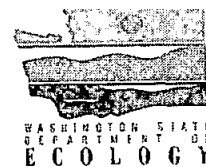


Voluntary Cleanup Program

Washington State Department of Ecology - Toxics Cleanup Program



APPLICATION TO REQUEST ASSISTANCE

This application is for individuals requesting assistance from the Voluntary Cleanup Program to plan, conduct, or evaluate an independent cleanup. The applicant may be a site owner, former site owner, site operator, or consultant on behalf of the owner or operator.

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

Have you discussed this site with an Ecology representative? Yes

If yes, what is that person's name? Brian Sato

What is the approximate date? September 2004

Has Ecology already received reports or records pertaining to this site? Yes

If yes, what do they pertain to? Groundwater monitoring and UST removal

Is this a leaking underground storage tank site? Yes

Is this site a Brownsfield? No

(Brownsfields are properties that are abandoned or underused because of environmental contamination from past industrial or commercial practices.)

PLEASE DETERMINE IF PERMITS ARE REQUIRED.

Local, state, and/or federal permits may be required for cleanup activities at your site. To determine if a permit(s) is required for your cleanup action, please check with Ecology's Permit Assistance Center at 1-800-917-0043.

APPLICANT COMPLETES THIS SECTION (NOTE: THE APPLICANT IS RESPONSIBLE FOR ALL BILLINGS.)

Applicant Name Don Wyll for ChevronTexaco Phone (425) 485-3315

Applicant Address 18706 North Creek Parkway, Suite 110

City Bothell State WA Zip Code 98011

Site Name Former Chevron 20-9335 Alternate Name _____

Site Address 1225 N. 45th Street

City Seattle State WA Zip Code 98103 County King

Site Owner Name Seattle Housing Authority

Site Owner Address PO Box 19028 Phone _____

City Seattle State WA Zip Code 98109

I, Don Wyll for ChevronTexaco, request the assistance of the Department of Ecology. With this application, I have enclosed an initial deposit of \$500. I understand this payment is the equivalent of approximately (5) hours of staff review on the cleanup of my contaminated site. If total charges exceed \$500, I will be billed and will pay the remaining balance. Any excess payments will be refunded to me.

