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DEPT OF ECOLOGY  
TCP - NWRO

# Voluntary Cleanup Program

Washington State Department of Ecology  
Toxics Cleanup Program

## APPLICATION FORM

Under the Voluntary Cleanup Program (VCP), the Department of Ecology (Ecology) may provide informal site-specific technical consultations to persons conducting independent remedial actions at a hazardous waste site. Ecology may provide such consultations under the authority of the Model Toxics Control Act (MTCA), Chapter 70.105D RCW, and its implementing regulations, Chapter 173-340 WAC.

To enter the VCP, complete and submit to Ecology a VCP Application. The Application consists of the following two documents:

1. Application Form (including required attachments). ← **THIS DOCUMENT**
2. Agreement.

For guidance on how to complete your Application, please refer to the Application Instructions, which are available separately on the VCP web site: [www.ecy.wa.gov/programs/tcp/vcp/vcpmain.htm](http://www.ecy.wa.gov/programs/tcp/vcp/vcpmain.htm).

### Part 1 - ADMINISTRATION

**A. Customer Information.** The Customer is the person or organization requesting services from Ecology under the VCP, and is responsible for paying the costs incurred by Ecology. The authority and duty of the Customer are explained in the Agreement.

Name of Customer: River's Edge WA LLLP

What type of entity is the Customer?

Person *If the Customer is a "person," then the Customer shall serve as both the Project Manager and the Project Billing Contact. Please identify this person and their contact information in both Parts 1B and 1C.*

Organization *If the Customer is an "organization," then please identify the Project Manager in Part 1B and the Project Billing Contact in Part 1C. Both persons must be employed by the Customer organization.*

What is the Customer's involvement at the Site? Please check all that apply.

<input checked="" type="checkbox"/> Property owner	<input type="checkbox"/> Business owner (operator)
<input type="checkbox"/> Past property owner	<input type="checkbox"/> Mortgage holder
<input type="checkbox"/> Future property owner	<input type="checkbox"/> Consultant
<input type="checkbox"/> Property lessee	<input type="checkbox"/> Attorney
<input type="checkbox"/> Other – please specify: _____	

If not the current property owner, is the Customer acting as the agent for the property owner?

Yes  No

If not the current property owner, is the Customer authorized to grant access to the property?

Yes  No

**Part 1 – ADMINISTRATION continued**

**B. Project Manager Information.** Ecology will send this person all official correspondence. This person must either be the Customer or be employed by the Customer. This person may not be an independent contractor hired by the Customer. Please enter the required information below.

Name: Rebecca Ralston		Title:	
Mailing address: c/o River's Edge WA LLLP, 909 5th Avenue Suite 2401			
City: Seattle		State: WA	Zip: 98164
Phone: (206) 351-9941	Fax:	E-mail: rebecca.ralston@outlook.com	

**C. Project Billing Contact Information.** Ecology will send this person monthly invoices. This person must either be the Customer or be employed by the Customer. This person may not be an independent contractor hired by the Customer. Please enter the required information below.

Name: Rebecca Ralston		Title:	
Mailing address: c/o River's Edge WA LLLP, 909 5th Avenue Suite 2401			
City: Seattle		State: WA	Zip: 98164
Phone: (206) 351-9941	Fax:	E-mail: rebecca.ralston@outlook.com	

**D. Project Consultant Information.**

Is the Customer a consultant?  
 Yes *If you answered "YES," then skip to the next question.*  
 No *If you answered "NO" and the Customer hired a consultant to conduct the independent remedial action, then enter the required information below.*

Name: Dylan Frazer		Title: Senior Geologist	
Organization: Landau Associates, Inc.			
Mailing address: 130 2nd Avenue South			
City: Edmonds		State: WA	Zip: 98020
Phone: (425) 329-0293	Fax:	E-mail: dfrazer@landauinc.com	
Do you want Ecology to contact the Project Consultant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**E. Property Owner Information.**

Is the Customer the owner of the property where independent remedial action is being conducted?  
 Yes *If you answered "YES," then enter the type of entity and skip to the next question.*  
 No *If you answered "NO," then please enter all of the required information below.*

Name:		Title:	
Organization:			
Mailing address:			
City:		State:	Zip:
Phone:	Fax:	E-mail:	



**Part 1 – ADMINISTRATION continued**

What type of entity is the property owner? Please check only one.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Private            | <input type="checkbox"/> County        |
| <input type="checkbox"/> Tribal                        | <input type="checkbox"/> Municipal     |
| <input type="checkbox"/> Federal                       | <input type="checkbox"/> Mixed         |
| <input type="checkbox"/> State                         | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Other – please specify: _____ |  |

**F. Request for Written Opinion.**

Are you requesting a written opinion at this time?

