



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

Northwest Regional Office, 3190 - 160th Ave S.E. • Bellevue, Washington 98008-5452 • (206) 649-7000

May 7, 2002

Mr. James D. Gilmur
16 S. Michigan St.
Seattle WA 98108

Dear Mr. James D. Gilmur:

Re: Request for Review: Independent Remedial Action
Duwamish Marine Center, 6365 First Ave. S., Seattle WA 98108

Thank you for submitting the independent remedial action report(s) for this site for Ecology's review. Ecology appreciates your initiative in pursuing a voluntary cleanup under the Model Toxics Control Act.

This is to acknowledge receipt of your *Request* and your \$500 deposit. A copy of the *Request* form is enclosed. All correspondence relating to this project should include the site name and a reference to the TCP identification number NW0892 printed on the bottom right-hand corner of this form.

The Department of Ecology (Ecology) will publish a notice in the *Site Register* that we have received the report(s) and of your request for Ecology review of the independent remedial action. The *Site Register* is a bi-weekly publication regarding sites undergoing cleanup or remedial action throughout the state.

If you have any questions about this letter or the Voluntary Cleanup Program, please do not hesitate to call me at (425) 649-4446.

Sincerely,

Theresa L. Fisher
Voluntary Cleanup Program Administrator

TLF: lg
Enclosure

April 19, 2002

Ms. Terri Fisher
Washington State Department of Ecology
Northwest Regional Office
3190 160th Avenue Southeast
Bellevue, Washington 98008

**RE: VOLUNTARY CLEANUP PROGRAM REQUEST FOR ASSISTANCE
DUWAMISH MARINE CENTER
6365 FIRST AVENUE SOUTH, SEATTLE, WASHINGTON
FARALLON PN: 781-001**

Dear Terri:

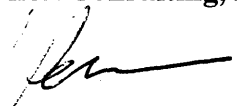
Farallon Consulting, L.L.C. (Farallon) has prepared this letter on behalf of Mr. Jim Gilmur to provide a request for admission into the Voluntary Cleanup Program (VCP) for the Duwamish Marine Center site, located at 6365 First Avenue South in Seattle, Washington. Please find the following items enclosed:

- VCP Request for Assistance/Review Form;
- Site Summary Form;
- Phase I Environmental Audit by Environmental Associates, Inc., dated January 17, 2000;
- Preliminary Phase II Subsurface Investigation by The Riley Group, Inc., dated September 13, 2000;
- Figures 1 and 2, Site Location Map, and Site Plan, prepared by Farallon; and
- A check in the amount of \$500.

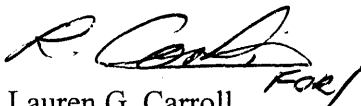
Farallon trusts that this will provide sufficient information to initiate the VCP process. Please contact either of the undersigned at 425-427-0061 if you have any questions.

Sincerely,

Farallon Consulting, L.L.C.



Jim Pender
Environmental Technician



Lauren G. Carroll
Senior Hydrogeologist

Enclosures

cc: Jim Gilmur

JP/LC:dmr



Voluntary Cleanup Program

Washington State - Department of Ecology - Toxics Cleanup Program

Site Summary

This Summary is a required component of your request for assistance under the Voluntary Cleanup Program

Which of the following apply?

- Requesting assistance on a planned cleanup
- Requesting assistance on an ongoing cleanup.
- Requesting review of a completed cleanup.

Note: If you submitted your Request for Assistance (ECY 020-74) previously without a Site Summary (this form) or this is a revised Site Summary, Please provide this completed form to Ecology at least five (5) working days prior to the meeting/site visit/documentation review (whichever comes first).

