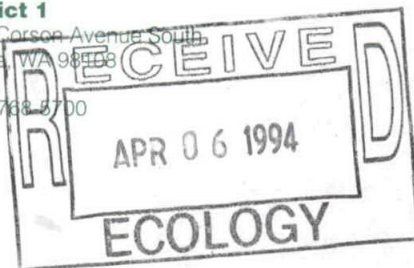
UGT INC # 5147
WDOT Bellingham Maintenance
Whatcom Co

NW 00607474
012239

District 1

6431 Carson Avenue South
Seattle, WA 98148

(206) 763-5700



Underground Storage Tank Section
Wash. State Dept. of Ecology
3190 160th Avenue S.E.
Bellevue, Washington 98008-5452

RECEIVED

SEP 15 1994

DEPT. OF ECOLOGY

Re: 512 Sunset Drive, Bellingham, WA
Underground Storage Tank, and
Removal of Contaminated Soil

The following is a final report of work conducted on Washington State Department of Transportation (WSDOT) property located in Bellingham. The address is 512 Sunset Drive (Site Map Enclosed).

SCOPE OF WORK

On 01-31-1994 (WSDOT) personnel decided to remove a single 1,000- gallon underground heating oil tank. This decision was made due to the fact (WSDOT) maintenance facility burned down the previous week, and the decision not to rebuild at this site.

Environmental consultants on site, Welch Enterprises, Inc. Mt. Vernon, WA (206)336-9578 (certifications enclosed) were asked to assist in the removal of the Underground Storage Tank (UST). Upon probing the UST it was determined that approximately 700 gallons of oil and water mix remained in storage.

Vintage Oil from Anachortes, WA 1-800-367-1961 was then called to pump and rinse UST (Bill of Lading, and Hydro-Clor Q Test results enclosed). Cover soil was then removed, 30 lbs. of dry ice added to inert UST, then the storage tank was removed and placed on a concrete slab.

Once UST was pulled out of its bed, it was very apparent that this storage tank had been leaking. The site was secured until the next morning 02-01-1994 at approximately 9:30 A.M. Joe Roybal, WSDOT Hazardous Material Coordinator, as described in Chapter 173-360-

RECEIVED

SEP 12 1994

DEPT. OF ECOLOGY

SR 10/1/94
10/1/94

DEPARTMENT OF ECOLOGY	
NWRC/TCP TANKS UNIT	
INTERIM CLEANUP REPORT	<input type="checkbox"/>
SITE CHARACTERIZATION	<input checked="" type="checkbox"/>
FINAL CLEANUP REPORT	<input checked="" type="checkbox"/>
OTHER _____	<input type="checkbox"/>
AFFECTED MEDIA: SOIL	<input checked="" type="checkbox"/>
OTHER _____ GW	<input checked="" type="checkbox"/>
INSPECTOR (INIT.)	DATE 9-27-94

Independent Action Report Update

Site Name: WDOT Bellingham Maintenance (1994)

Inc. #: 5147 Date of Report: Apr. 1, 1994

County: Whatcom Date Report Rec'd: 9-15-94
(4-6-94 HQ)

Reviewed by: J. Hickey

Comments (please include: free prod., tank info., media, contaminant migration, GW conc. trends, PCS treated/fate?):

1-1Kgal. leaking oil tank was removed
on 1-31-94. 210 gals³, or 335.68 tons
was successfully overexcavated
and treated at Woodworth on 2-5
8-7-94. No groundwater encoun-
tered.

399 WAC placed a call to the Washington State Department of Ecology (WSDOE) and spoke to John Bails (206)649-7094 and advised him of the type of contamination encountered. Mr. Roybal also called Mr Joe Hickey with WSDOE Northwest Regional office and advised of WSDOT intention to cleanup this site in accordance to the Model Toxics Control Act (Chapter 173-340 WAC).

Joe Roybal WSDOT Hazardous Material Coordinator, and WSDOE Registered Site Assessor then took confirmation sample of contaminated pit site for analysis. The sample was labeled SS#1 E&W Walls at 7'-0", placed into cooler with dry ice, then checked in at Laucks Testing Laboratories, Inc. Seattle, WA (206)767-5060 for analysis. The type of analysis requested was WTPH-D & HCID (results enclosed for your review).

Environmental consultants Welch Enterprises, Inc. were unable to mobilize equipment to pursue contamination, at which time I placed a call to Mr. Scott Waldal, with Western Environmental, Ltd. Snohomish, WA. (206)568-4200 (certifications enclosed).

At approximately 2:30 P.M. that day Mr. Waldal began to remove contaminated soil from pit (see site map #2 for excavation limits). Top 8 to 9 feet of soil was unsaturated sandy material, the layer below was clayish in texture. Approximately 140 cubic yards of contaminated soil was removed the first day, this material was placed on 10 mill visquene within a containment cell, and covered for storage.

On 02-02-1994 excavation of contaminated soil continued. An additional 70 cubic yards of contamination was removed from the pit before Hydrocarbon Detection Meter (FID) indicated area was clean enough to take clearance samples. A total of 210 cubic yards was excavated.

Excavation pit measured approximately 45 feet North to South by 20 feet East to West, with an average depth of 8 to 12 feet (see site map #2 enclosed for your review).

SAMPLING FORMAT

At 11:43 clearance samples were taken, which were later transported by a WSDOT environmental support assistant, Mr. Thad

Richardson. Avocet Environmental Testing Bellingham (206)734-9033 performed requested analysis of WTPH-D, the weather was mild, overcast and approximately 46 degrees, the following sampling data is for your review, (results enclosed).

Soil sample #2 8'-0" from North wall, clayish gravel mix.
Soil sample #3 10'-0" from East wall, clayish soil.
Soil sample #4 8'-0" from West wall, clayish soil.
Soil sample #5 11'-0" from area below UST bed, clayish soil.
Soil sample #6 9'-0" from South wall, clayish soil.

Two additional samples were randomly taken from stockpiled material these samples were labeled as follows.

Soil sample #7 from stockpile.
Soil sample #8 from stockpile.

No groundwater was encountered during the excavation of the contaminated soil, thus no groundwater samples were taken. Photos were taken of various stages of the cleanup and will be made available upon request.

SAMPLE RESULTS

SS #1 7500 Parts Per Million (PPM) Maximum Concentration Sample
SS #2 Less than 25 PPM clearance sample
SS #3 Less than 25 PPM clearance sample
SS #4 Less than 25 PPM clearance sample
SS #5 55 PPM clearance sample
SS #6 Less than 25 PPM clearance sample
SS #7 82 PPM Stockpiled soil
SS #8 Less than 25 PPM stockpiled soil

On 02-03-1994 I recalled John Bails with WSDOE and advised him of clearance sample results. Mr. Bails advised that the level of clearance was good. I advised Mr. Bails that I would submit a report upon completion.

After reviewing sample results I advised the contractor to backfill excavation site. Clean pit run material was then tamped and rolled into place.

April 1, 1994
Wash. State Dept. of Ecology
Page 4.

SOIL TREATMENT

On 02-04-1994 Enviro-Con Trucking Inc. (ECTI) Mukilteo, WA (206)353-4133 Began hauling contaminated soil to Woodworth & Company Inc. Tacoma, WA (206)383-3585 a total of 194.21 tons of contaminated soil was processed on this day.

On 02-05-1994 (ETCI) hauled an additional 141.47 tons of contaminated soil to Woodworth & Company Inc. this soil was treated on 02-07-1994.

DOCUMENTATION

Enclosed please find the following documents relating to this project.

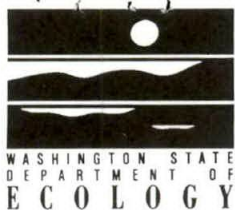
1. UST Removal permit from Bellingham Fire Department.
2. UST 30 Day Notice to WSDOE.
3. UST Permanent Closure and Site Assess Notice.
4. UST Site Check/Site Assessment Checklist.
5. WSDOT Fuel Oil Tank Removal Report.
6. Contractors Certifications
7. Bill of Lading for UST product.
8. Hydro-Chlor Q Test results.
9. Chain of Custody for soil samples.
10. Analytical results.
11. Certificate of Recycling
12. Summary of Laboratory and Field Analysis.
13. Site specific Maps.

If you should need further information regarding this report please call me at Public (206)768-5740 or Scan 493-5740.

Sincerely



JOSEPH ROYBAL
Hazardous Material Coordinator



UNDERGROUND STORAGE TANK 30 DAY NOTICE

See back of form for instructions
Please ☒ the appropriate box

☐ Intent
to Install

☐ Intent
to Close

For Office Use Only

Owner # 10007474

Site # 012239

☐ Both

SITE INFORMATION:

Site ID Number (on invoice or available from Ecology if the tank is registered): _____

Site/Business Name: WA. ST. DEPT. OF TRANS. MAINT. SITE

Site Address: 512 SUNSET

Street

BELLINGHAM

City

Owner/Operator
Telephone: (206) 676-2100

WA.

State

98225

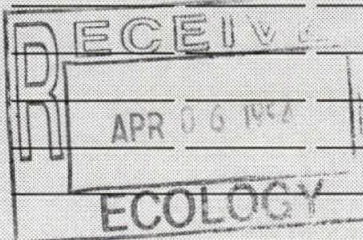
ZIP-Code

TANK INFORMATION:

TANKS TO BE CLOSED

This section to be filled out **ONLY** if tanks are being removed

Tank ID	Projected Closure Date	Tank Capacity	Substance Stored	Date tank last used	Is there product in the tank? (yes/no)	If no, date tank was pumped
<u>?</u>		<u>1000 GAL.</u>	<u>HEATING OIL</u>	<u>?</u>	<u>YES</u>	<u>1-31-94</u>



TANKS TO BE INSTALLED

This section to be filled out **ONLY**
if tanks are being installed

Tank ID Approx.
Install Date

TANK INSTALLATION TO BE PERFORMED BY (if known):

This section to be filled out **ONLY** if tanks are being installed

Service Provider: _____ Contact Name: _____

Telephone: (____) _____

Address: _____

Street

City

P.O. Box

State

ZIP-Code

TANK PERMANENT CLOSURE TO BE PERFORMED BY (if known):

This section to be filled out **ONLY** if tanks are being removed

Service Provider: WELCH ENTERPRISES, INC.

Contact Name: ROBERT H. WELCH (PRESIDENT)

Telephone: (206) 336-9578

Address: P.O. BOX 366 115 LIND ST.

Street

MOUNT VERNON,

WA.

State

P.O. Box

98273

ZIP-Code

This form will be returned to this address

UST OWNER/
OPERATOR WA. ST. DEPT. OF TRANS.

MAILING
ADDRESS 6431 CORSON AVE. SOUTH

Street

SEATTLE, WA.

City

State

98108

ZIP-Code

Once validated by Ecology, this form serves as your temporary permit for the tanks listed above.

Please type or print information

ECY 020-33

PLEASE READ CAREFULLY

Return this completed form to:

Underground Storage Tank Section

Department of Ecology

P. O. Box 47655

Olympia, WA 98504-7655

INSTRUCTIONS

Check the appropriate box for tank closure, tank installation, or both.

SITE INFORMATION:

Fill in the site information. Be sure to include the site number for the tank closures. Include the contact telephone number so that any problems may be resolved quickly.

TANK INFORMATION:

List the tanks to be installed or closed. Please use tank ID number(s) for the tanks to be closed and assign new tank ID number(s) to the tanks being installed. **Do not use existing numbers from closed tanks.**

TANK INSTALLATION TO BE PERFORMED BY:

List the installation contractor. Firms that provide UST services **MUST** be licensed by Ecology. Once your completed form is received, Ecology will validate it and return it to you. This validated form is your temporary permit. A temporary permit will allow you to receive product. A new notification form must be submitted within 30 days of installation in order to receive permanent permit(s).

TANK PERMANENT CLOSURE TO BE PERFORMED BY:

List the closure contractor. Firms that provide UST services **MUST** be licensed by Ecology. Ask to see their license. Once a completed 30 day notice closure form is received, Ecology will place the date received on the form and return a copy to the owner.

Closure may proceed 30 days after the date stamped on the form. A site assessment is required at the time of closure unless contamination is confirmed. Any contamination must be reported within 24 hours to the appropriate Ecology Regional Office.

Please fill in the owner's name and address. **Confirmation of receipt of this form and your temporary permit will be sent to this address.**

Contact your local fire marshal and planning department prior to tank closure to find out about any additional permits that may be required by the county or other local jurisdictions. This may include the need to comply with the State Environmental Policy Act (SEPA) Rules Chapter 197-11 WAC.

Tanks exempt from notification requirements are:

Farm or residential tanks, 1100 gallons or less, used to store motor fuel for personal or farm use only. The fuel must not be for resale or used for business purposes.

Tanks used for storing heating oil that is used on the premises where the tank is located.

Tanks with a capacity of 110 gallons or less.

Equipment or machinery tanks such as hydraulic lifts or electrical equipment tanks.

Emergency overflow tanks, catch basins, or sumps.

**For more information call toll free in the state of Washington
1-800-826-7716 or (206) 438-7137**



UNDERGROUND STORAGE TANK TEMPORARY/PERMANENT CLOSURE and SITE ASSESSMENT NOTICE

See back of form for instructions
Please ☒ the appropriate box(es)
Please type or print information

☐ Temporary Tank Closure ☒ Permanent Tank Closure ☐ Change-In-Service ☒ Site Assessment/ Site Check

For Office Use Only

Owner # U0007474

Site # 012239

SITE INFORMATION:

Site ID Number (on invoice or available from Ecology if the tanks are registered): _____

Site/Business Name: WA. ST. DEPT. OF TRANSPORTATION MAINT.

Site Address: 512 SUNSET DRIVE. Telephone: (206) 676-2100

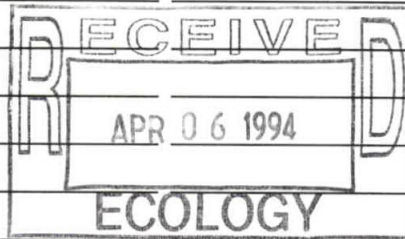
BELLINGHAM
Street
City

WA. 98225
State ZIP-Code

TANK INFORMATION:

Tank ID Closure Date Tank Capacity Substance Stored

1-31-94 1000 GAL. HEATING OIL



CONTAMINATION PRESENT AT THE TIME OF CLOSURE



Check unknown if no obvious contamination was observed and sample results have not yet been received from analytical lab.

UST SYSTEM OWNER/OPERATOR:

UST Owner/Operator: WA. ST. DEPT. OF TRANSPORTATION

Owners Signature: Joseph Roybal FOR WSDOT Telephone: (206) 768-5700

Address: 6431 CORSON AVE. SOUTH.

SEATTLE
Street
City

WA. 98108
P.O. Box
State ZIP-Code

TANK CLOSURE/CHANGE-IN-SERVICE PERFORMED BY:

Service Provider: WELCH ENTERPRISES, INC. License Number: S000285

Licensed Supervisor: Rodney R. Welch Decommissioning License Number: W000404

Supervisors Signature: Rodney R. Welch

Address: P.O. BOX 366 • 115 LIND ST.

MT. VERNON
Street
City

WA. 98213
P.O. Box
State ZIP-Code

Telephone: (____) _____

SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Name of Registered Site Assessor: JOSEPH ROYBAL FOR WA. ST. DEPT. OF TRANS.

Telephone: (206) 768-5740

Address: 6431 CORSON AVE. SOUTH

SEATTLE
Street
City

WA. 98108
P.O. Box
State ZIP-Code

PLEASE READ CAREFULLY

INSTRUCTIONS

This form is to be completed by the Tank Owner and submitted to Ecology within 30 days of tank closure.

Mark the appropriate box(es) for temporary tank closure, permanent tank closure, change-in-service, or site assessment.

Permanent Closure and Change-in-Service require a site assessment be performed.

SITE INFORMATION:

Fill in the site information. Be sure to include the Ecology site ID number. This number may be found on the invoice or permit. Include a contact telephone number so any problems may be resolved quickly.

TANK INFORMATION:

List the tanks that were closed. Please use tank ID numbers and indicate the date of permanent closure. Be sure to attach your Underground Storage Tank Permits for any tanks that are now closed.

UST SYSTEM OWNER/OPERATOR:

Please fill in the owner's/operator's name, address, and telephone number. **Be sure to sign this form.**

TANK CLOSURE/CHANGE-IN-SERVICE PERFORMED BY:

List the closure company. Companies that provide UST services **MUST** be licensed by Ecology. Ask to see their supervisor's license. Make sure the licensed supervisor signs this form.

SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Fill in the site assessor information for permanent closure or change-in-service. Mark the appropriate box showing whether contamination from the underground tank(s) was or is present at the site. A site check/site assessment **MUST** be conducted by a site assessor who is registered with Ecology.

If contamination at the site is found or suspected, the appropriate Ecology Regional Office must be notified within 24 hours. If the contamination is confirmed, a site characterization report must be submitted to the regional office within 90 days. If contamination is not confirmed, a site assessment report must be submitted to the above address within 30 days.

Tanks exempt from notification requirements are:

Farm or residential tanks, 1100 gallons or less, used to store motor fuel for personal or farm use only. The fuel must not be for resale or used for business purposes.

Tanks used for storing heating oil that is used on the premises where the tank is located.

Tanks with a capacity of 110 gallons or less.

Equipment or machinery tanks such as hydraulic lifts or electrical equipment tanks.

Emergency overflow tanks, catch basins, or sumps.

Return this completed form to:

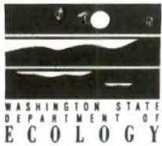
Underground Storage Tank Section

Department of Ecology

P. O. Box 47655

Olympia, WA 98504-7655

**For more information call toll free in the state of Washington
1-800-826-7716 or (206) 438-7137**



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

For Office Use Only

Owner #

U0007474

Site #

012239

INSTRUCTIONS:

When a release has **not** been confirmed and reported, this Site Check/Site Assessment Checklist must be completed and signed by a person registered with the Department of Ecology. **The results of the site check or site assessment must be included with this checklist.** This form must be submitted to Ecology at the address shown below within 30 days after completion of the site check/site assessment.

SITE INFORMATION: Include the Ecology site ID number if the tanks are registered with Ecology. This number may be found on the tank owner's invoice or tank permit.

TANK INFORMATION: Please list all the tanks for which the site check and site assessment is being conducted. Use the tank ID number if available, and indicate tank capacity and substance stored.

REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT: Please check the appropriate item.

CHECKLIST: Please initial each item in the appropriate box.

SITE ASSESSOR INFORMATION: This form must be signed by the registered site assessor who is responsible for conducting the site check/site assessment.

Underground Storage Tank Section
Department of Ecology
P. O. Box 47655
Olympia, WA 98504-7655

SITE INFORMATION

Site ID Number (on invoice or available from Ecology if the tanks are registered): _____

Site/Business Name: WA. ST. DEPT. OF TRANSPORTATION MAINT. SITE

Site Address: 512 SUNSET Telephone: (206) 676-2100

Street

BELLINGHAM WA. 98225

City

State

ZIP-Code

TANK INFORMATION

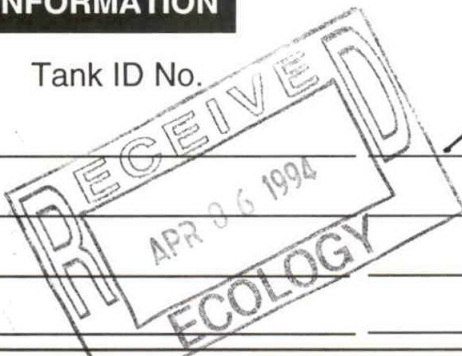
Tank ID No.

Tank Capacity

Substance Stored

1000 GALLONS

HEATING OIL



REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

- ☐ Investigate suspected release due to on-site environmental contamination.
- ☐ Investigate suspected release due to off-site environmental contamination.
- ☐ Extend temporary closure of UST system for more than 12 months.
- ☐ UST system undergoing change-in-service.
- ☐ UST system permanently closed-in-place.
- ☒ UST system permanently closed with tank removed.
- ☐ Abandoned tank containing product.
- ☐ Required by Ecology or delegated agency for UST system closed before 12/22/88.
- ☐ Other (describe): _____

CHECKLIST

Each item of the following checklist shall be initialed by the person registered with the Department of Ecology whose signature appears below.

	YES	NO
1. The location of the UST site is shown on the vicinity map.	X	
2. A brief summary of information obtained during the site inspection is provided. (see Section 3.2 in the Site Assessment Guidance)	X	
3. A summary of UST system data is provided. (see Section 3.1)	X	
4. The soils characteristics at the UST site are described. (see Section 5.2)	X	
5. Is there apparent groundwater in the tank excavation?		X
6. A brief description of the surrounding land is provided. (see Section 3.1)	X	
7. Information has been provided indicating the number and types of samples collected, methods used to collect and analyze the samples, and the name and address of the laboratory used to perform the analyses.	X	
8. A sketch or sketches showing the following items is provided:		
- location and ID number for all field samples collected	X	
- groundwater samples distinguished from soil samples (if applicable)	N/A	
- samples collected from stockpiled excavated soil	X	
- tank and piping locations and limits of excavation pit	X	
- adjacent structures and streets	X	
- approximate locations of any on-site and nearby utilities	X	
9. If sampling procedures different from those specified in the guidance were used, has justification for using these alternative sampling procedures been provided? (see Section 3.4)	N/A	
10. A table is provided showing laboratory results for each sample collected including: sample ID number, constituents analyzed for and corresponding concentration, analytical method and detection limit for that method.	X	
11. Any factors that may have compromised the quality of the data or validity of the results are described.	N/A	
12. The results of this site check/site assessment indicate that a confirmed release of regulated substance has occurred.	X	

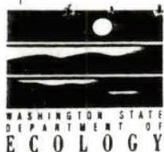
SITE ASSESSOR INFORMATION

<u>JOSEPH ROYBAL</u>	<u>WA. ST. D. O. T.</u>
PERSON REGISTERED WITH ECOLOGY	FIRM AFFILIATED WITH
BUSINESS ADDRESS: <u>6431 CORSON AVE. SOUTH</u>	TELEPHONE: <u>(206) 768-5740</u>
<u>SEATTLE</u>	<u>WA.</u>
CITY	STATE
	<u>98108</u>
	ZIP+CODE

I hereby certify that I have been in responsible charge of performing the site check/site assessment described above. Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

2-2-94 Date

Joseph Roybal Signature of Person Registered with Ecology



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

NW

For Office Use Only

Owner #

U0007474

Site #

012237

INSTRUCTIONS:

When a release has **not** been confirmed and reported, this Site Check/Site Assessment Checklist must be completed and signed by a person registered with the Department of Ecology. **The results of the site check or site assessment must be included with this checklist.** This form must be submitted to Ecology at the address shown below within 30 days after completion of the site check/site assessment.

SITE INFORMATION: Include the Ecology site ID number if the tanks are registered with Ecology. This number may be found on the tank owner's invoice or tank permit.

TANK INFORMATION: Please list all the tanks for which the site check and site assessment is being conducted. Use the tank ID number if available, and indicate tank capacity and substance stored.

REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT: Please check the appropriate item.

CHECKLIST: Please initial each item in the appropriate box.

SITE ASSESSOR INFORMATION: This form must be signed by the registered site assessor who is responsible for conducting the site check/site assessment.

Underground Storage Tank Section
Department of Ecology
P. O. Box 47655
Olympia, WA 98504-7655

SITE INFORMATION

Site ID Number (on invoice or available from Ecology if the tanks are registered): _____

Site/Business Name: WA. ST. DEPT. OF TRANSPORTATION MAINT. SITE

Site Address: 512 SUNSET Telephone: (206) 676-2100

Street

BELLINGHAM

City

WA.

State

98225

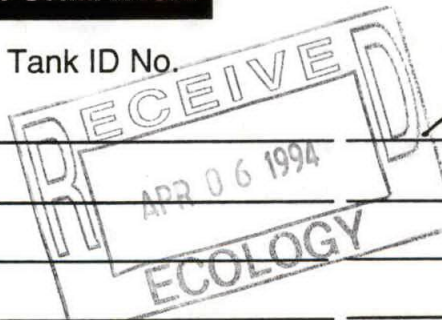
ZIP-Code

TANK INFORMATION

Tank ID No.

Tank Capacity

Substance Stored



1000 GALLONS

HEATING OIL

REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

- ☐ Investigate suspected release due to on-site environmental contamination.
- ☐ Investigate suspected release due to off-site environmental contamination.
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- ☐ Required by Ecology or delegated agency for UST system closed before 12/22/88.
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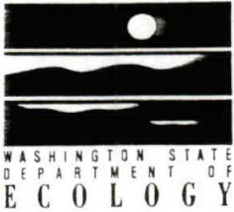
CHECKLIST

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	YES	NO
1. The location of the UST site is shown on the vicinity map.	X	
2. A brief summary of information obtained during the site inspection is provided. (see Section 3.2 in the Site Assessment Guidance)	X	
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5. Is there apparent groundwater in the tank excavation?		X
6. A brief description of the surrounding land is provided. (see Section 3.1)	X	
7. Information has been provided indicating the number and types of samples collected, methods used to collect and analyze the samples, and the name and address of the laboratory used to perform the analyses.	X	
8. A sketch or sketches showing the following items is provided:		
- location and ID number for all field samples collected	X	
- groundwater samples distinguished from soil samples (if applicable)	N/A	
- samples collected from stockpiled excavated soil	X	
- tank and piping locations and limits of excavation pit	X	
- adjacent structures and streets	X	
- approximate locations of any on-site and nearby utilities	X	
9. If sampling procedures different from those specified in the guidance were used, has justification for using these alternative sampling procedures been provided? (see Section 3.4)	N/A	
10. A table is provided showing laboratory results for each sample collected including: sample ID number, constituents analyzed for and corresponding concentration, analytical method and detection limit for that method.	X	
11. Any factors that may have compromised the quality of the data or validity of the results are described.	N/A	
12. The results of this site check/site assessment indicate that a confirmed release of regulated substance has occurred.	X	