- Yes  No

If you answered “YES,” on what planned or completed remedial action do you want a written opinion?

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**Please attach to this Application any additional remedial action plans or reports you want Ecology to review.** Ecology will base its opinion on the information contained in the Site file, including any information attached to this Application.

If you answered “NO,” please explain why you are enrolling in the VCP at this time and when you expect to request a written opinion from Ecology.

Cleanup is currently being conducted at the Site and a soil completion report will be provided

following acceptance into the VCP.

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Attach additional pages if necessary.

**G. Reporting Requirements.**

Please comply with the following reporting requirements when requesting written opinions on planned or completed remedial actions:

- Licensing.** Documents submitted containing geologic, hydrologic, or engineering work must be under the seal of an appropriately licensed professional, as required by Chapters 18.43 and 18.220 RCW.
- Data Submittal.** Environmental sampling data must be submitted in both a printed form and an electronic form capable of being transferred into Ecology’s data management systems. For instructions on how to submit the data, please refer to the following Ecology web site: [www.ecy.wa.gov/programs/tcp/data\\_submittal/Data\\_Requirements.htm](http://www.ecy.wa.gov/programs/tcp/data_submittal/Data_Requirements.htm).

Failure to comply with these requirements may result in unnecessary delays. **Ecology will not issue a No Further Action (NFA) opinion unless these requirements are satisfied.**

## Part 2 - DESCRIPTION OF THE SITE

**A. Name of the Site.** If Ecology has already identified the Site, enter the name provided by Ecology. Otherwise, enter a suggested name for the Site. You may also include an alternate name.

Name: River's Edge

Alternate Name:

**B. Location of Property where the Releases Occurred (Source Property).**

The "source property" is the property where hazardous substances were released into the environment. For example, if petroleum was released from a leaking UST, the source property is the property where the UST was located.

Do you know on which property the releases occurred?

Yes

*If you answered "YES," then please refer to the source property when answering the following questions.*

No

*If you answered "NO," then please refer to the property addressed by your remedial action (cleanup) when answering the following questions.*

**Physical Address.** Please enter the physical address of the property below.

Street Address: Fremont Street and Ann Street

City: Monroe

State: WA

Zip: 98272

**Geographic Position.** Please enter the geographical position of the property below. For additional guidance on how to complete this part, please refer to instructions on the VCP web site.

COORDINATES	LATITUDE:	Degrees: 47	Minutes: 51	Seconds: 17
	LONGITUDE :	Degrees: 121	Minutes: 57	Seconds: 55
LOCATION ON PROPERTY: [e.g., point of release or center of parcel]		Center of parcel		
COLLECTION METHOD: [e.g., GPS or address matching]		Address matching		
COLLECTION SOURCE: [i.e., map scale]		Google Earth		
HORIZONTAL DATUM: [i.e., base reference for coordinate system]		N/A		
ACCURACY LEVEL: [i.e., +/- feet or meters]		Unknown		

**Legal Descriptions.**

TRS DATA:	Township: T27N	Range: R7E	Section: S6	Quarter-Quarter: SW
TAX PARCEL #(s):	27070600300500			



**Part 2 - DESCRIPTION OF THE SITE continued**

**C. Identification of Properties affected by the Releases (Affected Properties).**

An "affected property" is a property affected by the release of hazardous substances on the source property. For example, petroleum released from a leaking UST on one property (source property) may migrate through the soil or ground water onto an adjacent property (affected property).

Do any of the releases affect any properties adjacent to the source property?