Don Wyll
Signature of Applicant

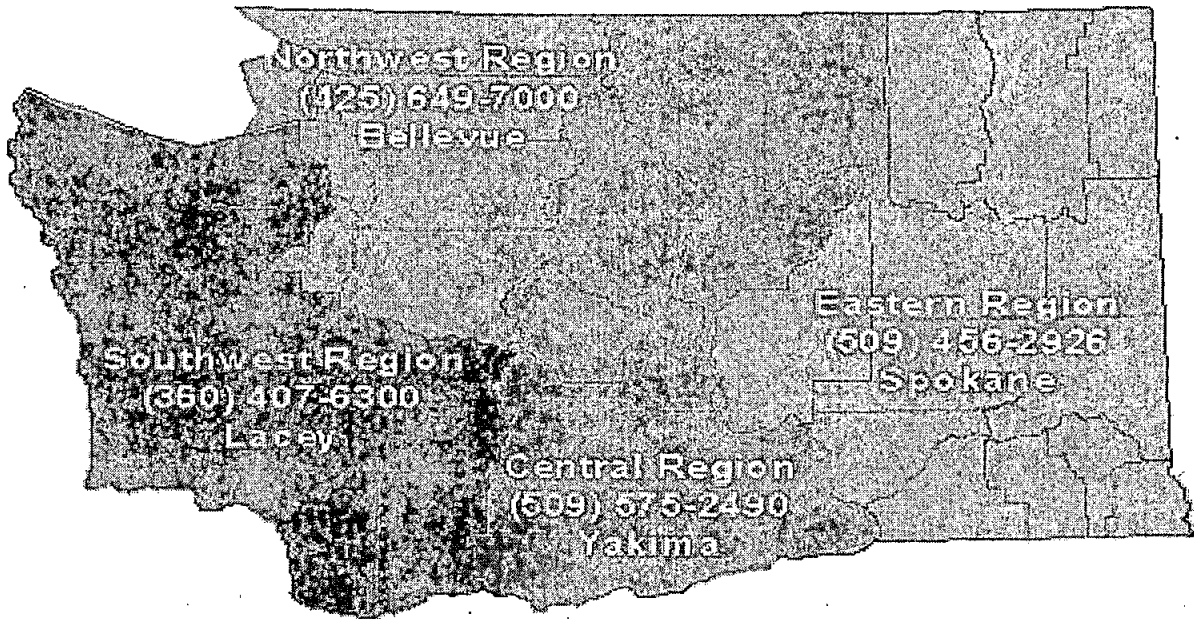
2/18/05
Date

Please submit the following information, along with your signed application form, to the appropriate Ecology office:

1. Site Summary form (Ecology Publication #020-73)
2. A check or money order for \$500 made out to the "Department of Ecology"
3. If applicable, a "Terrestrial Ecological Evaluation Exclusion" form
4. Any other existing reports pertaining to this site

WHERE TO SUBMIT YOUR FORMS, REPORTS & FEE

- Please submit your forms and reports to the regional office in which the site resides.



REGIONAL OFFICE ADDRESSES:

- Central Regional Office, Attn: Frosti Smith, 15 W. Yakima Ave., Suite 200, Yakima WA 98902
- Eastern Regional Office, Attn: Patti Carter, N. 4601 Monroe, Spokane WA 99205-1295
- Northwest Regional Office, Attn: Teri Fisher, 3190 160th Ave. SE, Bellevue WA 98008-5452
- Southwest Regional Office, , Attn: Chuck Cline, PO Box 47775, Olympia WA 98504-7775

Please note: If your site is part of a major pulp mill, paper mill, aluminum smelter, or oil refinery, please submit your information to: Paul Skillingstad, Department of Ecology – Industrial Section, PO Box 47706, Olympia WA 98504-7706, (360) 407-6949.

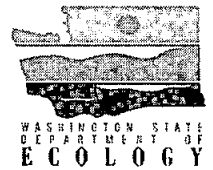
For office use only

Date:	Hours:	Rate:	Staff Name:
Date:	Hours:	Rate:	Staff Name:
Date:	Hours:	Rate:	Staff Name:
Receipts			<p>For Fiscal use only</p> <p>173-02-94-005000-5000 30-40</p> <p>LUST/NON-LUST: LUST – 30 NON-LUST – 20</p> <p>OFFICE: NWRO – 40 SWRO – 50</p> <p>ERO – 60 CRO – 70</p> <p>IND – 80 HQ – 90</p>
Amount:	Date Paid:	Receipt #:	
\$500.00	3-10-05		

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Voluntary Cleanup Program

Washington State Department of Ecology – Toxics Cleanup Program



SITE SUMMARY

This form is a required component of your request for assistance under the Voluntary Cleanup Program. Please include it with your application, consultation fee, and terrestrial ecological evaluation form (if applicable).

WHICH OF THE FOLLOWING APPLY TO YOUR SITE?

- You are requesting assistance on a planned cleanup.
- You are requesting assistance on an ongoing cleanup.
- You are requesting review of a completed cleanup.
- You are requesting review of monitoring reports.

PERSON/ORGANIZATION MAKING REQUEST FOR ASSISTANCE

Name: Don Wyll			
Firm: Science Applications International Corp (SAIC)			
Mailing address: 18706 North Creek Parkway Suite 110			
City: Bothell	State: WA	Zip code: 98011	
Telephone number: 425-482-3315	Fax number: 425-485-5566	E-mail address: wyll@saic.com	

WHICH BEST DESCRIBES YOUR INVOLVEMENT AT THIS SITE (CHECK AS MANY THAT APPLY)

Current Owner	Former Owner	Potential Purchaser	Current Operator	Former Operator	Environmental Consultant	Attorney	Insurance Carrier	Other
					X			
If other, please specify:								

SITE IDENTIFICATION

Name of site: Former Chevron Service Station 209335			
Alternative name(s) for site: Seattle Housing Authority			
Dept. of Ecology ID: 70996824			
Site address: 1225 N 45 th Street			
City: Seattle	State: WA	Zip code: 98103	County: King UBI Number:
Township: 25N	Range: 4E	Section: 18	Quarter-Quarter: NW1/4 NE1/4

