

**Department of Ecology - Not a Permit
Underground Storage Tank Notice of Confirmation Release**

Incident #: 4932 Date Ecology Notified: 9-21-93 Received by: Ben Forson
 UST #: 005231 Incident Reported by: Tim Johnson Phone: (206) 546-0523
 ERTS #: N13710

Site

Owner

Name: Chesson St #9-7258
 Address: 7300 - 35th Ave N.E.
 City: Seattle
 Zip + 4: _____
 County: King
 Phone: _____
 Contact: _____

Name: Chesson USA
 Address: _____
 City: _____
 Zip + 4: _____
 County: _____
 Phone: (206) 546-0523
 Contact: Tim Johnson

Consultant/Other Contacts

Contact Name	Affiliation	Phone	Ext.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Affected Media

Soil GW DW SW Sed.

Free Product?

Yes No Excavation? GW?

Tank Information

Tank ID	Substance	Status	Status Date	Tank ID	Substance	Status	Status Date
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

Cleanup Status: Assessing In Progress Monitoring Conducted Unknown

Comments (include remediation methods, PCS status, and if this is a "limited" cleanup):

Found soil with TPH above MTCM Method A level during Stage II Vapor Recovery Installation. Some PCS was removed. Extent of contamination is being assessed.

ben

DEPARTMENT OF ECOLOGY
ERT SYSTEM - INITIAL REPORT/FOLLOWUP

COORDINATOR: SUSANNE WINTER UNIQUE RECORD #: N13710 REGION: N

DATE/TIME REC'D: 09/21/93 09:28:20 REPORT TYPE: INITIAL

REPORTER'S NAME: TIM JOHNSON BUSINESS NAME:
CHEVRON

ADDRESS:

OR ANONYMOUS:

BEST TIME
TO CALL:

WORK PHONE: (206)-546-0523 EXT. HOME PHONE:

DETAILS ON INCIDENT:

COUNTY: KING

NEAREST CITY: SEATTLE

WATERWAY:

WRIA #:

LOCATION:

WEATHER: UNKNOWN TIDE:

DETAILS ON ALLEGED VIOLATOR:

NAME & ADDRESS: -7258
CHEVRON STA. 60093299-
7300 35TH AVE NE
SEATTLE WA

CONTACT'S NAME:
TIM JOHNSON
PHONE NUMBER AND EXT:
(206)-546-0523

VEHICLE INFORMATION:

DESCRIPTION OF CONTAMINANT: (PROVIDED BY REPORTER)

MEDIUM: SOIL
MATERIAL: OIL/PETROLEUM OTHER: PETROLEUM
QUANTITY: UNKNOWN
SOURCE: UST/LUST

COMMENTS: SOIL SAMPLES FOR TPH ABOVE MTCA LEVELS DURING STAGE II VAPOR
RECOVERY INSTALLATION.

REFERRED TO PROGRAM: TCP SECTION HEAD: GALLAGHER-LUST

EXTERNAL REFERRAL? (Y/N): N

IF EXTERNAL, WHAT AGENCY: _____

INVESTIGATION COMPLETED? (Y/N): N
IF YES, COMPLETE SECOND PAGE OF FORM.

IDENT#:
N13710

DEPARTMENT OF ECOLOGY
ERT SYSTEM - INITIAL REPORT/FOLLOWUP

PAGE 2 OF 2

INTERNAL REFERRAL INFORMATION:

NAME OF STAFF PERSON:

DATE RECEIVED:
DATE INVESTIGATED:
DATE COMPLETED:

ACTION TAKEN:
CAUSE OF INCIDENT:
IMPACT:

LUST:

NONPOINT: (UNK, GW, SW) POINT: (UNK, SW, PRETMT)

ACTUAL VIOLATOR INFORMATION:

NAME:
ADDRESS:
CITY:
HOME:
WORK:

CONTACT:

ACTUAL CONTAMINANT:

MEDIUM:
MATERIAL:
QUANTITY:
SOURCE:

OTHER:

ENFORCEMENT SENSITIVE? (Y/N): *N*

CROSS-REFERENCES TO OTHER SYSTEMS: *LUST*

OTHER RELEVANT INFORMATION:

Some PCS was removed as an interim action. Extent of contamination is being assessed.

WRITE ANY ADDITIONAL INFORMATION ON BACK OF FORM: