

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 process webpage](#)⁵ 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**
- [Voluntary Cleanup Program Expedited Process agreement](#),⁶ 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,⁷ which provides automatically generated email as confirmation
- Project schedule.

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

To submit your **Expedited VCP** application to Ecology, upload electronic files to [Box.com](#),⁹ after creating your online account:

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 or (360) 407-7141 for additional information.

Part 1 – Administration

1.A Applicant. 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: STACK HOUSE OFFICE LLC
What type of entity is the applicant?
<input type="checkbox"/> Person A person applicant must serve as the project billing contact. Identify this person and their contact information in both Parts 1.B and 1.C .
<input checked="" type="checkbox"/> Organization An organization applicant must identify the project manager in Part 1.B and the project billing contact in Part 1.C . The organization must employ both persons.

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

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

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

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

⁹ <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: RYNE TORRI		Title: SENIOR ASSET MANAGER	
Mailing address: 614 BOYLSTON AVE E			
City: SEATTLE		State: WA	Zip: 98101
Phone: 206-557-7236	Email: LTHOMPSON@FARALLONCONSULTING.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: RYNE TORRI		Title: SENIOR ASSET MANAGER	
Mailing address: 614 BOYLSTON AVE E			
City: SEATTLE		State: WA	Zip: 98101
Phone: 206-557-7236	Email: RYNE@TIMBERLANEPARTNERS.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: LISA THOMPSON		Title: PROJECT MANAGER	
Organization: FARALLON CONSULTING			
Mailing address: 1809 7TH AVE, STE 1111			
City: SEATTLE		State: WA	Zip: 98101
Phone: 425-395-4636	Email: LTHOMPSON@FARALLONCONSULTING.COM		Fax:

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

Part 1 – Administration

1.E Property owner.		
Is the applicant the owner of the property where independent remedial action is being conducted?		
<input checked="" type="checkbox"/> yes If “ yes ”, enter the type of entity and skip to Part 1.F . <input type="checkbox"/> no If “ no ”, enter below all of the required information.		
Name: JAKE LEIBSOHN		Title: PARTNER
Organization: STACK HOUSE OFFICE LLC c/o TIMBERLANE PARTNERS		
Mailing address: 614 BOYLSTON AVE E		
City: SEATTLE	State: WA	Zip: 98102
Phone: 206-557-7236	Email: jleibsohn@timberlanepartners.com	Fax:
What type of entity is the property owner? Check one .		
<input checked="" type="checkbox"/> private	<input type="checkbox"/> tribal	<input type="checkbox"/> federal
<input type="checkbox"/> county	<input type="checkbox"/> municipal	<input type="checkbox"/> public school
<input type="checkbox"/> other – specify: _____	<input type="checkbox"/> state	<input type="checkbox"/> mixed
1.F Request for written opinion.		
Are you requesting a written opinion at this time? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
If “ yes ”, list the report(s) or plan(s) below you are requesting a written opinion for. Note: Your reports must meet the requirements on our Working with the Voluntary Cleanup Program webpage . ¹⁰		
Cleanup Action Report, Block 10 Site, dated February 21, 2024 (awaiting Restricted No-Further Action determination)		
Attach to this application 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.		
1.G Reporting requirements. Comply with the following two reporting requirements when requesting written opinions on planned or completed remedial actions.		
1.G.1 Professional licensing. Documents submitted containing geologic, hydrogeologic, or engineering work must be stamped by of an appropriately licensed professional, as required by Chapters 18.220 and 18.43 RCW.		

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

Part 1 – Administration

1.G.2 Data submittal to EIM. You **must** submit all site environmental sampling and analysis data in an electronic format that meets our requirements for transfer into our [EIM](#) system. Refer to our [EIM 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 **Expedited VCP** applications **only**, the study ID and CSV file name **must** both begin with “XVC” in the title. **Do not** use spaces or hyphens in either the study ID or CSV file name.

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	yes
Study ID: FS83346748	CSV File name: FS83346748_GW_Results.csv	y
Study ID: FS83346748	CSV File name: FS83346748_WellLevels.csv	y
Study ID: FS83346748	CSV File name: FS83346748_Soil_Results.csv	y
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

2.A Site name. 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.

Name: BLOCK 10

Alternative name:

Part 6 – Statement and signature

6.A Statement and signature. The undersigned **affirms** that the information provided in this application is true and accurate to the best of the applicant’s knowledge. Someone other than the **applicant** may sign this application form.

Name: JAKE LEIBSOHN		Title: PARTNER
Signature: <small>DocuSigned by:</small> <i>Jake Leibsohn</i> <small>874ACD1FC1E5403...</small>	Date: 7/10/2024	
Organization: STACK HOUSE OFFICE LLC C/O TIMBERLANE PARTNERS		
Mailing address: 614 BOYLSTON AVE E		
City: SEATTLE	State: WA	Zip: 98101
Phone: 425-260-0557	Email: jleibsohn@timberlanepartners.com	Fax:

6.B Affiliation.

What is the signatory’s involvement at the site? Check **all that apply**.

applicant
 property owner
 consultant
 attorney
 other - specify:

Expedited VCP note: While anyone may sign the **application form**, only certain types of applicants are eligible to join **Expedited VCP process** and sign the **Expedited VCP agreement**. To sign the agreement, the applicant **must** 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 **must** sign the **Expedited VCP agreement**.

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).¹⁴ Persons with hearing impairment can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

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