SITE ASSESSOR INFORMATION

<u>JOSEPH ROYBAL</u>	<u>WA. ST. D. O. T.</u>
PERSON REGISTERED WITH ECOLOGY	FIRM AFFILIATED WITH
BUSINESS ADDRESS: <u>6431 CORSON AVE. SOUTH</u>	TELEPHONE: <u>(206) 768-5740</u>
<u>SEATTLE</u>	<u>WA.</u>
CITY	STATE
	<u>98108</u>
	ZIP+CODE
I hereby certify that I have been in responsible charge of performing the site check/site assessment described above. Persons submitting false information are subject to penalties under Chapter 173-360 WAC.	
<u>2-2-94</u>	<u>Joseph Roybal</u>
Date	Signature of Person Registered with Ecology



UNDERGROUND STORAGE TANK 30 DAY NOTICE

See back of form for instructions
Please ☒ the appropriate box

☐ Intent
to Install

☐ Intent
to Close

For Office Use Only

Owner # 40007474

Site # 012239

☐ Both

SITE INFORMATION:

Site ID Number (on invoice or available from Ecology if the tank is registered): _____

Site/Business Name: WA. ST. DEPT. OF TRANS. MAINT. SITE

Site Address: 512 SUNSET Owner/Operator Telephone: (206) 676-2100

BELLINGHAM
City

WA.
State

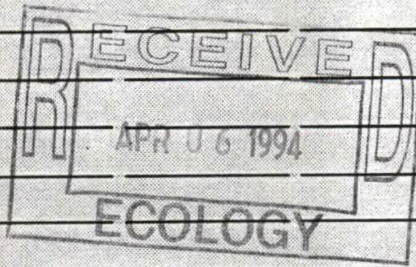
98225
ZIP-Code

TANK INFORMATION:

TANKS TO BE CLOSED

This section to be filled out **ONLY** if tanks are being removed

Tank ID	Projected Closure Date	Tank Capacity	Substance Stored	Date tank last used	Is there product in the tank? (yes/no)	If no, date tank was pumped
<u>?</u>		<u>1000 GAL</u>	<u>HEATING OIL</u>	<u>?</u>	<u>YES</u>	<u>1-31-94</u>



TANKS TO BE INSTALLED

This section to be filled out **ONLY** if tanks are being installed

Tank ID	Approx. Install Date
---------	----------------------

TANK INSTALLATION TO BE PERFORMED BY (if known):

This section to be filled out **ONLY** if tanks are being installed

Service Provider: _____ Contact Name: _____

Telephone: (____) _____

Address: _____

Street

City

P.O. Box

State

ZIP-Code

TANK PERMANENT CLOSURE TO BE PERFORMED BY (if known):

This section to be filled out **ONLY** if tanks are being removed

Service Provider: WELCH ENTERPRISES, INC.

Contact Name: ROBERT H. WELCH (PRESIDENT)

Telephone: (206) 336-9578

Address: P.O. BOX 366 • 115 LIND ST.

MOUNT VERNON,
City

WA.
State

98273
ZIP-Code

This form will be returned to this address

UST OWNER/OPERATOR WA. ST. DEPT. OF TRANS.

MAILING ADDRESS 6431 ORSON AVE. SOUTH

SEATTLE,
City

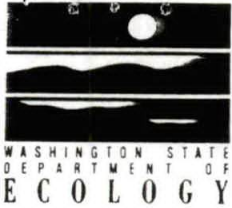
State

98108
ZIP-Code

Once validated by Ecology, this form serves as your temporary permit for the tanks listed above.

Please type or print information

ECY 020-33



UNDERGROUND STORAGE TANK TEMPORARY/PERMANENT CLOSURE and SITE ASSESSMENT NOTICE

See back of form for instructions
Please ☒ the appropriate box(es)
Please type or print information

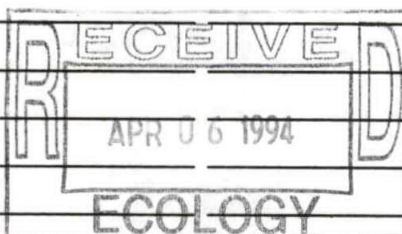
☐ Temporary Tank Closure ☒ Permanent Tank Closure ☐ Change-In-Service ☒ Site Assessment/Site Check

For Office Use Only
Owner # U0002474
Site # 012239

SITE INFORMATION:

Site ID Number (on invoice or available from Ecology if the tanks are registered): _____
Site/Business Name: WA. ST. DEPT. OF TRANSPORTATION MAINT.
Site Address: 512 SUNSET DRIVE. Telephone: (206) 676-2100
BELLINGHAM WA. 98225
City State ZIP-Code

TANK INFORMATION:

Tank ID	Closure Date	Tank Capacity	Substance Stored
	<u>1-31-94</u>	<u>1000 GAL.</u>	<u>HEATING OIL</u>
			

CONTAMINATION PRESENT AT THE TIME OF CLOSURE

☒ Yes ☐ No
☐ Unknown
Check unknown if no obvious contamination was observed and sample results have not yet been received from analytical lab.

UST SYSTEM OWNER/OPERATOR:

UST Owner/Operator: WA. ST. DEPT. OF TRANSPORTATION
Owners Signature: Joseph Roybal FOR WSDOT Telephone: (206) 768-5700
Address: 6431 CORSON AVE. SOUTH.
SEATTLE WA. 98108
City State ZIP-Code

TANK CLOSURE/CHANGE-IN-SERVICE PERFORMED BY:

Service Provider: WELCH ENTERPRISES, INC. License Number: S000285
Licensed Supervisor: Rodney R. Welch Decommissioning License Number: W000404
Supervisors Signature: Rodney R. Welch
Address: P.O. BOX 366 • 115 LIND ST.
MT. VERNON WA. 98213
City State ZIP-Code
Telephone: (____) _____

SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Name of Registered Site Assessor: JOSEPH ROYBAL FOR WA. ST. DEPT. OF TRANS.
Telephone: (206) 768-5740
Address: 6431 CORSON AVE. SOUTH
SEATTLE WA. 98108
City State ZIP-Code

BELLINGHAM FIRE DEPARTMENT

PERMIT

TANK ABANDONMENT OR REMOVAL

HAVE THIS PERMIT ON SITE DURING FIRE DEPARTMENT INSPECTION

Site Address <i>512 E Sunset Dr</i>	
Tenant <i>WSDOT - Area 1 Maintenance Headquarters</i>	Telephone <i>676-2100</i>
Property Owner <i>Washington State Dept of Transportation Facilities Office</i>	Telephone <i>768-5705</i>
Contractor <i>Welch Enterprises</i>	Telephone <i>336-9578</i>
Number of tanks to be filled <i>0</i> Removed <i>1</i>	
<p>** The Washington State Dept. of Ecology must be notified in writing 30 days in advance to tank closure.</p> <p>** A State-approved site assessment must be performed by a licensed tank services provider.</p> <p>** Contact the Community Hazards Management Division of the Fire Department at 676-6832 at least 24 hours in advance to arrange to have an inspector witness the filling or removal.</p>	

NOTE: Signatures below confirm only tank closure was performed to satisfy requirements of the Uniform Fire Code, and do not confirm presence or absence of product in the ground.

ABANDONMENT IN PLACE	
<p>** Comply with the attached procedures for abandoning and filling tanks in place.</p> <p>** A Fire Department employee signature below constitutes confirmation the tank filling occurred and was inspected.</p>	
INSPECTION DATE _____	WITNESSED BY _____

TANK REMOVAL	
<p>** Comply with the attached procedures for abandoning and removing tanks.</p> <p>** A Fire Department employee signature below constitutes confirmation the tank removal occurred.</p>	
INSPECTION DATE <i>1-31-94</i>	WITNESSED BY <i>Jim Kall</i>

Copies: White-Fire Department Yellow - Owner/Tenant Pink-Contractor Gold- Dept. of Ecology



Washington State
Department of Transportation

WASHINGTON STATE DEPARTMENT OF TRANSPORTATION
DISTRICT ONE FACILITIES

Memorandum

FUEL OIL TANK REMOVAL REPORT

Project Title: Bellingham maintenance site

Abatement Contractor Welch Enterprises, Inc. Page 1 of 1

Day Monday , Date 01-31-1994 , Shift Hours 7:00 to 3:30

Location and work being performed: 512 Sunset Dr Remove underground stor-
age tank.

Crew, Supervisors, Lab Technician: Rod Welch Decommissioning License
Number W000404

Equipment: 580K Backhoe loader

Abatement Methods: Excavation per 580K backhoe loader

Manifest Attached? Non needed non-hazardous material

Disposal Certificate? Non-hazardous per Hydro-Clor test less than
50 parts per million.