Latitude:	Degree	Minutes: 39	Seco	40.6
Longitude:	Degree	Minutes: 20	Seco	34.2
What method did you use to calculate latitude and longitude? Dept. of Ecology website GIS				
How many acres is the site? 1/8 acre				
Property type? Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Other <input type="checkbox"/> Please specify:				
Is the property currently being used? No – It is a vacant parking lot				
Are there plans for change in use? Yes <input checked="" type="checkbox"/> If yes, please specify:				
Development as a mixed use residential / commercial facility				

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

Please list all that apply. If you do not know the SIC code(s), list the activities conducted at the site (i.e. automotive repair and maintenance, construction equipment storage, etc.)

TANK INFORMATION

Please complete the table below for all above ground tanks (AST) and underground storage tanks (UST) existing or formerly existing on the property, including unregulated tanks.

TANK ID	AST/UST	SIZE	WAS FREE PRODUCT ENCOUNTERED?		IN EXCAVATION	**TANK STATUS & DATE
			*PRODUCT	ON GW		
Unknown	UST	3000 gal	unknown	No GW	No	Removed 1969
Unknown	UST	2000 gal	unknown	No GW	No	Removed 1969
Unknown	UST	550 gal	unknown	No GW	No	Removed 1969
Unknown	UST	1000 gal	none	No GW	No	Removed 2001

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

**Left in-place, removed, closed-in-place

SITE MAPS

Please include an area map that shows the general location of the site (mark the site location) and a site diagram that shows sampling and well locations.

DANGEROUS WASTE FACILITIES

Does the facility have a dangerous waste identification (WAD) number? NO

If yes, please specify.

SITE ASSESSMENT OR SITE REMEDIATION WORK COMPLETED TO-DATE

Has site assessment work been completed at the site? Yes
If yes, when? May 2004 Were the results reported to Ecology? They are attached
Has site cleanup work been conducted at the site? No – Planned to happen in Feb 2005
If yes, when? Were the results reported to Ecology?
Does contamination remain on-site after cleanup? NA
If yes, please describe the contamination? NA

INSTITUTIONAL CONTROLS (I.E. RESTRICTIVE COVENANT, ENGINEERED CONTROLS, FENCING)

Were institutional controls used at the site? If yes, please specify. _____

DOCUMENTATION

Please list all known assessment and/or cleanup reports completed for the site. Include the title of the report, the name of the consulting firm that did the work, and the year it was completed.

TITLE	CONSULTING FIRM	DATE
PHASE I	EA INC.	AUG. 1999
SOIL BORINGS		AUG. 1999
UST REMOVAL		FEB. 2001
SOIL BORINGS		Nov. 2001
FIELD INVESTIGATION	SAIC	SEP. 2004

AFFECTED MEDIA & CONTAMINANTS

Please list the known or suspected contaminants at the site prior to cleanup. Mark the appropriate medium (such as soil) with "C" (confirmed and above Model Toxics Control Act (MTCA) cleanup standards), "B" (confirmed but below MTCA standards), "S" (suspected), "N/A" (not applicable), "O" (tested and not present), "U" (unknown).

CONTAMINANT	SOIL	GROUND WATER	SURFACE WATER	AIR	SEDIMENT	DRINKING WATER	DATE OF RELEASE (IF KNOWN)
Example: Lead	C	S	S	U	S	S	1967-82
Benzene	B (method B)	NA	NA	U	NA	NA	1935-69
Ethyl benzene	C	NA	NA	U	NA	NA	1935-69
Toluene	C	NA	NA	U	NA	NA	1935-69
Xylenes	C	NA	NA	U	NA	NA	1935-69
TPH-G	C	NA	NA	U	NA	NA	1935-69
TPH-D	B (method B)	NA	NA	U	NA	NA	1935-69
TPH-O	B (method B)	NA	NA	U	NA	NA	1935-69

METHODS & TREATMENT TECHNOLOGIES USED AT SITE

Please check all applicable boxes that apply to your site.

CLEANUP METHOD USED	SOIL	GROUND WATER	SURFACE WATER	DRINKING WATER	AIR	SEDIMENTS
Method A	NA	NA				
Method B						
Method C						
TREATMENT TECHNOLOGY USED	SOIL	GROUND WATER	SURFACE WATER	DRINKING WATER	AIR	SEDIMENTS
Air Sparging/Air Stripping						
Bioventing						
Capping (asphalt, concrete, topsoil, RCRA cover, soil-clay, synthetic membrane)						
Carbon Adsorption						
Containment On-Site						
Containment Off-Site						
Free-product Recovery						
In Situ Chemical Oxidation						
Natural Attenuation (dilution, volatilization, biodegradation, adsorption)						
Permeable Reactive Barriers						
Phytoremediation						
Soil Flushing						
Soil Vapor Extraction						
Thermal Desorption						
Other (please specify)						

AFFECTED MEDIA & CONTAMINANTS AFTER CLEANUP

Please list the contaminants from the box on page 4 and list their status after cleanup. Mark the appropriate medium (such as soil) with "C" (confirmed and above Model Toxics Control Act (MTCA) cleanup standards but contained), "B" (confirmed but below MTCA standards), "R" (remediated and below MTCA standards), "N/A" (not applicable), "O" (tested and not present), "U" (unknown).

CONTAMINANT	SOIL	GROUND WATER	SURFACE WATER	AIR	SEDIMENT	DRINKING WATER
Example: Lead	R	O	B	U	B	O

DRINKING WATER & AQUATIC INFORMATION

Are there any drinking wells within ½ mile of the site? No	If yes, how many?
Was a drinking water system affected? No	If yes, was an alternate drinking water source provided?
Was the affected drinking water system public, private, or both?	
Are there any creeks, streams, ponds, wetlands, or shorelands on or adjacent to the site? No	Within ¼ mile of the site? No
If yes, where are they located?	
Were they impacted by the contamination from the site?	

OWNER/OPERATOR HISTORY

Please complete as many of the below boxes as possible. For type of owner/operator, please use the following codes: (1) Private, (2) Municipal, (3) County, (4) Federal, (5) State, (6) Tribal, (7) Mixed, (8) Other, (9) Unknown, (10) Public Entitle Acquisition via Bankruptcy.

Current site owner: Seattle Housing Authority	Type:
Street address: PO Box 19028	
City: Seattle	State: WA Zip code: 98109
Contact person (if different than owner listed above): Frank Burns	
Street address:	
City:	State: Zip code:
Phone:	Fax: E-mail address:
Date of ownership: to	

Current operator:	Type:
Street address:	
City:	State: Zip code:
Contact person (if different than owner listed above):	
Street address:	
City:	State: Zip code:
Phone:	Fax: E-mail address:
Date of operation: to	

Former site owner: ChreonTexaco	Type:	
Street address:		
City:	State:	Zip code:
Contact person (if different than owner listed above): Brett Hunter ChevronTexaco Environmental Management Company		
Street address: 6001 Bollinger Canyon Rd		
City: San Ramon	State: CA	Zip code: 94583
Phone:	Fax:	E-mail address:
Date of ownership: to		

Former operator:	Type:	
Street Address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail address:
Date of operation: to		

Environmental consultant: Don Wyll	Type: 1	
Representing: ChevronTexaco Environmental Management Co.		
Firm: SAIC		
Street address: 18706 North Creek Parkway, Suite 110		
City: Bothell	State: WA	Zip code: 98011
Phone: 425-485-3315	Fax: 425-485-5566	E-mail address: wyllld@saic.com

SITE CONTACT PERSON (IF OTHER THAN OWNER/OPERATOR)

This is someone who is available during normal working hours and has knowledge about the site and the activities conducted at the site.