A) Site Identification:			
X Name of Site: <u>DUWAMISH MARINE CENTER</u>			
Alternate Name(s) for Site:			
Street Address of Site: <u>6365 FIRST AVE S</u>			
City: <u>SEATTLE</u>	State: <u>WA</u>	Zip: <u>98108</u>	
County: <u>KING</u>	UBI Number: <u>601-214-146</u>		
Mailing Address (if different from above):			
City:	State:	Zip:	
Township <u>24N</u>	Range <u>4E</u>	Section <u>20</u>	Quarter-Quarter <u>NE 1/4</u>
If Known:			
Latitude:	Degree	Minute	Second
Longitude:	Degree	Minute	Second
Method used to calculate Latitude and Longitude:			
How large (in acres) is the site? <u>approx. 2.79 acres</u>			

Please attach two maps to this form.

- 1) An area map, showing general location of the site in relation to surrounding bodies of water, cities, highways, and streets. (Please mark site location.)
- 2) A site diagram showing surrounding cross streets, labeled building outlines, sampling and well locations, etc.

B) Person/Organization Making Request for Assistance/Review:			
Name: <u>Lauren Carroll</u>			
Firm: <u>FARALLON CONSULTING, L.L.C.</u>			
Street Address: <u>320 3rd Ave NE Suite 200</u>			
City: <u>SEASUCK</u>	State: <u>WA</u>	Zip: <u>98027</u>	
Telephone Number: <u>425-427-0061</u>	Extension:		
Fax Number: <u>425-427-0067</u>	e-mail address:		

Which best describes your involvement with the site? (Check as many as apply.)

- Current Owner Former Owner Potential Purchaser
 Current Operator Former Operator Other (specify)
 Environmental Consultant for *current owner/operator*
 Attorney for _____
 Insurance Carrier for _____
 Other (specify) for _____

C) Release Information:

Date of Release (if known): *UK* Date of Discovery: *September, 2000*

Drinking Water: Number of Drinking Water Supply Wells within 1/2 mile

Are there any drinking water systems affected? yes no

If yes, has alternate drinking water been provided? yes no

If Drinking Water systems are affected, are the systems public, private, or both?

Aquatics: Are there any creeks, streams, ponds, wetlands, or shorelands...

on or adjacent to the site? yes no

Within 1/4 mile of the site? yes no

Where are they located?

Are they impacted by contamination from the site? yes no

General Hazardous Substance Categories: Please complete the chart below. List the contaminants known or suspected at the site prior to cleanup, and mark the appropriate medium (i.e. soil) with: **C** (confirmed and above MTCA); **B** (confirmed but below MTCA); **S** (suspected); **N/A** (not-applicable); **O** (tested and not present); or **U** (unknown).

Contaminant	Class (for office Use)	Affected Soil	Media: Ground-Water	Surface Water	Air	Sediment	Date of Release (if known)
Example: Lead		C	O	S	U	S	1967-82
1) TPH-D		C	B	U	U	N/A	1924-66
2) TPH-O		C	C	↓			↓
3) PCB'S		C	C	↓	↓		↓
4) LEAD		C	C	↓	↓		↓
5) ^{Cadmium} Chromium		C	U	↓	↓		↓
6) Total c PAHS		C	C	↓	↓	↓	↓

D) Report Information of Assessment or Remediation Work Done to Date

Assessment:

Has site assessment work been done at this site? yes no In-progress

If yes, when? Were results reported to Ecology? yes no Date

Describe: (list reports in "E" below)

Remediation:

Has any site cleanup work been done at the site? yes no in-progress

If yes, please continue to answer the remaining questions in this section to the best of your ability.

When was the cleanup work done?

Were results reported to Ecology? yes no date

Describe: (list reports in "E" below)

Does contamination remain on-site after cleanup activities? yes no

If yes, describe: (list reports in "E" below)

For each contaminant listed in **Part C) Release Information (above)**, please describe the quantity of the contaminant (in pounds) which was removed or treated as a result of the cleanup activities:

Contaminant	Class (for office Use)	Pounds of Contaminant:				
		Incinerated	Washed	Removed	Treated	Contained
Example: Lead		10	20	40	10	60
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						

As a result of the cleanup:

How many acres of land were returned to **unrestricted** use?

How many acres of land were returned to **restricted** use?

How many cubic feet of contaminated soil was remediated or contained?

