



# VCP Application

## Standard and Expedited Processes

Washington State Department of Ecology  
Toxics Cleanup Program

### Application Form

The Department of Ecology (Ecology) may provide informal, site-specific, technical consultations to persons conducting independent remedial actions at contaminated sites under the [Voluntary Cleanup Program](#) (VCP).<sup>1</sup> Ecology may provide the consultations under either the **Standard VCP** process or the **Expedited VCP** process.

Check the box of the process you are applying for:	
<input type="checkbox"/>	<b>Standard VCP</b>
<input type="checkbox"/>	<b>Expedited VCP</b>

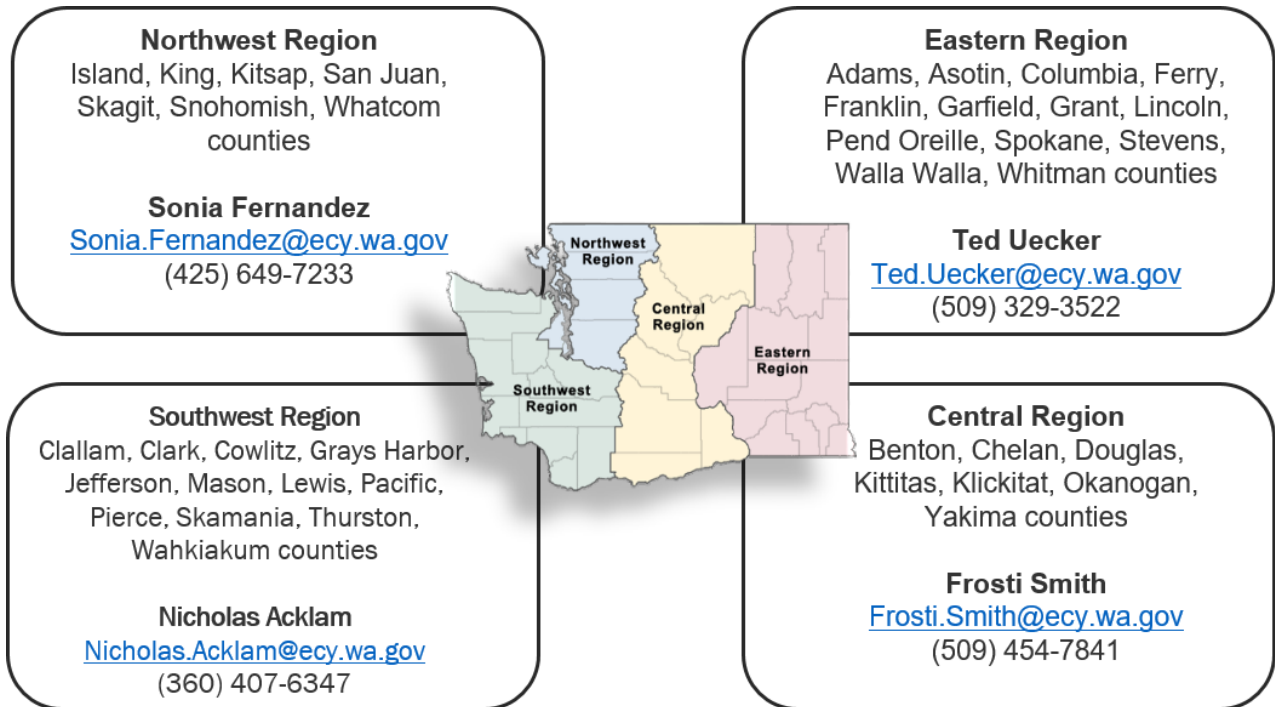
### Apply to the Standard VCP process

To apply for the **Standard VCP** process, you **must** submit to Ecology all the following:

- VCP application form, completed and signed ← **this form**
- [VCP agreement](#) form,<sup>2</sup> signed by applicant
- [Agency determination checklist](#),<sup>3</sup> completed.

To request an opinion on a planned or completed remedial action, you **must** complete **Part 1.F** in this form. Submit with this application one searchable pdf file and one hard copy of each report you want us to review. See our report requirements on our [Working with the Voluntary Cleanup Program webpage](#).<sup>4</sup>

Send your completed application to our regional contact listed, based on your site's county.