Signed *Joseph Stoyke* Date 03-30-1994

REGISTERED AS PROVIDED BY LAW AS A:



CONST CONT - GENERAL

REGISTRATION NUMBER		EXPIRATION DATE
CC01	WELCHEI099NP	08/17/93
	EFFECTIVE DATE	08/17/91

WELCH ENTERPRISES INC
P O BOX 366

MOUNT VERNON WA 98273

SIGNATURE

ISSUED BY DEPARTMENT OF LABOR AND INDUSTRIES

AUG-11-'93 WED 11:49 LB: TUMWATER LOCATION TEL NO: 206 239 5461

#223 P01

Department of Labor & Industries
Contractor Registration Section
PO Box 44450
Olympia WA 98504-4450



REGISTRATION VERIFICATION

(206) 956-5226
SCAN 269-5226
FAX (206) 956-5228

EXPIRES:

8-17-94

To

POLA

Registered name

WELCH ENTERPRISES INC

Registration number

WELCHEI099NP

From TERAN (206) 956-5204
Olympia Headquarters

Contractor: Your Certificate of Registration will be sent from the Olympia office and should be received within 2 to 3 weeks. Please keep this record until you receive your Certificate of Registration.

Thank you

CERTIFICATE OF COMPLETION

This is to certify that

Robert T. Welch

has satisfactorily completed the training course in

Hazardous Waste Operationsin accordance with WAC 296-62 Part P
(40 Hours)and is awarded this certificate
in recognition of achievementAWARDED *March 7, 1992* at Bellingham, Washington*Jim S. Sells*
Instructor

Instructor

Instructor

Course Date: *February 21 & 22, March 6 & 7, 1992*
Certification No. *HWC 030792-0001*
Expiration Date: *March 7, 1993*Robert Welch & Associates
315 Main Street, Suite A
Mt. Vernon, WA 98273

Underground Storage Tanks Service Providers License

The State of Washington Hereby Recognizes that

WELCH ENTERPRISES
315 MAIN (A)/P O BOX 366
MOUNT VERNON, WA 98273-0366

LICENSE: S000285

has met the minimum requirements of WAC 173-360 RCW
of the Underground Storage Tank Regulations for Service Providers.

Expiration Date: December 31, 1994



Dale E. Jensen
Dale Jensen, UST Section Manager

You are licensed in the State of Washington to supervise the performance of certain services for regulated Underground Storage Tanks while employed by a licensed UST Service Provider. You must be able to provide the attached license for the purpose of inspection whenever you are working as an UST Service Supervisor.

WELCH, RODNEY H
ROBERT WELCH & ASSOC
PO BOX 366
MOUNT VERNON, WA 98273-0366

Washington Underground Storage Tank Supervisor License		
This license is issued by the Department of Ecology in accordance with WAC 173.360.		
WELCH, RODNEY H		
This license is subject to inspection by the Department of Ecology at any time.		
Number	Expires	Licensee
W000004	31 DEC 94	RECOMMENDING
WAC 173.360		

You are licensed in the State of Washington to supervise the performance of certain services for regulated Underground Storage Tanks while employed by a licensed UST Service Provider. You must be able to provide the attached license for the purpose of inspection whenever you are working as an UST Service Supervisor.

WELCH, ROBERT H
WELCH ENTERPRISES
PO BOX 366 315 A MAIN
MOUNT VERNON, WA 98273-

Washington Underground Storage Tank Supervisor License		
This license is issued by the Department of Ecology in accordance with WAC 173.360.		
WELCH, ROBERT H		
This license is subject to inspection by the Department of Ecology at any time.		
Number	Expires	Licensee
W000172	31 DEC 94	RECOMMENDING
WAC 173.360		

You are licensed in the State of Washington to supervise the performance of certain services for regulated Underground Storage Tanks while employed by a licensed UST Service Provider. You must be able to provide the attached license for the purpose of inspection whenever you are working as an UST Service Supervisor.

Washington Underground Storage Tank Supervisor License		
This license is issued by the Department of Ecology in accordance with WAC 173.360.		
PRITCHETT, LARRY		

CERTIFICATE OF INSURANCE

RAB 0546B

ISSUE DATE (MM/DD/YY)

01/26/94

PRODUCER

THE UNITY GROUP
P. O. BOX X
BELLINGHAM WA 98227

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A GOTHAM INSURANCE COMPANY
LETTER

COMPANY B UNIGARD INSURANCE CO.
LETTER

COMP
LETTE
COMP
LETTE
COMP
LETTE

INSURED

WELCH ENTERPRISES INC.
P.O. BOX 366
MT. VERNON, WA 98273

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT, WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTH	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	MMO07385LP293	04/15/93	04/15/94	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXP. (Any one person) \$ 1,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	MC204800	04/15/93	04/15/94	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
A	OTH. ASBESTOS SPECIFIC INS. POLLUTION LIAB DEDUCTIBLE	MMO07385LP293	04/15/93	04/15/94	1,000,000 AGG \$1,000,000 AGG \$5,000 PER OCC

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



To,

Joe Roybal

Washington State Dept. of Trans.

Fax #(206) 768-5785

Scott Waldal 558-78-0554

has successfully completed
8 hr HazWopr annual training
IAW 29 CFR 1910.120/160 296-62

Conducted By L.W. Gaul & Assoc.

July 27, 95

Date

Primary Instructor

Scott Waldal 558-78-0554

has successfully completed
8 hr HazMat supervisor's
training IAW 29 CFR 296-62-3040(5)

Conducted By L.W. Gaul & Assoc.

July 24, 95

Date

Primary Instructor

ROBERT H. GUNTER 537-46-0035

has successfully completed
10 hour HazWopr training IAW
29 CFR 1910.120 & 296-62

Conducted By L.W. Gaul & Assoc.

8 Sep, 95

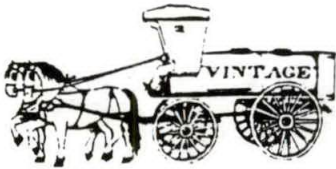
Date

Primary Instructor

DECOMMISSIONING

#

W001084



VINTAGE OIL INC.

744 South March Point Road, Anacortes, WA 98221
(800) 367-1961 / WAD980987622

Nº 3416

BILL OF LADING

From:

W.S.D.O.T.

Bill to 6431 Carson Ave S.

Seattle, Wa. 98108

ATT Jim Shaw 768-5710 G.M.

P.O. 512 Sunset Bldg 676 2100 Shaw

DATE	CUSTOMER ORDER NO.
1/31/94	417041-Jes
SHIP TO	V.O.
SALESPERSON	TAX EXEMPT NO.
Kick	

CASH	CHARGE	COD	PAID OUT	SHIP VIA	FOB POINT	UNIT
						1034

QUANTITY	DESCRIPTION	PRICE	PRICE AMOUNT
350 gal	Diesel Fuel, Combustible Liquid, NA 1993 B, III	N/C	
400 gal	oily water	.50 per gal	200 00
2 1/2 hr	Truck + Driver Time	55 per hr	137 50
1	Hydro-Clor-Q Test passed < 50 ppm		25 00

The above described shipment is handled in accordance with the terms and conditions of freight traffic effective this date.

As the generator of this used oil, I certify it is used oil only. It has not been mixed with any other waste that designates (per WAC 173-303-070 through -103) as a discarded chemical product, listed dangerous or hazardous waste, characteristic dangerous waste, or criteria dangerous waste.

It does not contain over 1000 parts per million (ppm) chlorinated hydrocarbons. The oil has not been mixed with PCBs and it does not contain over 2 ppm PCBs.

To my knowledge, it is not an extremely hazardous waste (EHW) nor has it been mixed with any EHW.

Signed Richardson M. Richardson for WSDOT Date 1/31/94

Thank You

SUBTOTAL	
TAX	12 35
TOTAL	

VINTAGE OIL, INC.
744 S. MARCH POINT RD.
ANACORTES, WA 98221
EPA# WAD980987622

113 Z118 01 7931 31CA00

HAZARDOUS MATERIAL
PUMP OIL

* I N V O I C E *

Invoice Number: 007508

Invoice Date: 01/31/94

Page: 1

Sold WASHINGTON STATE D.O.T.
To: 6431 CORSON AVE. S.
SEATTLE, WA 98108
ATTN: JIM SHAW

Ship
To:

Ship Via.: VINTAGE OIL INC.
Ship Date: 01/31/94
Due Date.: 02/15/94
Terms....: NET 15

Cust I.D.....: 230001
P.O. Number..: 414041-JES
P.O. Date....: 01/31/94
Our Order No.: 3416
Salesperson..: RICK

Item I.D./Desc.	Ordered	Shipped	Unit	Price	Net	TX
DIESEL FUEL	350.00	350.00	GALS	0.0000	0.00	E
PICK UP						
OILY WATER PICK UP	400.00	400.00	GALS	0.5000	200.00	E
TRUCK TIME	2.50	2.50	HRS.	55.0000	137.50	T
HYDRO CLOR Q TEST	1.00	1.00	KIT.	25.0000	25.00	T
RESULTS: LESS THAN 50 PPM						
REF: 512 SUNSET DR.						
BELLINGHAM, WA						

U.S.T. Pump out.

Ad. 2-23-94.

CHECKED 3-3-94 J.E.

VOUCHER 112370

Subtotal: 362.50
Tax.....: 12.35
Total....: 374.85

Client
Project
Chain of Custody
Contact Name

Washington State DOT
Bellingham AHQ Lust Project
C2711 Log # 5702319-5702325
Joe Roybal

Sample Date 2/2/94
Date Received 2/2/94
Date Extracted 2/2/94
Date Analyzed 2/2/94
Date Reported 2/3/94

CLEARANCE

SAMPLE RESULTS.

Test Performed
Method

WTPH - D
WTPH

DIESEL RANGE HYDROCARBONS

Matrix

Soil

Sample Source	Sample Result	units	Surrogate Recovery	Reporting Limit	Analyst
Method Blank	<25	mg/Kg dry	104%	25	JE
Pit 2 - Lust Pit 5702319	<25	mg/Kg dry	115%	25	JE
Pit 3 - Lust Pit 5702320	<25	mg/Kg dry	*	25	JE
Pit 4 - Lust Pit 5702321	<25	mg/Kg dry	84%	25	JE
Pit 5 - Lust Pit 5702322	55	mg/Kg dry	95%	25	JE
Pit 6 - Lust Pit 5702323	<25	mg/Kg dry	78%	25	JE
Pit 7 - Stock Pile 5702324	82	mg/Kg dry	100%	25	JE
Pit 8 - Stock Pile 5702325	<25	mg/Kg dry	106%	25	JE

* Surrogate outside calibration range.



Joann Ernst
Applications Chemist



Howard Cockerham
Laboratory Director

AVOCET

ENVIRONMENTAL TESTING

CHAIN OF CUSTODY

C 2711

Avocet Environmental Testing
1500 North State Street
Bellingham, WA 98225
(206) 734-9033

CLIENT Wash. St. DOT

DAY PHONE 768-5740

PO # 414041

ADDRESS 6431 Corson Ave.

EVE. PHONE _____

CONTACT NAME Joe Roybal

FAX 768-5785

COLLECTOR OF SAMPLE Thaddeus Richardson

CITY, STATE, ZIP Seattle, WA 98108

SYSTEM ID # _____

CLASS: A B

NAME OR LOCATION OF SAMPLE
(IF DIFFERENT FROM ABOVE)

Bellingham, AHQ Lust Project

LAB USE ONLY

SOURCE OF SAMPLE	MATRIX	CONTAINER	SAMPLE DATE/TIME	PRESERVATION METHOD	ANALYSIS REQUESTED	LOG NO.
Pit 2 UST Pit	S	Glass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE <u>2/2</u> TIME <u>11:43</u>	Ice <input checked="" type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>	WTPH-D	5702319
Pit 3	S	Glass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE <u>2/2</u> TIME <u>11:50</u>	Ice <input checked="" type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		2320
Pit 4	S	Glass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE <u>2/2</u> TIME <u>11:55</u>	Ice <input checked="" type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		2321
Pit 5	S	Glass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE <u>2/2</u> TIME <u>12:05</u>	Ice <input checked="" type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		2322
Pit 6	S	Glass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE <u>2/2</u> TIME <u>12:11</u>	Ice <input checked="" type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		2323
Pit 7 Stock Pile	S	Glass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE <u>2/2</u> TIME <u>12:45</u>	Ice <input checked="" type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		2324

REMARKS:

verbal results ASAP - Joe Roybal 768-5740 2/3/94 09:30 fax 768-5785 at J. Roybal 1500 N. State

RELEASING
SIGNATURE

RECEIVING
SIGNATURE

Joe Roybal 401 WSDOT

DATE 2/2/94 TIME 1:30

DATE 2/2/94 TIME 13:30

Denise Koenig

RELEASING
SIGNATURE

RECEIVING
SIGNATURE

DATE TIME

DATE TIME

AVOCET

ENVIRONMENTAL TESTING

CHAIN OF CUSTODY

C 2712

Avocet Environmental Testing
1500 North State Street
Bellingham, WA 98225
(206) 734-9033

CLIENT Wash St. DOT

DAY PHONE 768-5740

PO # 414041

ADDRESS 6431 Corson Ave.

EVE. PHONE _____

CONTACT NAME Joe Roybal

CITY, STATE, ZIP Seattle, WA 98108

FAX _____

COLLECTOR OF SAMPLE Thaddaus Richards

SYSTEM ID # _____

CLASS: A B

NAME OR LOCATION OF SAMPLE
(IF DIFFERENT FROM ABOVE)

B'ham AHQ Lust Project

LAB USE ONLY

SOURCE OF SAMPLE	MATRIX	CONTAINER	SAMPLE DATE/TIME	PRESERVATION METHOD	ANALYSIS REQUESTED	LOG NO.
<u>Pile 8 stock pile</u>	<u>S</u>	Glass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE <u>2/2</u> TIME <u>12:48</u>	Ice <input checked="" type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>	<u>WTPH-D</u>	<u>5702325</u>
		Glass <input type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE TIME	Ice <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		
		Glass <input type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE TIME	Ice <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		
		Glass <input type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE TIME	Ice <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		
		Glass <input type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE TIME	Ice <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		
		Glass <input type="checkbox"/> Plastic <input type="checkbox"/> VOA <input type="checkbox"/>	DATE TIME	Ice <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> Other <input type="checkbox"/> NaOH <input type="checkbox"/> HNO ₃ <input type="checkbox"/>		

REMARKS:


RELEASING SIGNATURE [Signature] FOR WSDOT DATE 2/2/94 TIME 1:30
RECEIVING SIGNATURE Denise Kornig DATE 2/2/94 TIME 13:30

RELEASING SIGNATURE _____ DATE _____ TIME _____
RECEIVING SIGNATURE _____ DATE _____ TIME _____

9462083

CHAIN OF CUSTODY RECORD

DATE 2-1-94 PAGE 1 OF 1

NAME						TESTING PARAMETERS										NO.	OBSERVATIONS, COMMENTS, SPECIAL INSTRUCTIONS		
WA. ST. D.O.T.																	Sample Receipt acknowledged pending verification of sample count. You will be notified within one working day of any discrepancies found. Signed <u>B6</u> Date <u>02/01/94</u> Time <u>20:25</u>		
6431 CORSON AVE. S.																			
SEATTLE, WA. 98108																			
ATTENTION: JOE ROYBAL																			
PROJECT NAME: BELLINGHAM																			
JOB/PO. NO.																			
SAMPLER (SIGNATURE) <u>Joe Roybal</u> (PRINTED NAME) <u>JOE ROYBAL</u>																			
LAB NO.	LAB SA #	SAMPLE NO.	DATE	TIME	LOCATION														
		58 #1	2/1/94	2:45	E. F.W. WALLS 7'-0" DEEP.														
<div style="text-align: center; color: yellow; font-size: 2em; opacity: 0.5;">CONFIRMATION SAMPLE</div>						ADD HCTD per Joe Roybal 2/3/94 10:05am ASAP										WTPH-D Per Joe Roybal 2/3/94 6:25 AM JC.	ACID	RUSH TURN AROUND.  SAMPLE PLACED IN COOLER WITH DRY ICE. ASAP! Fax to 748-5785 m/s 27 Fax to 676-7659	
RELINQUISHED BY						RECEIVED BY						TOTAL NUMBER OF CONTAINERS:		SHIPMENT METHOD:					
SIGNATURE <u>Joe Roybal</u> PRINTED NAME <u>JOE ROYBAL</u> COMPANY <u>WA. ST. D.O.T.</u>						SIGNATURE <u>[Signature]</u> PRINTED NAME <u>Barbara Alver</u> COMPANY <u>LAUCKS TESTING LABS</u>						1							
DATE <u>2/1/94</u>						DATE <u>2/3/94</u>													
TIME						TIME													
RELINQUISHED BY						RECEIVED BY						INSTRUCTIONS:		SPECIAL SHIPMENT, HANDLING OR STORAGE REQUIREMENTS					
SIGNATURE PRINTED NAME COMPANY						SIGNATURE PRINTED NAME COMPANY						1. Shaded areas for lab use only. 2. Complete in ballpoint pen. Draw one line through errors and initial. 3. Be specific in test requests. 4. Check off tests to be performed for each sample. 5. Retain final copy after signing. 6. Provide name and telephone of your contact person.							
DATE						DATE						NAME <u>JOE ROYBAL</u>							
TIME						TIME						TELEPHONE <u>768-5740</u>							

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Chemistry, Microbiology, and Technical Services

CLIENT: Wa. Dept. Of Transportation
6431 Corson Ave. S.
Seattle, WA. 98108

Certificate of Analysis

Work Order# : 94-02-083

DATE RECEIVED : 02/01/94

DATE OF REPORT: 02/10/94

ATTN : Joe Roybal/Jeff Wolf

Work ID : WTPH-D Analysis
Taken By : Client
Transported by: Hand Delivered
Type : Soil

SAMPLE IDENTIFICATION:

	Sample Description	Collection Date
01	SS#1 E & W Walls 7'- 0"	02/01/94 02:45

FLAGGING:

The flag "U" indicates the analyte of interest was not detected, to the limit of detection indicated.