How many gallons of contaminated soil was remediated or contained?

How many people are now at reduced risk as a result of the cleanup action?

How many pounds of potential pollution was prevented as a result of the cleanup action?

Methods/Treatments Used	Soil	Groundwater	Surface Water	Drinking Water	Air	Wastes
Method A						
Method B						
Method C						
Have these levels been met through the site ? Y or N						
Destruction or Detoxification						
Carbon Adsorption ¹	N/A					N/A
Biological Treatment					N/A	
Chemical Destruction						
Incineration		N/A	N/A	N/A		
¹ Carbon followed by regeneration: use of granular activated carbon followed by landfilling would be classified in these tables as volume reduction and off-site landfill						
Media Transfer						
Air stripping/Air Sparging	N/A					N/A
Aeration/Vapor Extraction		N/A	N/A	N/A	N/A	
Thermal Desorption		N/A	N/A	N/A		N/A
Immobilization						
Vitrification		N/A	N/A	N/A		
Solidification/Stabilization		N/A	N/A	N/A		
Reuse/Recycling²						
Specify						
² For example, reuse of free petroleum product recovered in a pump and treat system.						
Separation/Volume Reduction						
Solvent Extraction		N/A	N/A	N/A		
Soil Washing		N/A	N/A	N/A		
Physical Separation ³						
³ For example, oil/water separators.						
Land Disposal/Containment						
Containment or On-site Landfill			N/A			
Off-site Landfill		N/A	N/A	N/A		
Institutional Controls						
Specify						
Others						
Specify Treatment Method						

E) Documentation:

Please list titles of all site reports below. Include name of consulting firm and year completed. (If there is not enough room for the entire list, please attach additional page(s) as necessary.)

Title:	By:	Date
PHASE I ENVIRONMENTAL AUDIT	ENVIRONMENTAL ASSOCIATES, INC	JAN. 17, 2000
PRELIMINARY PHASE II SUBSURFACE INVESTIGATION	The Riley Group, Inc	SEP. 13, 2000

Is additional information concerning the contaminants treated or removed, or cleanup or remediation methods used available in a data base? yes no If yes, what programming software is use?
 Is a copy included for our use? yes no

F) Property Type: Commercial Industrial Residential Other (Please specify)
 Property currently being used? yes no
 Plans for change in use? yes no If yes, please specify:

G) Standard Industrial Classification (SIC) Codes:

List all that apply. If none apply, or if you don't know your SIC code, list activities conducted at the site (i.e. automotive repair and maintenance, construction equipment storage, etc.).

Construction Equipment Storage

H) Dangerous Waste Facilities:

Does the facility have a dangerous waste identification number? yes no
 If yes, what is the number? WAD

I) Tank Information:

Complete this table for ALL tanks, whether underground (UST) or aboveground (AST), including unregulated tanks.

(*Unleaded, leaded diesel, bunker-C, waste oil, heating oil, aviation fuel, other (identify))

(** Tank status: Left in Place, Removed, Closed in Place)

Tank ID	AST/UST	Size	Was Free Product encountered?		In Excavation	**Tank Status
			*Product	On GW		

J) Owner/Operator History

(Please photocopy and attach copies if additional owners and/or operators are known.)

Type (code) of Owner/Operator (for below):

Private (1) Municipal (2) County (3) Federal (4) State (5) Tribal (6) Mixed (7) Other (8) Unknown (9) Public Entitle Acquisition via Bankruptcy (11)

X	1) Current Site Owner:	TAMES D. GILMUR	Type:	PRIVATE
X	Street Address:	8027 NE 175th		
X	City:	KENMORE	State:	WA ZIP: 98028
X	Contact Persons (if different than owner, above):	JOE KONU		
X	Street Address:	16 S. MICHIGAN		
X	City:	SEATTLE	State:	WA ZIP: 98108
X	Telephone Number:	206-767-7642	Extension:	-0-
X	Fax Number:	206-767-9424	e-mail address:	jdgi@msn.com
X	Dates of Ownership:	1978	to	DATE 5 APRIL 2002