<sup>1</sup> <https://www.ecy.wa.gov/VCP>

<sup>2</sup> <https://fortress.wa.gov/ecy/publications/SummaryPages/ecy070324.html>

<sup>3</sup> <http://ecyapfaff/Biblio2/SummaryPages/ECY070620.html>

<sup>4</sup> <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/Working-with-VCP>

## Apply to the Expedited VCP process

You may apply for the **Expedited VCP** process only during periods specified by Ecology. To see when Ecology is accepting **Expedited VCP** applications, see the [Expedited VCP webpage](#)<sup>5</sup> or subscribe to our [Expedited VCP email list](#).

To apply for the **Expedited VCP** process, you **must** submit to Ecology all the following:

- VCP application form, completed and signed ← **this form**
- [Expedited VCP agreement](#),<sup>6</sup> signed by applicant
- [Agency determination checklist](#), completed
- Remedial investigation report or equivalent, meeting the elements of our [remedial investigation checklist](#), and other reports you want us to review (one searchable pdf file and one hard copy each)
- Electronic environmental data submitted to the [Environmental Information Management](#) (EIM) system,<sup>7</sup> which provides automatically generated email as confirmation
- Project schedule.

See the [Voluntary Cleanup Program \(VCP\): Guidance for the Expedited VCP Process](#)<sup>8</sup> for additional information.

To **submit** your **Expedited VCP** application to Ecology, upload electronic files to [Box.com](#),<sup>9</sup> after creating your online account. Send hard copy materials to:

[Sarah Wollwage](#), Expedited VCP Planner  
Toxics Cleanup Program  
Department of Ecology  
PO Box 47600  
Lacey, WA 98504-7600

Do not send your **Expedited VCP** application materials to an Ecology regional office.

You **must pay** the **nonrefundable application fee** within seven calendar days of receiving our invoice, or we may reject your **Expedited VCP** application. After receiving the complete application, we will send the invoice to the email listed for the project billing contact in **Part 1.C** of this form. We will not process your application until we have received payment. Contact [Sarah Wollwage](#) at [Sarah.Wollwage@ecy.wa.gov](mailto:Sarah.Wollwage@ecy.wa.gov) or (360) 407-7141 for additional information.

### Part 1 – Administration

<b>1.A Applicant.</b> The applicant is the person or organization requesting services from Ecology, and is responsible for paying Ecology's incurred costs incurred. The agreement explains the applicant's authority and duty.
Name of applicant: Carpinito Farms LLC
What type of entity is the applicant? <input type="checkbox"/> Person      A <b>person</b> applicant <b>must</b> serve as the project billing contact. Identify this person and their contact information in both <b>Parts 1.B and 1.C</b> . <input checked="" type="checkbox"/> Organization      An <b>organization</b> applicant <b>must</b> identify the project manager in <b>Part 1.B</b> and the project billing contact in <b>Part 1.C</b> . The organization <b>must</b> employ both persons.

<sup>5</sup> <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/VCP-Expedited>

<sup>6</sup> <http://ecyapfaff/Biblio2/SummaryPages/ECY070633.html>

<sup>7</sup> <https://ecology.wa.gov/Research-Data/Data-resources/Environmental-Information-Management-database/EIM-submit-data>

<sup>8</sup> <https://fortress.wa.gov/ecy/publications/summarypages/2009053.html>

<sup>9</sup> <https://account.box.com/login>

## Part 1 – Administration

What is the applicant's involvement at the site? Check **all that apply**.

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> property owner | <input type="checkbox"/> business owner (operator) | <input type="checkbox"/> agent of property owner       |
| <input type="checkbox"/> past property owner       | <input type="checkbox"/> mortgage holder           | <input type="checkbox"/> private person / organization |
| <input type="checkbox"/> future property owner     | <input type="checkbox"/> consultant                | <input type="checkbox"/> public agency / organization  |
| <input type="checkbox"/> property lessee           | <input type="checkbox"/> attorney                  |  |
| <input type="checkbox"/> other – specify: _____    |  |  |

**Expedited VCP note:** The **Expedited VCP** applicant **must** have an ownership interest in or operate the facility or have a contractual right to purchase, redevelop, or reuse the facility. Agents for the property owner, such as a consultant, **may not apply** for the **Expedited VCP process**.