- Yes *If you answered "YES," then please identify below each property that you know has been affected by the releases on the source property. If you need to identify additional properties, please attach additional pages.*
- No *If you answered "NO," then skip to the next question.*
- Unknown *If you answered "UNKNOWN," then skip to the next question.*

1.	Address:
	Tax Parcel(s):
2.	Address:
	Tax Parcel(s):
3.	Address:
	Tax Parcel(s):
4.	Address:
	Tax Parcel(s):

**D. Identification of Public Right-of-Ways affected by the Releases.**

Do any of the releases affect any public right-of-ways (e.g., streets)?

- Yes
- No
- Unknown

If you answered "YES" above, please specify below. Otherwise, skip to the next question.

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Attach additional pages if necessary.

**E. Extent of the Site.**

What is the approximate areal extent of the Site? Please check only one.

- < 5,000 square feet
- > 5,000 square feet, but < 1 acre
- > 1 acre, but < 10 acres
- > 10 acres
- Unknown

**Part 2 - DESCRIPTION OF THE SITE continued**

**F. Description of Release(s) at the Site.**

**Source of Release(s).**

What are the source(s) of the release(s) at the Site? Please check all that apply.

- Point source (e.g., leaking tank)
- Non-point source (e.g., contaminated soil used as fill)
- Area-wide lead and arsenic soil contamination (see questions below)
- Other – please specify: \_\_\_\_\_
- Unknown

To the extent known, please describe the source(s) of the release(s):

Historically the site was used as an auto salvage yard and as a wood mill. Contaminated soil, due to historical site use is present. Investigation has identified shallow soil contaminated with PAHs from a burned transformer. One small empty "rinse tank" and TPH-impacted soil found buried on site, and contaminated fill material containing auto slavage parts and materials.

Attach additional pages if necessary.

**Circumstances of Release(s).** To the extent known, please describe below the circumstances of the release(s).

While the site was operating as an auto salvage yard, material including cars, car parts, and building materials was burned and buried in the south western area of the site. A historical transformer fire in the north east area of the site released PAHs, confined to the top few feet of soil between two buildings. The circumstances of release from the rinse tank are not known and the historical use of the rinse tank is also unknown.

Attach additional pages if necessary.

**Circumstances of Release Discovery.** To the extent known, please describe below the circumstances of the discovery of the release(s).

Starting in 1990, there have been several environmental investigations and remedial actions conducted to document the soil and groundwater conditions. Additional investigation and cleanup of contaminated soil is currently occuring during construction for the new River's Edge development.

Attach additional pages if necessary.



**Part 2 - DESCRIPTION OF THE SITE continued**

**Area-Wide Soil Contamination.** For information about the area-wide soil contamination project, please refer to the following web site: [www.ecy.wa.gov/programs/tcp/area\\_wide/area\\_wide\\_hp.html](http://www.ecy.wa.gov/programs/tcp/area_wide/area_wide_hp.html). For information about the Tacoma Smelter Plume (TSP) and the associated Management Plan, please refer to the following web site: [www.ecy.wa.gov/programs/tcp/sites/tacoma\\_smelter/ts\\_hp.htm](http://www.ecy.wa.gov/programs/tcp/sites/tacoma_smelter/ts_hp.htm).

Is the Site located within an area affected by smelter emissions, such as the TSP area?

Yes  No  Unknown

To determine whether your Site is located within the TSP area, please refer to the map on the TSP web site identified above.

Is the Site located on a former apple or pear orchard in operation prior to 1947?

Yes  No  Unknown

Is the Site impacted by area-wide arsenic and/or lead soil contamination?

Yes  No  Unknown

**G. Nature and Extent of Hazardous Substances Released at the Site.** The following questions refer to conditions after the release, but prior to any cleanup, of the hazardous substances at the Site.

**Hazardous Substances and Affected Media.** To the extent known, please identify in the following table the hazardous substances released at the Site and the media (e.g., soil) impacted by those substances. Use the codes at the bottom of the table.