X	2) Current Facility Operator:	DUNNANISH MARINE CENTER	Type:	PRIVATE
X	Street Address:	16 S. MICHIGAN ST.		
X	City:	SEATTLE	State:	WA ZIP: 98108
X	Contact Persons (if different than owner, above):			
X	Street Address:	16 S. MICHIGAN		
X	City:	SEATTLE	State:	WA ZIP: 98108
X	Telephone Number:	206-767-7642	Extension:	-0-
X	Fax Number:	206-767-9424	e-mail address:	
X	Dates of Operation:	1998	to	DATE 5 MAY 2002

	3) Former Site Owner:		Type:	
	Street Address:			
	City:		State:	ZIP:
	Contact Persons (if different than owner, above):			
	Street Address:			
	City:		State:	ZIP:
	Telephone Number:		Extension:	
	Fax Number:		e-mail address:	
	Dates of Ownership:		to	

	4) Former Facility Operator:		Type:	
	Street Address:			
	City:		State:	ZIP:
	Contact Persons (if different than owner, above):			
	Street Address:			
	City:		State:	ZIP:
	Telephone Number:		Extension:	
	Fax Number:		e-mail address:	
	Dates of Operation:		to	

K) Other Involved Parties:

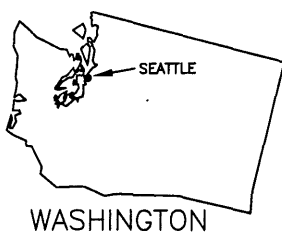
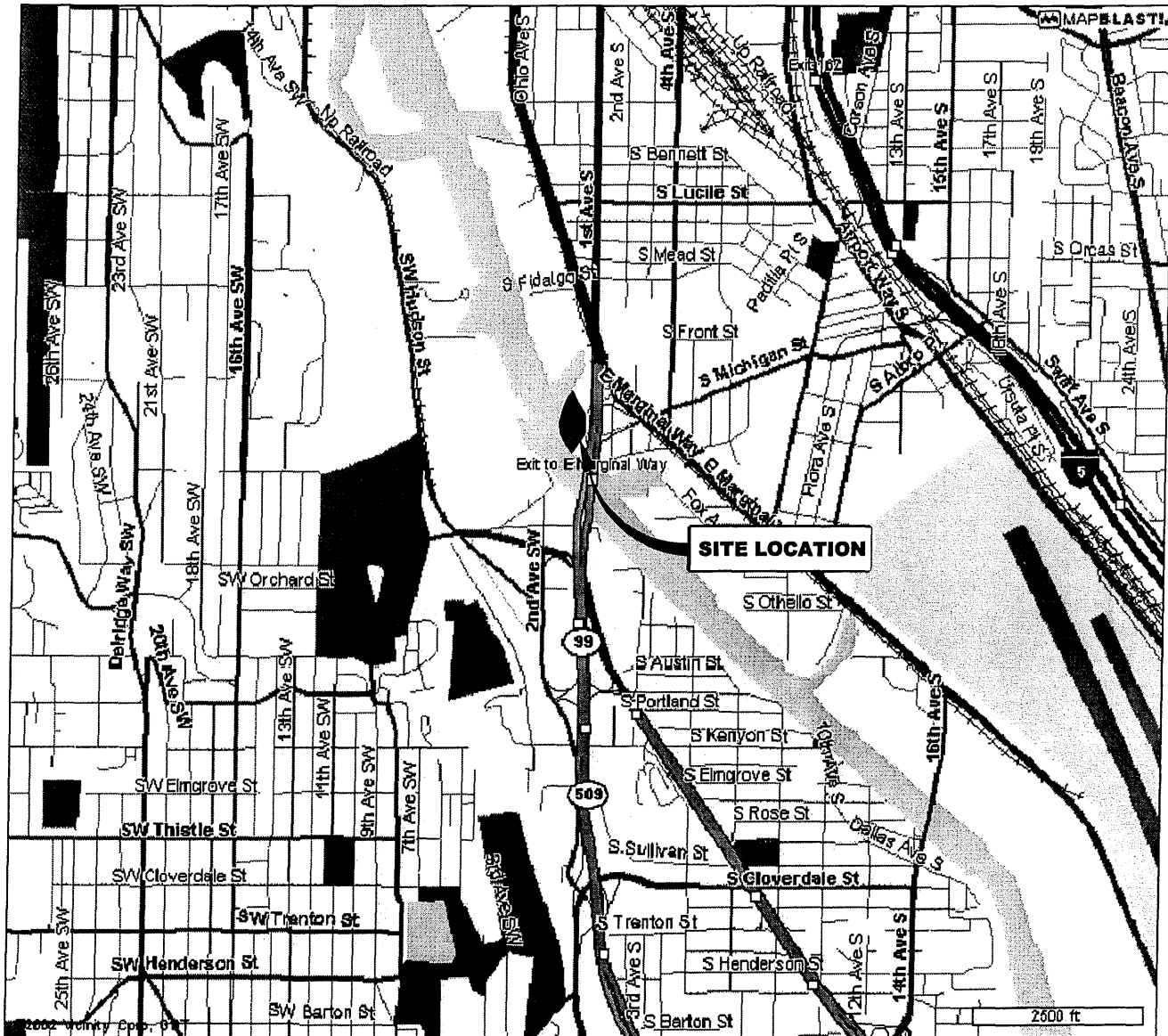
(Please photocopy and attach copies if additional parties are involved)