If not the current property owner, is the applicant authorized to grant property access?  yes  no

**1.B Project manager.** We will send the project manager all official correspondence. The project manager **must** be either the applicant or employed by the applicant. The project manager may not be an independent contractor hired by the applicant. Enter the required information.

Name: Andy Carpinito

Title: Real Estate Manager

Mailing address: 1148 North Central

City: Kent

State: WA

Zip: 98032

Phone: (253) 854-5692

Email: andyc@carpinito.com

Fax:

**1.C Project billing contact.** We will send the project billing contact monthly invoices. The project billing contact **must** be either the applicant or employed by the applicant. The project billing contact may not be an independent contractor hired by the applicant. Enter the required information.

Name: Daryla Collodi

Title: Accounts Payable

Mailing address: 1148 North Central

City: Kent

State: WA

Zip: 98032

Phone: (253) 854-5692

Email: darylac@carpinito.com

Fax:

**1.D Project consultant.**

Is the applicant a consultant?

yes  no

If **"yes"**, skip to **Part 1.E**.

If **"no"**, **and** the applicant hired a consultant to conduct the independent remedial action, enter the required information.

Name: Alexander H. Koch

Title: Principal

Organization: Blue Sage Environmental, Inc.

Mailing address: 198007 E. 30<sup>th</sup> Avenue

City: Kennewick

State: WA

Zip: 99337

Phone: (509) 947-4059

Email: akoch1967@yahoo.com

Fax:

Do you want us to contact the project consultant?  yes  no

## Part 1 – Administration

<b>1.E Property owner.</b>		
Is the applicant the owner of the property where independent remedial action is being conducted?		
<input checked="" type="checkbox"/> yes      If “ <b>yes</b> ”, enter the type of entity and skip to <b>Part 1.F</b> . <input type="checkbox"/> no          If “ <b>no</b> ”, enter below all of the required information.		
Name:		Title:
Organization:		
Mailing address:		
City:	State:	Zip:
Phone:	Email:	Fax:
What type of entity is the property owner? Check <b>one</b> .		
<input checked="" type="checkbox"/> private <input type="checkbox"/> tribal <input type="checkbox"/> federal <input type="checkbox"/> state <input type="checkbox"/> county <input type="checkbox"/> municipal <input type="checkbox"/> public school <input type="checkbox"/> mixed <input type="checkbox"/> other – specify: _____		
<b>1.F Request for written opinion.</b>		
Are you requesting a written opinion at this time? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
If “ <b>yes</b> ”, list the report(s) or plan(s) below you are requesting a written opinion for. Note: Your reports <b>must</b> meet the requirements on our <a href="#">Working with the Voluntary Cleanup Program</a> . <sup>10</sup>		
Remedial Investigation/Interim Remedial Cleanup Action/Groundwater Report		
<b>Attach to this application</b> additional remedial action reports or plans you want us to review. We will base our opinion on the information in the site file, including information attached to this application.		
<b>1.G Reporting requirements.</b> Comply with the following two reporting requirements when requesting written opinions on planned or completed remedial actions.		
<b>1.G.1 Professional licensing.</b> Documents submitted containing geologic, hydrogeologic, or engineering work <b>must</b> be stamped by of an appropriately licensed professional, as required by Chapters 18.220 and 18.43 RCW.		
<b>1.G.2 Data submittal to EIM.</b> You <b>must</b> submit all site environmental sampling and analysis data in an electronic format that meets our requirements for transfer into our <a href="#">EIM</a> system. Refer to our <a href="#">EIM</a> webpage for instructions on how to apply for an account and submit your data. Failure to comply with these requirements may result in unnecessary delays.		
For <b>Expedited VCP</b> applications <b>only</b> , the study ID and CSV file name <b>must</b> both begin with “XVC” in the title. <b>Do not</b> use spaces or hyphens in either the study ID or CSV file name.		

<sup>10</sup> <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/Working-with-VCP>

## Part 1 – Administration

Have you submitted all the site’s environmental data to EIM?  yes  no

yes If “**yes**”, enter the study ID and CSV file name below.

no If “**no**”, and data need to be submitted, submit your data to EIM first, and then complete the required information below.