Name: Don Wyll		
Relation to site owner/operator: Environmental Consultant		
Firm: SAIC		
Street address: 18706 North Creek Parkway, Suite 110		
City: Bothell	State: WA	Zip code: 98011
Phone: 425-485-3315	Fax: 425-485-5566	E-mail address: wyllld@saic.com
Date of involvement with site: 2001 to present		

Name: Brett Hunter		
Relation to site owner/operator:		
Firm: ChevronTaxaco Environmental Management Company		
Street address: 6001 Bollinger Canyon Rd, Room K2252		
City: San Ramon	State: CA	Zip code: 94583
Phone:	Fax:	E-mail address:
Date of involvement with site:		to

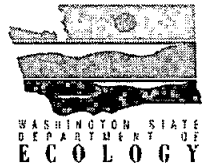
Name:		
Relation to site owner/operator:		
Firm:		
Street address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail address:
Date of involvement with site:		to

Publication #020-73 (revised 10/02)

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Voluntary Cleanup Program

Washington State Department of Ecology – Toxics Cleanup Program



TERRESTRIAL ECOLOGICAL EVALUATION EXCLUSION

Some contaminated sites are excluded from conducting a Terrestrial Ecological Evaluation (TEE). If your site meets the criteria for exclusion as described in WAC 173-340-7491, please complete this form.

Please note that exclusion from the TEE does not exclude the site for consideration of effects on aquatic or sediment ecological receptors.

SITE NAME CHERVROTEXACO FACILITY No. 209335

SITE ADDRESS 1225 NORTH 45TH STREET, SEATTLE, WASHINGTON

EVALUATOR'S NAME SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

REASONS FOR EXCLUSION:

A site is eligible for exclusion if it meets any of the following criteria:

1. POINT OF COMPLIANCE WAC 173-340-7491(1)(A)

- No contamination present at site. 1-
- All contamination is below 15 feet prior to remedial activities. 2-
- All contamination is below six feet and an institutional control has been implemented, as required by WAC 173-340-440. 3-
- All contamination is below a site-specific point of compliance established in compliance with WAC 173-340-7490(4)(b) with an institutional control implemented as required by WAC 173-340-440. 4-

Please provide documentation that describes the rationale for setting a site-specific point of compliance.

2. BARRIERS TO EXPOSURE WAC 173-340-7491(1)(B)

- All contaminated soil is or will be covered by physical barriers that prevent exposure to plants and wildlife and an institutional control has been implemented, as required by WAC 173-340-440. 5-X

An exclusion based on future land use must have a completion date for future development that is acceptable to Ecology.

Latitude: 47 N Degrees: 39.68 Minutes: 0 Seconds:
 Longitude: 122 W Degrees: 20.56 Minutes: 0 Seconds:

What method did you use to calculate latitude and longitude? Topozone.com

How many acres is the site?

Property type? Commercial Industrial Residential Other Please specify:

Is the property currently being used? No, only as a parking lot

Are there plans for change in use? Yes If yes, please specify: The site will be excavated and turned into parking garage.

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

Please list all that apply. If you do not know the SIC code(s), list the activities conducted at the site (i.e. automotive repair and maintenance, construction equipment storage, etc.)

TANK INFORMATION

Please complete the table below for all above ground tanks (AST) and underground storage tanks (UST) existing or formerly existing on the property, including unregulated tanks.

TANK ID	AST/UST	SIZE	WAS FREE PRODUCT ENCOUNTERED?		IN EXCAVATION	**TANK STATUS & DATE
			*PRODUCT	ON GW		
	UST	1,000 gal	no	NO	No	Closed in Place?
	UST	1,000 gal	no	NO	No	Removed 2001
	UST	550 gal	no	NO	No	Closed in Place?
	UST	3,000 gal	no	NO	No	Closed in Place?
	UST	2,000 gal	no	NO	No	Closed in Place?
	UST	550 gal	no	NO	No	Closed in Place?

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

**Left in-place, removed, closed-in-place

SITE MAPS

Please include an area map that shows the general location of the site (mark the site location) and a site diagram that shows sampling and well locations.

DANGEROUS WASTE FACILITIES

Does the facility have a dangerous waste identification (WAD) number? NO

If yes, please specify.

SITE ASSESSMENT OR SITE REMEDIATION WORK COMPLETED TO-DATE

Has site assessment work been completed at the site? Yes
If yes, when? Completed in 2004 Were the results reported to Ecology? Yes RI/FS report
Has site cleanup work been conducted at the site? No
If yes, when? Were the results reported to Ecology?
Does contamination remain on-site after cleanup?
If yes, please describe the contamination?