The flag "D" indicates the value reported derives from analysis of a diluted sample or sample extract.

ATTACHMENTS:

Following presentation of sample results, the following appendices are attached to this report:

- Appendix A: Method Blank and Surrogate Recoveries Report
- Appendix B: Matrix Spike/Duplicate Report
- Appendix C: Blank Spike Recovery Report
- Appendix D: Chain-of-Custody



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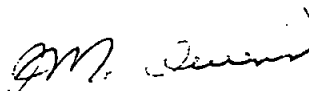
CLIENT : Wa. Dept. Of Transportation

Certificate of Analysis

Work Order# : 94-02-083

Unless otherwise instructed all samples will be discarded on 03/21/94

Respectfully submitted,
Laucks Testing Laboratories, Inc.


J. M. Owens



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Laucks ⁸⁵ years

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CLIENT : Wa. Dept. Of Transportation

Certificate of Analysis

Work Order # 94-02-083

TESTS PERFORMED AND RESULTS:

Analyte	Units	<u>01</u>
Total Solids	%	81.3



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Laucks ⁸⁵ years

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Chemistry, Microbiology, and Technical Services

REPORT ON SAMPLE: 9402083-01A

Client Sample ID: SS#1 E & W Walls 7'- 0"

Collection Date : 02/01/94
Date Received : 02/03/94
Date Analyzed : 02/08/94

Test Code : WTPHDS
Test Method : WTPH-D

Analyte	Result	SDL
	(mg/kg DB)	(mg/kg DB)
Diesel range, as diesel	7500 D	1200

Surrogate recovery report for sample 9402083-01A

Surrogate	Percent Recovery		Limits:	
			Min.	Max.
2-Fluorobiphenyl	0 *		50	150
p-Terphenyl	0 *		50	150

* = Indicates that recovery is outside control limits

Comments: A diesel pattern is present. Surrogates are diluted out.



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Laucks ⁸⁵ years

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Chemistry, Microbiology, and Technical Services

Lab Sample ID : 9402083-01 Date Collected: 02/01/94
Client Sample ID: SS#1 E & W Walls 7'-0 Date Received : 02/03/94

----- WTPH-HCID -----

Preparation Date: 02/03/94
Analysis Date : 02/03/94

	Result	
Gasoline Range Hydrocarbons...	>20.0	mg/kg AR
Diesel Range Hydrocarbons.....	>50.0	mg/kg AR
Lube Oil and Related Products.	>100	mg/kg AR

Surrogate recoveries	% Rec	LCL	UCL
Bromofluorobenzene	68.1	50	150
2-Fluorobiphenyl	681 *	50	150
p-Terphenyl'	122	50	150

Comments: The surrogate 2-fluorobiphenyl is above control limits due to matrix interference. There is no apparent gas pattern. The response is a result of diesel range hydrocarbons eluting into the gas range. Oil range response increased by diesel range hydrocarbons.

Analysis performed in accordance with Washington State Department of Ecology method WTPH-HCID.

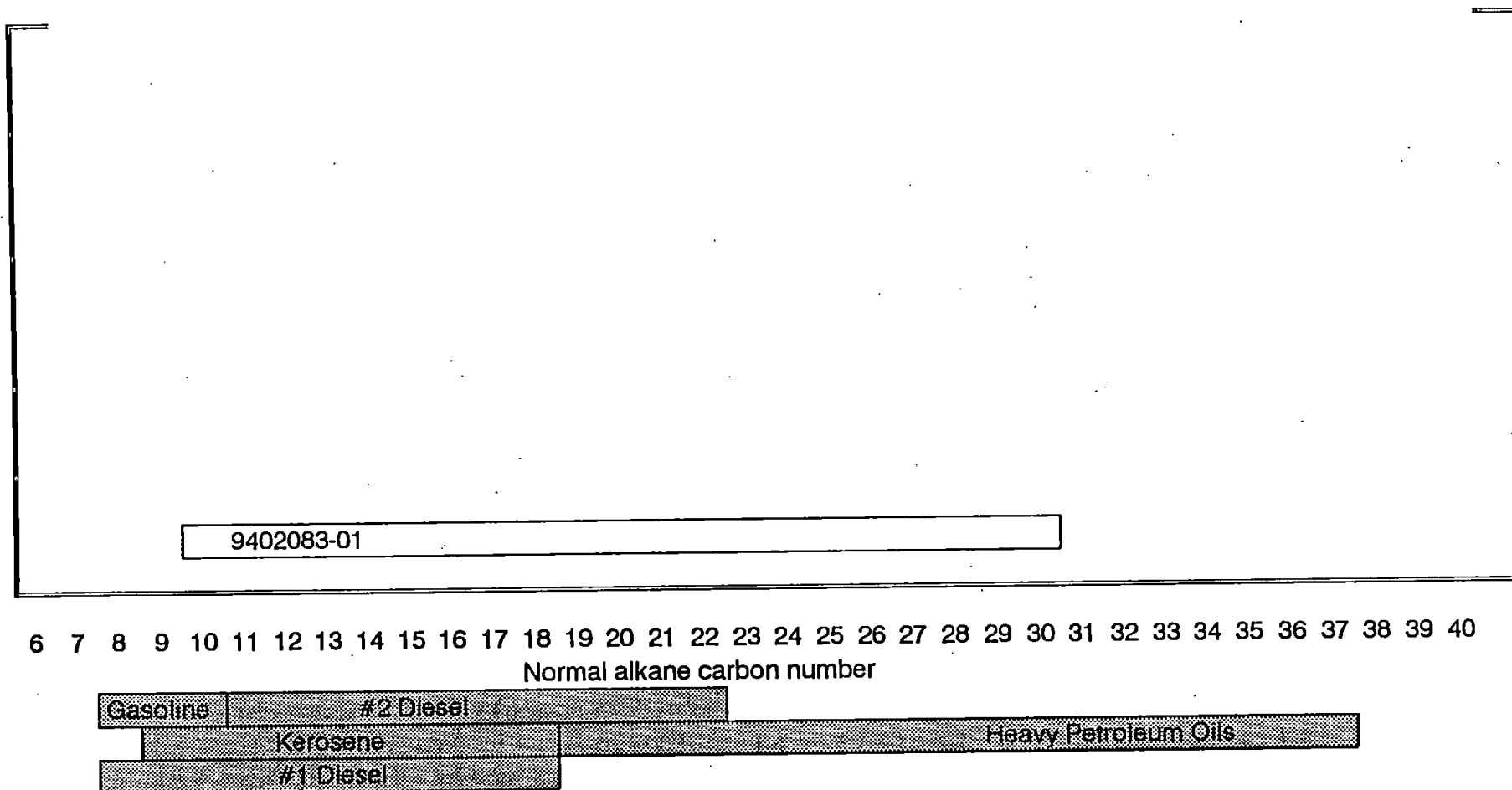
Key: < = Result is less than WTPH-HCID screening level.
> = Result exceeded WTPH-HCID screening level.
AR = As received.

If result exceeds the screening level it is recommended that the appropriate quantitative analysis be performed.



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Petroleum Hydrocarbon Qualitative Assessment



This chart is a graphical summary of the elution range(s) of petroleum products present in the samples.

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APPENDIX A

Method Blank and Method Blank Surrogate Recoveries Report



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Quality Control Report Method Blanks for Work Order 9402083

Blank Name	Samples Verified	Test Description	Result	Units	Control
					Limit
B020394_GSV_S01	1	Gasoline Range Hydrocarbons	20 U	mg/kg	20
		Diesel Range Hydrocarbons	50 U		50
		Heavy Hydrocarbons	100 U		100
B020394_GSV_S02	1	Diesel Range, as diesel	25 U	mg/kg	25

A method blank can validate more than one analyte on more than one work order. The method blanks in this report may validate analytes not determined on this work order, but nonetheless determined in the associated blank.

Because they validate more than one work order, method blank results are not always reported in the same concentration units used for sample results.