**We will not accept** your **Expedited VCP** application unless you have satisfied these requirements.

**We will not issue** a no further action (NFA) opinion, unless you have satisfied these requirements.

Study ID	CSV File name	Submitted to EIM? (y/n)
Ex: XVCNW9999	Ex: XVCnw9999_June20_results.csv	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	

## Part 2 – Site description

<p><b>2.A Site name.</b> If we have already identified the site, enter the site name we provided. Otherwise, enter a suggested name for the site. You may also include an alternative name.</p>				
Name: Carpinito Farms LLC				
Alternative name: former Smith Brothers Farm				
<p><b>2.B Source property.</b> The source property is the property where hazardous substances were released into the environment. For example, for an underground storage tank (UST) release, the source property is where the underground storage tank is located that caused the release.</p>				
Do you know on which property the releases occurred? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no				
If “ <b>yes</b> ”, refer to the source property when identifying the physical address and geographic position below.				
If “ <b>no</b> ”, refer to the property addressed by your cleanup when identifying the physical address and geographic position below.				
<p><b>2.B.1 Physical address.</b> Enter the property’s physical address.</p>				
Street address: 27441 68 <sup>th</sup> Avenue S				
City: Kent		State: WA		Zip: 98032
<p><b>2.B.2 Geographic position.</b> Enter the property’s geographic position.</p>				
Coordinates	Latitude: 47.35590	Degrees:	Minutes:	Seconds:

## Part 2 – Site description

	Longitude: - 122.25158	Degrees:	Minutes:	Seconds:
Location on property (e.g., point of release or center of parcel)		Point of release Lat 47.35595 Long -122.25081		
Collection method (e.g., GPS or address matching)		GPS		
Collection source (i.e., map scale)		Google Earth		
Horizontal datum (i.e., base reference for coordinate system)				
Accuracy level (i.e., +/- feet or meters)				
Legal descriptions				
TRS data	Township: 22N	Range: 04E	Section: 35	Quarter-quarter: NE
Tax parcels	3522049001, King County			
<p><b>2.C Affected properties.</b> An affected property is a property affected by the hazardous substances released on the source property. For example, a leaking UST release on one property (source property) may migrate through the soil or groundwater to an adjacent property (affected property).</p>				
<p>Do any of the releases affect any properties adjacent to the source property?</p> <p><input type="checkbox"/> yes If “<b>yes</b>”, identify below each property you know has been affected by the releases on the source property. If you need to add more information, go to <a href="#">2.C</a> in the additional information pages at the end of this form.</p> <p><input checked="" type="checkbox"/> no If “<b>no</b>”, skip to <b>Part 2.D</b>.</p> <p><input type="checkbox"/> unknown If “<b>unknown</b>”, skip to <b>Part 2.D</b>.</p>				
1	Address:			
	Tax parcels:			
2	Address:			
	Tax parcels:			
3	Address:			
	Tax parcels:			
4	Address:			
	Tax parcels:			
<p><b>2.D Public rights-of-way affected by the releases.</b></p>				
<p>Do any of the releases affect a public right-of-way (e.g., roadways)? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown</p> <p>If “<b>yes</b>”, specify below. Otherwise, skip to <b>Part 2.E</b>. If you need to add more information, go to <a href="#">2.D</a> in the additional information pages at the end of this form.</p>				





## Part 2 – Site description

<p><b>2.G.1 Drinking water.</b></p> <p>Does site contamination pose a threat or potential threat to an existing drinking water source (groundwater or surface water)? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown</p> <p>If “<b>yes</b>”, what type of drinking water system is threatened by the contamination? Check <b>all that apply</b>.</p> <p><input type="checkbox"/> single family <input type="checkbox"/> public</p> <p>If “<b>public drinking water supply</b>” is selected, is the contamination located within or upstream of a 10-year wellhead protection area? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown</p> <p>If “<b>yes</b>”, or help is needed, see the <a href="#">Source Water Assessment Program (SWAP) Mapping Tool</a><sup>13</sup> or call the Department of Health at (800) 521-0323 for information.</p>
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<p><b>2.G.2 Indoor air.</b></p> <p>Are contaminant odors noted in any buildings, underground utilities conduits, or other confined spaces?</p> <p><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown</p> <p>If “<b>yes</b>”, specify below. If you need to add more information, go to <a href="#">2.G.2</a> in the additional information pages at the end of this form.</p>