INSTITUTIONAL CONTROLS (I.E. RESTRICTIVE COVENANT, ENGINEERED CONTROLS, FENCING)

Were institutional controls used at the site? If yes, please specify.

DOCUMENTATION

Please list all known assessment and/or cleanup reports completed for the site. Include the title of the report, the name of the consulting firm that did the work, and the year it was completed.

TITLE	CONSULTING FIRM	DATE
PHASE I ENVIRONMENTAL AUDIT	ENVIRONMENTAL ASSOCIATES, INC.	8/20/99
PRELIMINARY SUBSURFACE ENVIRONMENTAL STUDY	ENVIRONMENTAL ASSOCIATES, INC.	9/20/99
ADDITIONAL SUBSURFACE ASSESSMENT	ENVIRONMENTAL ASSOCIATES, INC.	9/29/99
ENVIRONMENTAL INVESTIGATION	DELTA ENVIRONMENTAL	3/28/01
ENVIRONMENTAL INVESTIGATION	DELTA ENVIRONMENTAL	7/17/01
GROUNDWATER MONITORING AND SAMPLING REPORTS	GETTLER-RYAN	4/23/01, 1/24/02, 01/25/03, 6/04
SITE ASSESSMENT	SAIC	ATTACHED

AFFECTED MEDIA & CONTAMINANTS

Please list the known or suspected contaminants at the site prior to cleanup. Mark the appropriate medium (such as soil) with "C" (confirmed and above Model Toxics Control Act (MTCA) cleanup standards), "B" (confirmed but below MTCA standards), "S" (suspected), "N/A" (not applicable), "O" (tested and not present), "U" (unknown).

CONTAMINANT	SOIL	GROUND WATER	SURFACE WATER	AIR	SEDIMENT	DRINKING WATER	DATE OF RELEASE (IF KNOWN)
Example: Lead	C	S	S	U	S	S	1935-65
BTEX	C	C	NA	NA	NA	NA	1935-65
TPH-G	C	C	NA	NA	NA	NA	1935-65
TPH-DX	B	C	NA	NA	NA	NA	1935-65
LEAD	NA	B	NA	NA	NA	NA	1935-65
OTHER VOCS	NA	NA	NA	NA	NA	NA	
PCBs	NA	NA	NA	NA	NA	NA	
PAHs	NA	NA	NA	NA	NA	NA	

METHODS & TREATMENT TECHNOLOGIES USED AT SITE

Please check all applicable boxes that apply to your site.

CLEANUP METHOD USED	SOIL	GROUND WATER	SURFACE WATER	DRINKING WATER	AIR	SEDIMENTS
Method A	X	X				
Method B						
Method C						
TREATMENT TECHNOLOGY USED	SOIL	GROUND WATER	SURFACE WATER	DRINKING WATER	AIR	SEDIMENTS
Air Sparging/Air Stripping						
Bioventing						
Capping (asphalt, concrete, topsoil, RCRA cover, soil-clay, synthetic membrane)						
Carbon Adsorption						
Containment On-Site						
Containment Off-Site	X					
Free-product Recovery						
In Situ Chemical Oxidation						
Natural Attenuation (dilution, volatilization, biodegradation, adsorption)						
Permeable Reactive Barriers						
Phytoremediation						
Soil Flushing						
Soil Vapor Extraction						
Thermal Desorption						
Other (please specify)						
Product Bailing		X				

DRINKING WATER & AQUAT INFORMATION

Are there any drinking wells within ½ mile of the site? No If yes, how many?
Was a drinking water system affected? No If yes, was an alternate drinking water source provided?
Was the affected drinking water system public, private, or both?
Are there any creeks, streams, ponds, wetlands, or shorelands on or adjacent to the site? No Within ¼ mile of the site? No
If yes, where are they located?
Were they impacted by the contamination from the site?

OWNER/OPERATOR HISTORY

Please complete as many of the below boxes as possible. For type of owner/operator, please use the following codes: (1) Private, (2) Municipal, (3) County, (4) Federal, (5) State, (6) Tribal, (7) Mixed, (8) Other, (9) Unknown, (10) Public Entitle Acquisition via Bankruptcy.