1) Environmental Consultant: <u>Farallon Consulting, LLC</u>		
Representing: <u>Mr. Jim Gilmer</u>		
Firm: <u>Duwanish Marine Center</u>		
Street Address: <u>320 3rd AVE NE Suite 200</u>		
City: <u>ISSAQUAH</u>	State: <u>WA</u>	ZIP: <u>98027</u>
Telephone Number: <u>425-427-0061</u>		Extension:
Fax Number: <u>425-427-0067</u>	e-mail address:	

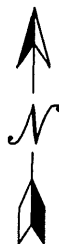
2) Site Control Person if other than Owner/Operator. (This must be a person who is on-site during normal working hours and is authorized and qualified to answer questions about the site, or a person who is available during normal business hours and has knowledge about the site and the remediations.		
X	Name:	<u>JOE KOINU</u>
Y	Relation to site/owner/operator:	<u>EMPLOYEE</u>
✓	Firm:	<u>DUWANISH MARINE CENTER</u>
X	Street Address:	<u>16 S. MICHIGAN ST.</u>
X	City:	<u>SEATTLE</u> State: <u>WA</u> ZIP: <u>98108</u>
X	Telephone Number:	<u>206.767.7642</u> Extension: <u>-0-</u>
X	Fax Number:	<u>206.767.9424</u> e-mail address: <u>jdgi@dmsh</u>
X	Dates of involvement with site:	<u>1987</u> to: <u>DATE APRIL 5, 2002</u>

3) Name:	<u>N.A.</u>	
Relation to site/owner/operator:		
Firm:		
Street Address:		
City:	State:	ZIP:
Telephone Number:	Extension:	
Fax Number:	e-mail address:	
Dates of involvement with site:	to:	

4) Name:	<u>N.A.</u>	
Relation to site/owner/operator:		
Firm:		
Street Address:		
City:	State:	ZIP:
Telephone Number:	Extension:	
Fax Number:	e-mail address:	
Dates of involvement with site:	to:	



WASHINGTON



FARALLON CONSULTING
 320 3rd Ave. NE, Suite 200
 Issaquah, WA 98027

FIGURE 1

SITE LOCATION MAP
 DUWAMISH MARINE CENTER
 6365 FIRST AVE SOUTH
 SEATTLE, WASHINGTON

FARALLON PN: 781-001

Drawn By: DEW	Checked By: PJ	Date: 4/4/02	Disk Reference: 748001
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