<p><b>2.H Site maps.</b></p> <p>Attach to this application maps that identify:</p> <ul style="list-style-type: none"> <li>• site location</li> <li>• affected properties and public rights-of-way</li> <li>• source(s) of release(s)</li> <li>• nature and extent of contamination</li> <li>• impacted human or ecological receptors (e.g., through drinking water supplies)</li> <li>• site physical characteristics (e.g., property lines, building and roadway outlines, surface water bodies, water supply wells, groundwater flow direction, and utility rights-of-way)</li> <li>• adjacent properties and their uses (e.g., gas station, dry cleaner, residential).</li> </ul>
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## Part 3 – Operational History

<p><b>3.A Current use of source property.</b> The following refers to only the source property and <b>not</b> other properties affected by the site contamination. Add information to the best of your ability.</p>		
<p><b>3.A.1 Current property owners.</b> Identify the current owner of the source property.</p>		
<table border="1"> <tr> <td>Name: Mike A. Carpinito</td> <td>Title: Manager</td> </tr> </table>	Name: Mike A. Carpinito	Title: Manager
Name: Mike A. Carpinito	Title: Manager	
Organization: Carpinito Farms LLC		
Mailing address: 1148 North Central		

<sup>13</sup> <https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/SourceWater/GISMappingTool>

### Part 3 – Operational History

City: Kent	State: WA	Zip: 98032
Phone: (253) 854-5692		
<b>3.A.2 Current business owner (operator).</b> Identify the current business owner operating on the source property.		
Name: Mike A. Carpinito	Title: Manager	
Organization: Carpinito Farms LLC		
Mailing address: 1148 North Central		
City: Kent	State: WA	Zip: 98032
Phone: (253) 854-5692		
<b>3.A.3 Current business operations.</b> Identify the current business operations on the source property.		
What is the current land use of the source property? Check <b>all that apply</b> .		
<input type="checkbox"/> residential <input type="checkbox"/> commercial <input type="checkbox"/> industrial <input checked="" type="checkbox"/> agricultural <input type="checkbox"/> childcare facility <input type="checkbox"/> school <input type="checkbox"/> park <input type="checkbox"/> other – specify:		
Does a commercial or industrial business currently operate on the source property?		
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
If “ <b>yes</b> ”, identify in the following table the current business operations using the North American Industry Classification System (NAICS) codes and specifying the operations.		
NAICS Code	Operations Description	
Ex: 447110	Gasoline stations with convenience stores	
Wholesale Dairy Products	424430	
Support Activities for Agriculture	115100	
Vegetable and Melon Farming	1112	
Is a solid waste handling facility located on the source property?		
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown		
If “ <b>yes</b> ”, identify below. If you need to add more information, go to <a href="#">3.A.3</a> in the additional information at the end of this form.		
Is a dangerous waste treatment, storage, or disposal facility located on the source property?		
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown		
If “ <b>yes</b> ”, identify here: .		
If you need to add more information, go to <a href="#">3.A.3</a> in the additional information pages at the end of this form.		

### Part 3 – Operational History

#### 3.A.4 Regulation of current business operations.

Does the business operate under any federal, state, or local permits (e.g., NPDES) related to the release of hazardous substances into the environment?  yes  no  unknown

If “yes”, specify below the regulated operation, the name of the permit, and the date it was issued.

Regulated operation	Permit	Date issued
Ex: wastewater discharge	NPDES permit	02/02/02

Has a state or federal notice of enforcement action (e.g., notice of violation) ever been issued related to the release of hazardous substances at the business?  yes  no  unknown

If “yes”, specify notice and year issued: \_\_\_\_\_

Have business operations resulted in any other spills or other unpermitted releases on the source property?  yes  no  unknown If “yes”, list in the following table.

Release	Date of release	Status of release

#### 3.A.5 Storage tank information. Identify all aboveground storage tanks (ASTs) and USTs that have been used to store hazardous substances on the source property, regardless of whether the tanks are still in service or in place. Enter “U” where unknown.

Identification				Status and Closure				Releases	
Hazardous substance	AST or UST	Size (gal.)	Tank ID	Date installed	In use (y/n)	Date closed	Closure method (*)	Past (y/n)	Current (y/n)
Ex: diesel	UST	10,000	4	02/87	N	5/98	removed	Y	N
diesel	AST	10,000		1983	n	2013	removed	N	
Heating oil	AST	U		U	n	U	removed	N	

(\*) Options = removed or closed in place.