Current site owner: Frank Burns (Seattle Housing Authority) Type: 1
Street address: 120 Sixth Ave North
City: Seattle State: WA Zip code: 98109
Contact person (if different than owner listed above):
Street address:
City: State: Zip code:
Phone: 509-582-5181 Fax: E-mail address:
Date of ownership: to

Current operator: None Type:
Street address:
City: State: Zip code:
Contact person (if different than owner listed above):
Street address:
City: State: Zip code:
Phone: Fax: E-mail address:
Date of operation: to

Former site owner:		Type:
Street address: Unknown		
City:	State:	Zip code:
Contact person (if different than owner listed above):		
Street address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail address:
Date of ownership: to		

Former operator: ChevronTexaco (Brett Hunter)		Type: 8
Street Address: 6001 Bollinger Canyon Road		
City: San Ramon	State: CA	Zip code: 94583
Phone: (925) 842-8695	Fax:	E-mail address:
Date of operation: to January 2004		

Environmental consultant: SAIC		Type: 1
Representing: ChevronTexaco		
Firm:		
Street address: See Page 1		
City:	State:	Zip code:
Phone:	Fax:	E-mail address:

SITE CONTACT PERSON (IF OTHER THAN OWNER/OPERATOR)

This is someone who is available during normal working hours and has knowledge about the site and the activities conducted at the site.

Name: Don Wyll		
Relation to site owner/operator: Consultant for former operator		
Firm: Science Applications International Corp. (SAIC)		
Street address: 18706 North Creek Parkway suite 110		
City: Bothell	State: WA	Zip code: 94583
Phone: 425.482.3315	Fax: 425.485.5566	E-mail address: wyll@saic.com
Date of involvement with site: Jan-2003 to Present		

Name:		
Relation to site owner/operator:		
Firm:		
Street address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail address:
Date of involvement with site:		to

Name:		
Relation to site owner/operator:		
Firm:		
Street address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail address:
Date of involvement with site:		to

Publication #020-73 (revised 10/02)

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RECEIVED
MAY 23 2001



27500

PROFESSIONAL CERTIFICATION CONFIRMING ENVIRONMENTAL REMEDIATION

Seattle Housing Authority
Maint Pkg Lot
(former Chevron)

This Certification is to be submitted with an Owner/Agency Certification of Environmental Remedial Action (Rev 41 0062). On 8 1/2 x 11 paper, please include a copy of the County Assessor's parcel map or a similar map showing the property and surrounding area and the approximate location of the proposed environmental remedial action. LUST 583079

1. I am one of the following:

- Certified Underground Storage Tank Service Provider per Chapter 90.76 RCW
- Professional Engineer, License No. _____
- Other Environmental Professional Subscribing to a Code of Professional Conduct

Organization administering Code of Professional Conduct: DELTA ENVIRONMENTAL CONSULTANTS, INC.
 Address: 1200-12th AVE. NE, C-146, BELLEVUE, WA 98004
 Telephone No.: 425/450-7707

2. I, MATTHEW R. MILLER, confirm that an environmental remedial action as that term is defined in Section 3(2) of Chapter 308, Laws of 1998, is to be conducted on the following property:

1225 NO. 45th ST. SEATTLE, KING
 Address City County
782/200255
 Property Tax Parcel Number

Under penalty of perjury under the laws of the State of Washington and other penalties prescribed by law, I certify that the foregoing information is true and correct.

Matthew R. Miller
 Signature
PROJECT MANAGER
 Title
1200-12th AVE. NE, C-146
 Address
BELLEVUE, WA 98004-3769
 City, State, Zip Code

MATTHEW R. MILLER
 Print Name
BELLEVUE, WA
 Date and Place
425-450-7707
 Phone Number

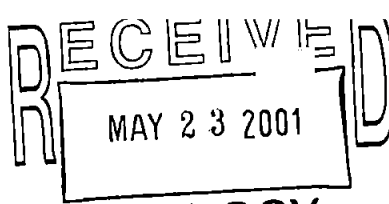
Submit one copy of this certification to each agency listed below.