HAZARDOUS SUBSTANCE	AFFECTED MEDIA				
	SOIL	GROUND WATER	SURFACE WATER	SEDIMENT	AIR
EXAMPLE: Benzene	C	S	N/A	N/A	B
TPH	C	S	O	N/A	N/A
Lead	C	S	O	N/A	N/A
PAHs	C	N/A	O	N/A	N/A
Cadmium	C	S	O	N/A	N/A
Chromium	B	S	O	N/A	N/A
Arsenic	S	S	U	N/A	N/A
PCBs	C	N/A	O	N/A	N/A

When identifying the affected media in the table above, please use one of the following codes:

- C = confirmed, above cleanup level
- B = confirmed, below cleanup level
- O = confirmed, not present
- S = suspected
- N/A = not suspected
- U = unknown

**Part 2 - DESCRIPTION OF THE SITE continued**

**Drinking Water.**

Does any of the contamination at the Site pose a threat or potential threat to an existing drinking water source (ground water or surface water)?

- Yes     No     Unknown

If you answered "YES" above, what type of drinking water system is threatened by the contamination? Please check all that apply.

- Single Family  
 Public Drinking Water Supply

If you checked "Public Drinking Water Supply" above, is the contamination located within or upstream of a 10-year wellhead protection area?

- Yes     No     Unknown

To help answer the above question or if you answered "Yes" to that question, then go to <https://fortress.wa.gov/doh/eh/dw/swap/maps/> or call (800) 521-0323.

**Indoor Air.**

Are contaminant odors present in any buildings, manholes, or other confined spaces?

- Yes     No     Unknown

If you answered "YES" above, please specify:

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Attach additional pages if necessary.

**H. Maps of the Site.**

Please attach to this application map(s) that identify, to the extent known, the following:

- The location of the site.
- The properties, and any public right-of ways, affected by the site.
- The source(s) of the release(s) at the site.
- The nature and extent of contamination at the site.
- Any human or ecological receptors impacted by the site (e.g., drinking water wells).
- The physical characteristics of the site (e.g., property lines, building and road outlines, surface water bodies, water supply wells, ground water flow direction, and utility right-of-ways).
- The properties adjacent to the site and the uses of those properties (e.g., gas station, dry cleaner, residential).

Type t



### Part 3 – OPERATIONAL HISTORY OF THE SITE

**A. Current Use of Source Property.** Note that the following questions refer only to the Source Property, not other properties affected by the Site. Answer these questions to the best of your ability.

**Current Property Owners.** To the extent known, please identify below the current owner of the source property.

Name: Rebecca Ralston		Title:
Organization: River's Edge WA LLLP		
Mailing address: 909 5th Ave STE 2401		
City: Seattle	State: WA	Zip code: 98164
Phone: (206) 351-9941		

**Current Business Owner (Operator).** To the extent known, please identify below the current owner of the business located on the source property.

Name: Rebecca Ralston		Title:
Organization: River's Edge WA LLLP		
Mailing address: 909 5th Ave STE 2401		
City: Seattle	State: WA	Zip code: 98164
Phone: (206) 351-9941		

**Current Business Operations.** To the extent known, please identify below the current operations of the business located on the source property.

What is the current land use of the source property? Please check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Residential        | <input type="checkbox"/> School             |
| <input type="checkbox"/> Commercial                    | <input type="checkbox"/> Childcare facility |
| <input type="checkbox"/> Industrial                    | <input type="checkbox"/> Park               |
| <input type="checkbox"/> Agricultural                  |   |
| <input type="checkbox"/> Other – please specify: _____ |   |

Is there a currently operational commercial or industrial business located on the source property?

- Yes     No     Unknown

If you answered "YES" above, please identify in the following table the current business operations using the North American Industry Classification System (NAICS) codes and specifying the operations.

NAICS CODE	DESCRIPTION OF OPERATIONS
EX: 447110	Gasoline Stations with Convenience Stores
236116	New Multifamily Housing Construction

**Part 3 – OPERATIONAL HISTORY OF THE SITE continued**

Is there a solid waste handling facility located on the Source Property?

Yes  No  Unknown

If you answered "YES" above, please identify:

Attach additional pages if necessary.

Is there a dangerous waste treatment, storage, or disposal facility located on the Source Property?

Yes  No  Unknown

If you answered "YES" above, please identify:

Attach additional pages if necessary.

**Regulation of Current Business Operations.**

Does the business operate under any federal, state, or local permits related to the release of hazardous substances into the environment (e.g., NPDES permit)?

Yes  No  Unknown

If you answered "YES" above, please specify the regulated operation, the name of the permit, and the date it was issued in the table below.

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 you answered "yes" above, please 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 you answered "YES" above, please specify in the table below.

RELEASE	DATE OF RELEASE	STATUS OF RELEASE



**Part 3 – OPERATIONAL HISTORY OF THE SITE continued**

**Storage Tank Information.** In table below, please identify all above ground storage tanks (AST) and underground storage tanks (UST) that have been used for storing hazardous substances on the source property, irrespective of whether the tanks are still in use or in place. *If you are unable to provide answers to specific questions regarding a tank, please enter "U" for unknown.*

IDENTIFICATION				STATUS AND CLOSURE				RELEASES	
Hazardous Substance	Type (AST/UST)	Size (Gallons)	TANK ID	DATE INSTALL	IN USE (Y/N)	DATE CLOSED	CLOSURE METHOD (*)	PAST (Y/N)	CURRENT (Y/N)
EX: Diesel	UST	10,000	4	02/87	N	05/98	Removed	Y	N

(\*) Options = Removed or Closed in Place

**B. Past Use of Source Property.** *Note that the following questions refer only to the Source Property, not other properties affected by the Site. Please answer these questions to the best of your ability.*

**Past Property Owners.** To the extent known, please identify below the owner of the source property at the time the release occurred.

Name: Martha Anamosa		Title: Corporate Counsel	
Organization: Glacier Park Company			
Mailing address: 1011 Western Ave Suite 700			
City: Seattle		State: WA	Zip code: 98104
Phone:	Fax:		E-mail:

**Past Business Owners (Operators).** To the extent known, please identify below the owner of the business (operator) at the time the release occurred.

Name:		Title:	
Organization: Monroe Auto Salvage			
Mailing address: 426 Fremont St			
City: Monroe		State: WA	Zip code: 98272
Phone:	Fax:		E-mail:

**Identification of Past Business Operations.** Please identify in the following table the past operations of businesses located on the source property using the North American Industry Classification System (NAICS) codes and/or specifying the operations.

NAICS CODE	DESCRIPTION OF OPERATIONS
EX: 447110	Gasoline Stations with Convenience Stores
423140	Motor Vehicle Parts (Used) Merchant Wholesalers
32191	Millwork

**Part 3 – OPERATIONAL HISTORY OF THE SITE continued**

**C. Future Use of Source and Affected Properties.** The following questions refer to both source and affected properties. Please answer these questions to the best of your ability.

Will any ownership interest in the source or affected properties be conveyed prior to, or upon completion of, the cleanup?

- Yes     No     Unknown

If you answered "YES" above, please specify:

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Attach additional pages if necessary.

Will any of the source or affected properties, or portions of those properties, be redeveloped as part of the cleanup?

- Yes     No     Unknown

If you answered "YES" above, please specify the proposed land use below. Please check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Residential  | <input type="checkbox"/> School             |
| <input type="checkbox"/> Commercial              | <input type="checkbox"/> Childcare facility |
| <input type="checkbox"/> Industrial              | <input type="checkbox"/> Park               |
| <input type="checkbox"/> Agricultural            |   |
| <input type="checkbox"/> Other – please specify: |   |

Please also specify the activities proposed for that land use:

Several affordable housing apartment buildings are being developed on the site

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Attach additional pages if necessary.



**Part 4 – ADMINISTRATIVE HISTORY OF THE SITE**

Have you previously reported the release(s) of hazardous substances at the Site to Ecology?

- Yes – If so, when? \_\_\_\_\_  No  Unknown

Has the cleanup of the Site, or any portion of the Site, ever been managed under the VCP?

- Yes – If so, please specify the VCP Project Number: NW0280  
 No  
 Unknown

Has the cleanup of the Site, or any portion of the Site, ever been managed under a federal or state order or decree?

- Yes – If so, please specify the type and docket number: \_\_\_\_\_  
 No  
 Unknown

**Part 5 – DESCRIPTION OF INDEPENDENT REMEDIAL ACTIONS AT THE SITE**

**A. Scope of Remedial Actions.**

Do you plan to characterize and address all of the contamination at the Site, including any contamination located on affected adjacent properties, as part of the VCP project?

- Yes  No  Unknown

If you answered "NO" above, please describe below the scope of the VCP project, including the contamination (properties, portions of a property, media and/or hazardous substances) that you DO NOT plan on characterizing and/or addressing as part of the VCP project. Please include additional pages if necessary.

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Attach additional pages if necessary.

**Part 5 – DESCRIPTION OF INDEPENDENT REMEDIAL ACTIONS AT THE SITE continued**

**B. Status of Remedial Actions.**

What is the current status of remedial actions at the site? Please check all that apply in the table below.

REMEDIAL ACTION	PLANNED	ONGOING	COMPLETED	NOT APPLICABLE
INITIAL RESPONSE (UST ONLY)				X
INTERIM ACTION				X
REMEDIAL INVESTIGATION			X	
FEASIBILITY STUDY			X	
CLEANUP ACTION		X		

**C. Documentation of Remedial Actions.**

Please list in the table below all known remedial action plans or reports produced for the site, including:

- The title of the plan or report,
- The author (e.g. consulting firm) of the plan or report,
- The date the plan or report was produced,
- Whether the plan or report has been submitted to Ecology,
- The date the plan or report was submitted to Ecology.

	TITLE	AUTHOR	DATE	SUBMITTED TO ECOLOGY	
				Y/N?	DATE
EX:	John Doe's Site: Remedial Investigation Work Plan	Mom's Consulting Firm	02/20/05	NO	N/A
1.	Monroe Auto Salvage - Remedial Investigation & Feasibility Study	Farallon Consulting	02/02/2000	Yes	02/08/2000
2.	Monroe Auto Salvage - Cleanup Action Summary Report	Farallon Consulting	11/09/2000	Yes	Unknown
3.	Subsurface Exploration and Testing Glacial Park Company Property	Hart Crowser	12/13/1990	Yes	03/04/1996
4.	Monroe Auto Salvage Site Investigation	Emcon	07/26/1996	Yes	07/29/1996
5.	Monroe Auto Salvage Groundwater Monitoring	Emcon	09/30/1996	Yes	10/02/1996
6.	Monroe Auto Salvage Site Investigation - Additional PCB Sampling	Emcon	10/25/1996	Yes	01/11/1997
7.	Independent Remedial Action Monroe Auto Salvage	Glacier Environmental Services, Inc.	04/18/1997	Yes	04/23/1997
8.	Preliminary Environmental Assessment	Hart Crowser	03/16/1990	No	N/A
9.	Site Hazard Assessment	Snohomish Health District	01/23/1998	Yes	01/23/1998
10.	Excavated Materials Management Plan	Landau Associates, Inc	12/18/2018	No	N/A



## Part 6 – STATEMENT AND SIGNATURE

**A. Statement and Signature.** The undersigned affirms that the information contained in this application is true and accurate to the best of his or her knowledge. Please note that someone other than the Customer may sign this Application Form.

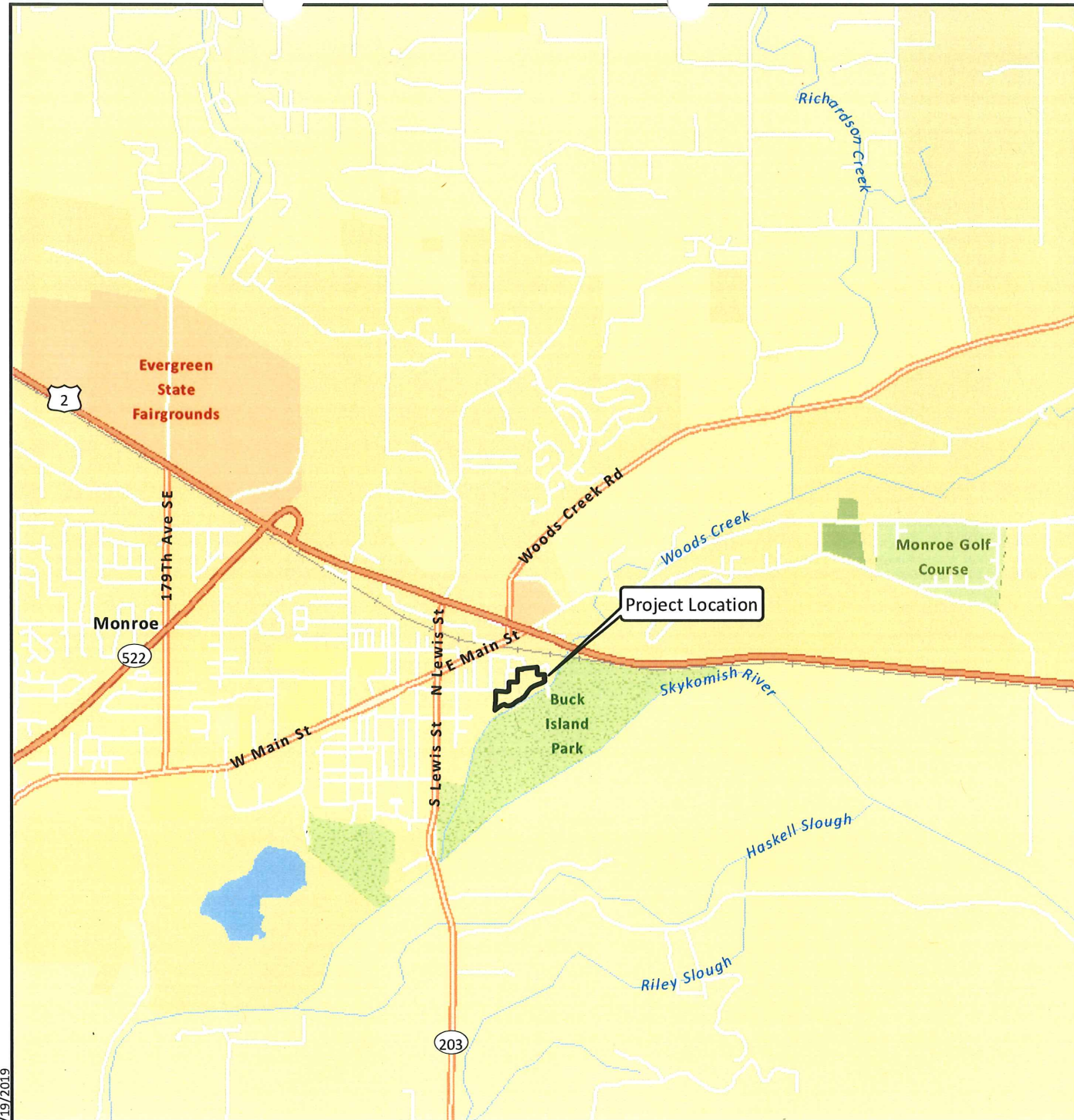
Name: <u>DYLAN FRAZER</u>	Title: <u>SENIOR GEOLOGIST</u>	
Signature: <u>[Handwritten Signature]</u>	Date: <u>8/23/19</u>	
Organization: <u>Landau Associates, Inc.</u>		
Mailing address: <u>130 2nd Avenue South</u>		
City: <u>Edmonds</u>	State: <u>WA</u>	Zip code: <u>98020</u>
Phone: <u>(425) 778-0907</u>	Fax: _____	E-mail: <u>dfrazer@landauinc.com</u>

### B. Affiliation.

What is the signatory's involvement at the Site? Please check all that apply.

- Customer
- Property Owner
- Consultant
- Attorney
- Other – please specify: \_\_\_\_\_

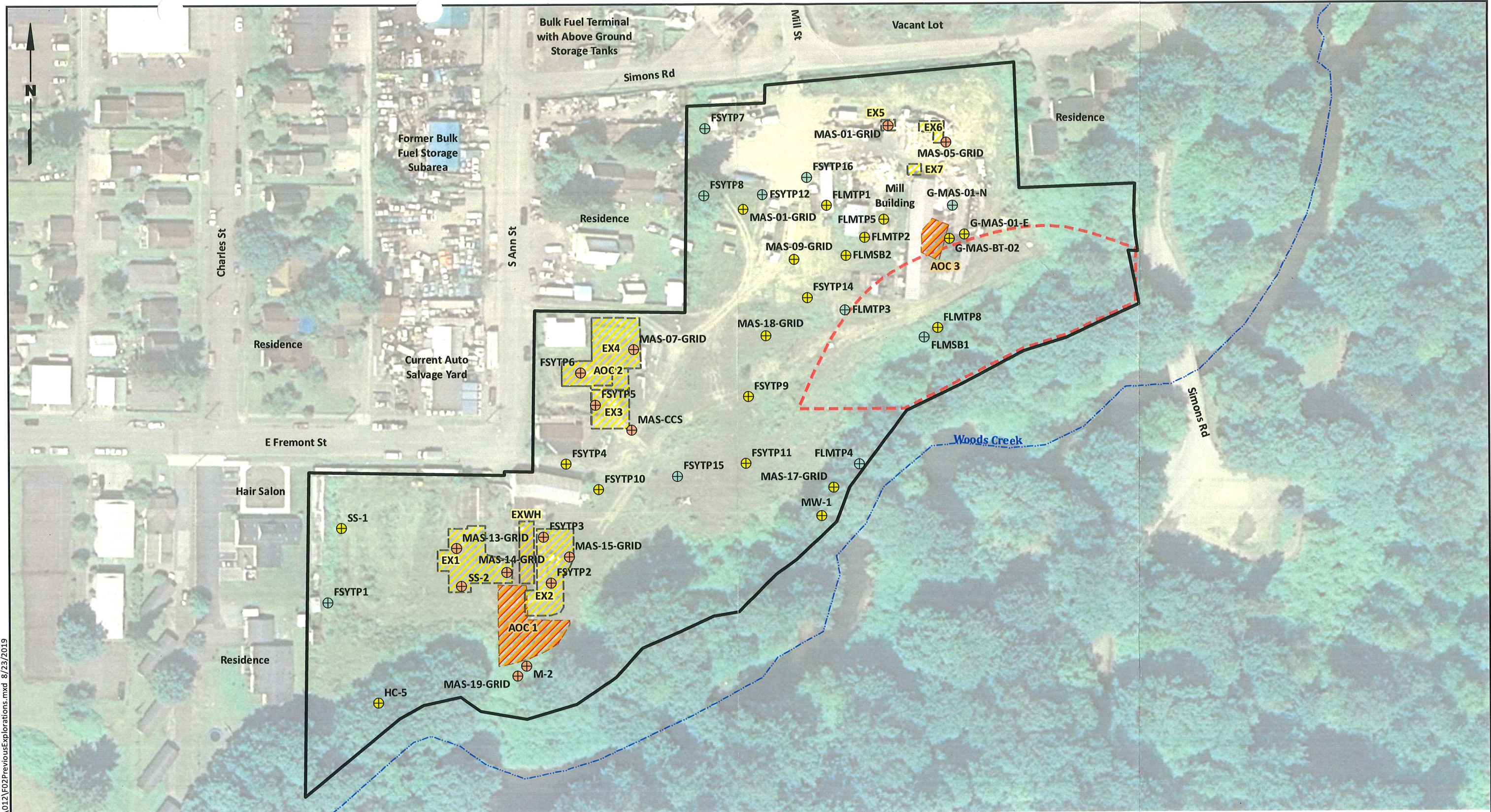
If you need this publication in an alternate format, please call the Toxics Cleanup Program at 360-407-7170. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.



Data Source: Esri 2012

G:\Projects\1759\001\030\012\F01VicMap.mxd 8/19/2019

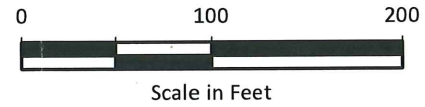




G:\Projects\1759\001\030\012\F02\PreviousExplorations.mxd 8/23/2019

**Legend**

- ⊕ Previous Exploration with No Soil Contaminant Detections
- ⊕ Previous Exploration with Soil Contamination Below MTCA Method A Cleanup Levels
- ⊕ Previous Exploration with MTCA Level Exceedance
- ▨ Previous Excavation Area with Low-level Soil Contamination
- ▨ Area of Concern (AOC) - Cleanup In-Progress
- - - Estimated Extents of Sawdust/Woodwaste Fill
- ▭ Site Boundary



**Note**

1. Black and white reproduction of this color original may reduce its effectiveness and lead to incorrect interpretation.

Data Source: Snohomish County GIS; Esri Imagery Service.



Monroe Auto Wrecking  
VCP Application  
Monroe, Washington

**Site Plan**  
**18/12/2018**

Figure  
**2**