#### 3.B Past use of source property. The following refers to only the source property, not other properties affected by the site.

##### 3.B.1 Past property owners. Identify the owner of the source property when the release occurred.

Name:	Title:
Organization: Smith Brothers Farms, Inc.	

### Part 3 – Operational History

Mailing address: 27441 68 <sup>th</sup> Avenue S		
City: Kent	State: WA	Zip: 98032
Phone:	Fax:	Email:
<b>3.B.2 Past business owners (operators).</b> Identify the site business owner (operator) when the release occurred.		
Name:	Title:	
Organization: Smith Brothers Farms, Inc.		
Mailing address: 27441 68 <sup>th</sup> Avenue S		
City: Kent	State: WA	Zip: 98032
Phone:	Fax:	Email:
<b>3.B.3 Identification of past business operations.</b> Identify the past operations of businesses on the source property using the NAICS codes and/or specifying the operations.		
NAICS Code	Operations description	
Ex: 447110	Gasoline stations with convenience stores	
112120	Dairy Farm	
<b>3.C Future use of source and affected properties.</b> The following refers to both source and affected properties.		
<p>Will any ownership interest in the source property or affected properties be conveyed before or upon cleanup completion?      <input type="checkbox"/> yes   <input checked="" type="checkbox"/> no   <input type="checkbox"/> unknown</p> <p>If “<b>yes</b>”, specify below. If you need to add more information, go to <a href="#">3.C</a> in the additional information pages at the end of this form.</p>		

### Part 3 – Operational History

<b>3.D Redevelopment plans as part of cleanup.</b>
Will any of the source or affected properties, or portions of those properties, be redeveloped as part of the cleanup? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown
If “ <b>yes</b> ”, specify below the proposed land use. Check <b>all that apply</b> .
<input type="checkbox"/> residential <input type="checkbox"/> school <input type="checkbox"/> commercial <input type="checkbox"/> industrial <input type="checkbox"/> childcare facility
<input type="checkbox"/> agricultural <input type="checkbox"/> park <input type="checkbox"/> other – specify:
Also, specify below the activities proposed for that land use. If you need to add more information, go to <a href="#">3.D</a> in the additional information pages at the end of this form.

### Part 4 – Administrative history

Have you previously reported the release(s) of hazardous substances? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown      If “ <b>yes</b> ”, when? 2013
Has cleanup of the site, or any portion of the site, ever been managed under the <b>Standard VCP</b> or <b>Expedited VCP</b> ? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown If “ <b>yes</b> ”, specify <b>Standard VCP</b> or <b>Expedited VCP</b> project number: _____
Has the site cleanup, or any portion, ever been managed under a federal or state order or decree? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown      If “ <b>yes</b> ”, specify type and docket number: _____

### Part 5 – Independent remedial actions

<b>5.A Scope of remedial actions.</b>
Do you plan to characterize and investigate all site contamination, including contamination on affected adjacent properties, as part of your cleanup project? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
If “ <b>no</b> ”, describe below the scope of the cleanup project, including the contamination (properties, portions of a property, media and/or hazardous substances) that you <b>do not</b> plan on characterizing or investigation as part of the <b>Standard VCP</b> or <b>Expedited VCP</b> project. If you need to add more information, go to <a href="#">5.A</a> in the additional information pages at the end of this form.

## Part 5 – Independent remedial actions


### 5.B Status of remedial actions.

What is the current status of remedial actions at the site? Check **all that apply** in table.

Remedial action	Planned	Ongoing	Completed	Not applicable
Initial response (UST only)				x
Interim action			x	
Remedial investigation			x	
Feasibility study				x
Cleanup action			x	

### 5.C Documentation of remedial actions.

List all known remedial action plans or reports produced for the site, including:

- title
- preparer
- date produced
- whether submitted to us
- date submitted to us

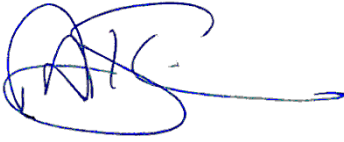
If you need to add more information, go to [5.C](#) in the additional information pages at the end of this form.

	Title	Preparer	Date	Submitted to Ecology	
				yes/no	date
Ex:	Jane Doe site: Remedial Investigation Work Plan	Freedom Consulting	02/20/19	no	n/a
1	Site Soils Characterization and Cleanup Report	Blue Sage Environmental, Inc.	8/27/13	yes	8/27/13
2	Groundwater Results, March 19, 2014	Blue Sage Environmental, Inc.	4/16/14	yes	4/46/14
3	Soils and Groundwater Report 2014	Blue Sage Environmental, Inc.	5/5/15	yes	5/5/15
4	Groundwater Results, April 9, 2015	Blue Sage Environmental, Inc.	5/15/15	yes	5/5/15
5	Groundwater Results, July 30, 2015	Blue Sage Environmental, Inc.	9/5//15	yes	9/5/15
6	Groundwater Results, November 18, 2015	Blue Sage Environmental, Inc.	12/8/15	yes	12/8/15
7	Groundwater Results, March 23 & June 23, 2016	Blue Sage Environmental, Inc.	7/11/16	yes	7/11/16
8	Groundwater Results, September 14 & December 15, 2016	Blue Sage Environmental, Inc.	1/17/17	yes	1/17/17
9	Groundwater Results 2017	Blue Sage Environmental, Inc.	2/28/18	yes	2/28/18

## Part 5 – Independent remedial actions

10	Remedial Investigation/Interim Remedial Cleanup Action/Groundwater Report	Blue Sage Environmental, Inc.	12/28/22	yes	
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## Part 6 – Statement and signature

<b>6.A Statement and signature.</b> The undersigned <b>affirms</b> that the information provided in this application is true and accurate to the best of the applicant's knowledge. Someone other than the <b>applicant</b> may sign this application form.					
Name: Alexander H. Koch			Title: Consultant		
Signature: 				Date: 12/18/22	
Organization: Blue Sage Environmental, Inc.					
Mailing address: 198007 E. 30 <sup>th</sup> Avenue					
City: Kennewick			State: WA		Zip: 99337
Phone: (509) 947-4059		Email: akoch1967@yahoo.com		Fax:	
<b>6.B Affiliation.</b>					
What is the signatory's involvement at the site? Check <b>all that apply</b> . <input type="checkbox"/> applicant <input type="checkbox"/> property owner <input checked="" type="checkbox"/> consultant <input type="checkbox"/> attorney <input type="checkbox"/> other - specify:					
<b>Expedited VCP note:</b> While anyone may sign the <b>application form</b> , only certain types of applicants are eligible to join <b>Expedited VCP process</b> and sign the <b>Expedited VCP agreement</b> . To sign the agreement, the applicant <b>must</b> have an ownership interest in or operate the facility or have a contractual right to purchase, redevelop, or reuse the facility. If the applicant is a corporation, a representative authorized to bind the corporation <b>must</b> sign the <b>Expedited VCP agreement</b> .					

If you need this publication in an alternative format, please call the Toxics Cleanup Program at 360-407-7170 or visit our [Toxics Cleanup Program webpage](https://ecology.wa.gov/About-us/Get-to-know-us/Our-Programs/Toxics-Cleanup).<sup>14</sup> Persons with hearing impairment can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

<sup>14</sup> <https://ecology.wa.gov/About-us/Get-to-know-us/Our-Programs/Toxics-Cleanup>

## Additional Information Pages

Insert information here that does not fit into the application format above.

<b>2.C Affected properties (continued)</b>	
5	Address:
	Tax parcels:
6	Address:
	Tax parcels:
7	Address:
	Tax parcels:
8	Address:
	Tax parcels:
9	Address:
	Tax parcels:
10	Address:
	Tax parcels:

<b>2.D Public rights-of-way affected by the releases (continued)</b>	

<b>2.F.1 Release source(s) (continued)</b>	

<b>2.F.2 Release circumstances (continued)</b>	

<b><u>2.F.2</u> Release circumstances (continued)</b>

<b><u>2.F.3</u> Release discovery circumstances (continued)</b>

<b><u>2.G.2</u> Indoor air (continued)</b>

<b><u>3.A.3</u> Current business operations (continued)</b>

<b><u>3.C</u> Future use of source and affected properties (continued)</b>


<b><u>3.D</u> Redevelopment plans (continued)</b>

<b><u>5.A</u> Scope of remedial actions (continued)</b>

<b><u>5.C</u> Documentation of remedial actions (continued)</b>

**5.C Documentation of remedial actions (continued)**