* = blank exceeds control limit



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Quality Control Report
Multi-Component Method Blanks
Surrogate Recoveries for Work Order 9402083

Blank Name	Test Description	Surrogate Compound	Recov	LCL	UCL
8020394_GSV_S01	WTPH HCID in soil	Bromofluorobenzene	94	50	150
		2-Fluorobiphenyl	99	50	150
		p-Terphenyl	109	50	150
8020394_GSV_S02	WTPH diesel in soil	2-Fluorobiphenyl	108	50	150
		p-Terphenyl	111	50	150

* = Recovery exceeds control limit

Recov = Percent recovery of surrogate compound

LCL = Lower Control Limit

UCL = Upper Control Limit



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85
years

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APPENDIX B

Matrix Spike/Duplicate Report



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Quality Control Report Matrix Spike/Duplicate Report for Work Order 9402083

MS/Dupe Name	Sample Fractions Verified	Sample	Analyte	RPD	MS	Cont. Limits		
					Recov	RPD	LCL	UCL
M020394_GSVS01	1	9402083-01	Diesel range, as diesel	2.7	32	50	20	160

* = Value Exceeds Control Limit

RPD = Relative Percent Difference

LCL = Lower Control Limit

UCL = Upper Control Limit

L = RPD control limit for this analyte is 5x the detection limit. The value appearing in the RPD column is the absolute difference of the duplicates.

-1 for recovery value indicates that recovery could not be calculated

An MS/Duplicate pair can validate the results for more than one work order. For this reason, results for analytes not requested on this work order may appear in this MS/Duplicate report.



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APPENDIX C

Blank Spike Recovery Report



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Quality Control Report
Blank Spike Report for Work Order 9402083

Blank Spike Names		Fractions Verified	Analyte Name	Recov	LCL UCL	
Database	Lab Assigned					
S020394_GSVS01	S0203GSVSLM	1	Diesel	98	20	160

* = Value Exceeds Control Limit

LCL = Lower Control Limit

UCL = Upper Control Limit

A blank spike can validate the results for more than one work order. For this reason, results for analytes not requested on this work order may appear in this blank spike report.



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APPENDIX D

Chain-of-Custody



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GENERAL CONTRACTORS

WOODWORTH & COMPANY

CERTIFICATE OF RECYCLING

ISSUED BY WOODWORTH & COMPANY INC.

FOR PETROLEUM HYDROCARBON CONTAMINATED SOILS

ATTN: JOE ROYBAL (WSDOT)

THIS CERTIFICATE SERVES AS NOTICE TO Dept. of Transportation on
THAT ALL SOILS ACCEPTED BY WOODWORTH & CO. INC. AT THE
LAKEVIEW RECYCLING CENTER, IDENTIFIED BY THE INVOICE
JOB-512 Sunset DATED: 2/4 & 2/7/94 HAVE BEEN
DULY PROCESSED AND TREATED IN ACCORDANCE WITH THE TERMS
SET FORTH IN THE SOLID WASTE PERMIT # 27-701 AS ISSUED
BY THE TACOMA PIERCE COUNTY HEALTH DEPARTMENT.

Tons Treated:

2/4 - 194.21 Tons
2/7 - 141.72 Tons

MONTH 4 DAY 1 YEAR 94

BY Patti Lermanova

TITLE Treasurer



1200 East D Street / Tacoma, Washington 98421 / Tacoma (206) 383-3585 / Seattle (206) 838-9090 / FAX 572-8648



"Industry Leaders Since 1921"

SUMMARY OF LABORATORY AND FIELD ANALYSES			
SAMPLE ID	DEPTH (FEET)	OVD READING (ppm)	TPH
SS #1	7'-0"	N/A	7500
SS #2	8'-0"	N/A	less than 25
SS #3	10'-0"	N/A	less than 25
SS #4	8'-0"	N/A	less than 25
SS #5	11'-0"	N/A	55
SS #6	9'-0"	N/A	less than 25
SS #7	stockpile	40	82
SS #8	stockpile	20	less than 25
MTCA SOIL CLEANUP LEVELS			
MTCA WATER CLEANUP LEVELS			1

OVD - Organic Vapor Detector
 ppm - parts per million
 TPH - Total Petroleum Hydrocarbons
 SS - Soil Sample
 SP - Sample taken from spoil pile
 ND - No Detection
 * - No analysis performed
 MTCA - Model Toxics Control Act

Sediment sampling results and soil cleanup levels expressed in ppm.
 Water sampling results and cleanup levels expressed in parts per billion.



SITE MAP #1

SUNSET DRIVE

512
Sunset Drive
WSDOT MAINT.
BUILDING

LUST

NOTES

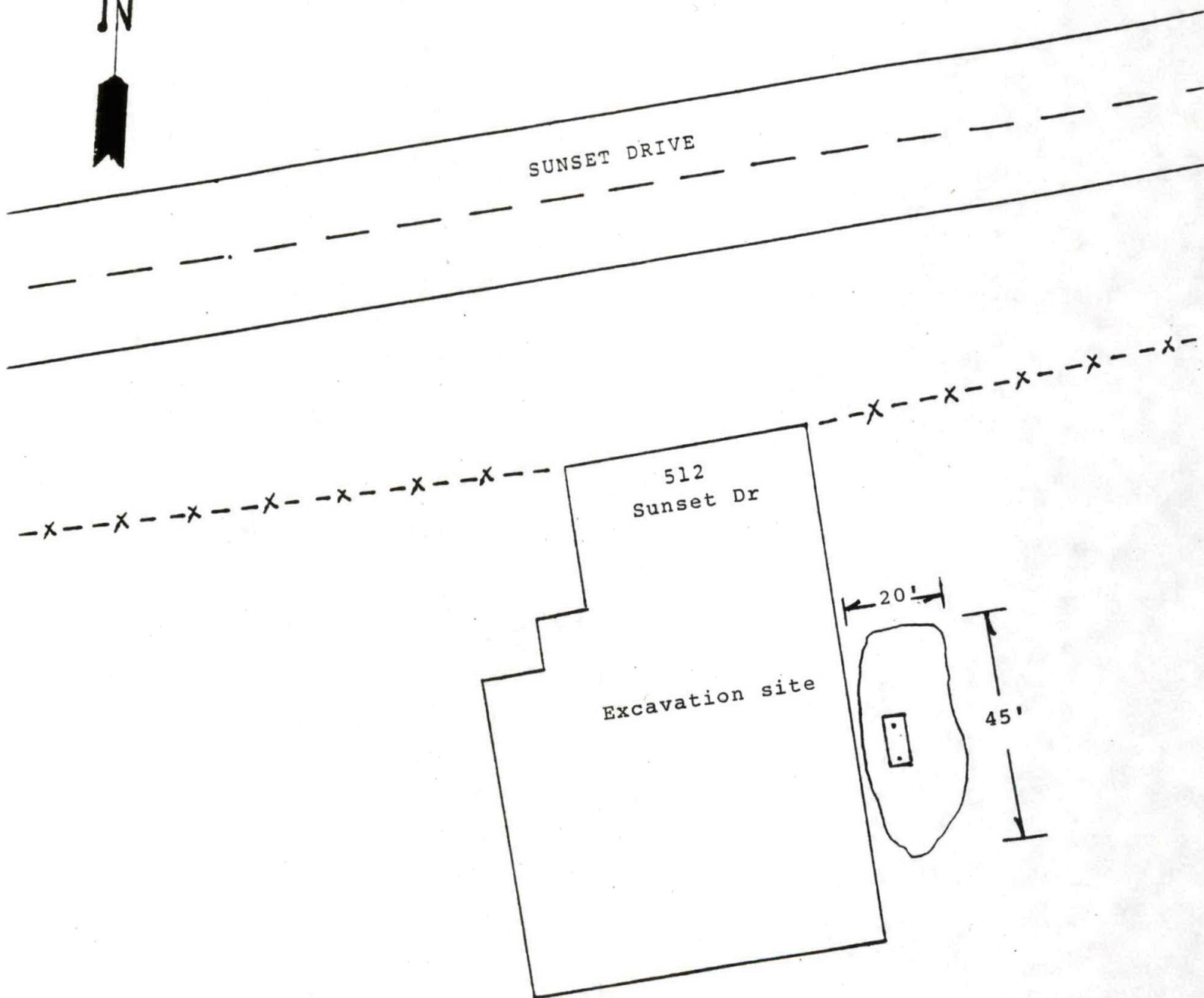
1. LUST 1000 Gallon capacity.
2. LUST 10 feet long X 4 feet Dia.
3. Approx. 750 gal. of product pumped.
4. Numerous pit holes noted in LUST.

0 10 20 30



SCALE IN FEET

SITE MAP #2



NOTES

1. Excavation approx. 20'-0" X 45'-0"
2. Approximately 250 tons excavated.
3. Top 8'-0" unsaturated sandy soil, near impervious clayish soil then encountered below 8'-0".
4. No ground water encountered thus no groundwater samples.
5. Contaminated soil placed on 10 mill visquene within containment area.
6. Contaminated soil then hauled to Woodworths recyclers Tacoma, WA (206) 383-3585.

0 10 20 30

SITE MAP #3

25