State of Washington, Department of Ecology
 Attn: Notice of Environmental Remedial Action
 Toxics Cleanup Program
 PO Box 47600
 Olympia, WA 98504-7600
 (800) 826-7716, TTY (360) 407-6006

State of Washington, Department of Revenue
 Taxpayer Account Administration
 Micrographics
 PO Box 47476
 Olympia, WA 98504-7476
 (800) 647-7706, TTY (800) 451-7985

To inquire about the availability of this document in an alternate format for the visually impaired or a language other than English, please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access tax information on our Internet home page at <http://www.wa.gov/dor/wador.htm>.

RECEIVED
 JUN 05 2001
 DEPT OF ECOLOGY



27550



OWNERS AGENCY CERTIFICATION OF ENVIRONMENTAL REMEDIAL ACTION

This Certification must be accompanied by either an Environmental Professional Certification (Rev 41 0061) or a copy of an enforcement order, agreed order, or consent decree signed by the Washington State Department of Ecology or the United States Environmental Protection Agency. On 8 1/2 x 11 paper, please include a copy of the County Assessor's parcel map or a similar map showing the property and surrounding area.

1. Location of the subject property:

1225 NO. 45th ST. SEATTLE, KING

Street Address City County

DOR Use Only 7821200255

Property Tax Parcel Number

2. This Certification is provided by:

Owner of the subject property

Washington State Department of Ecology

U.S. Environmental Protection Agency

3. The proposed environmental remedial action, as that term is defined in Chapter 308, Laws of 1998, to be conducted upon the subject property is one of the following: (check one box only)

Conducted ~~ir~~ independently and in a manner consistent with the requirements of the Model Toxics Control Act, Chapter 70.105D RCW (MTCA).

Conducted independently at a designated Superfund site and in a manner consistent with the requirements of the Comprehensive Environmental Response, Compensation and Liability Act, 42 USC 9601 et. seq. (CERCLA).

Conducted to comply with an enforcement order, agreed order, or consent decree issued by the Department of Ecology pursuant to MTCA.

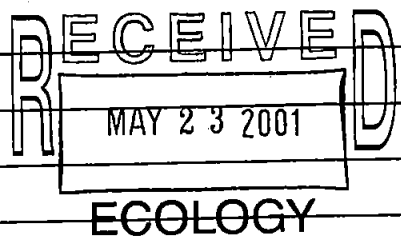
Conducted to comply with an enforcement order, consent order, or consent decree issued by the United States Environmental Protection Agency pursuant to CERCLA.

Conducted by the Department of Ecology or its authorized contractor pursuant to MTCA.

Conducted by the United States Environmental Protection Agency or its authorized contractor pursuant to CERCLA.

4. Briefly describe the environmental remedial action(s) to be taken.

Remediation of hydrocarbon-impacted soil and groundwater



Under penalty of perjury under the laws of the State of Washington and other penalties prescribed by law, I certify that the foregoing information is true and correct.

Signature: [Handwritten Signature]

Title: Deputy Executive Director

Address: 1225 NO. 45th ST.

City, State, Zip Code: SEATTLE, WA 98155

Print Name: Alan S. Levine

Date and Place: 5/18/01 Seattle Housing Authority, 120 Sixth Avenue North, Seattle, WA 98109

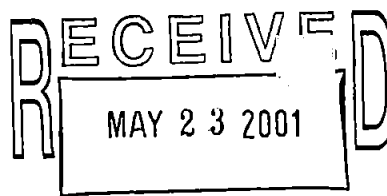
Phone Number: 206-615-3416

Submit one copy of this certification to each agency listed below.

State of Washington, Department of Ecology
Attn.: Notice of Environmental Remedial Action
Toxics Cleanup Program
PO Box 47600
Olympia, WA 98504-7600
(800) 826-7716, TTY (360) 407-6006

State of Washington, Department of Revenue
Taxpayer Account Administration
Micrographics
PO Box 47476
Olympia, WA 98504-7476
(800) 647-7706, TTY (800) 451-7985

To inquire about the availability of this document in an alternate format for the visually impaired or a language other than English, please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access tax information on our Internet home page at http://www.wa.gov/dor/wador.htm.



King County, Washington

HOME NEWS SERVICES COMMENTS SEARCH



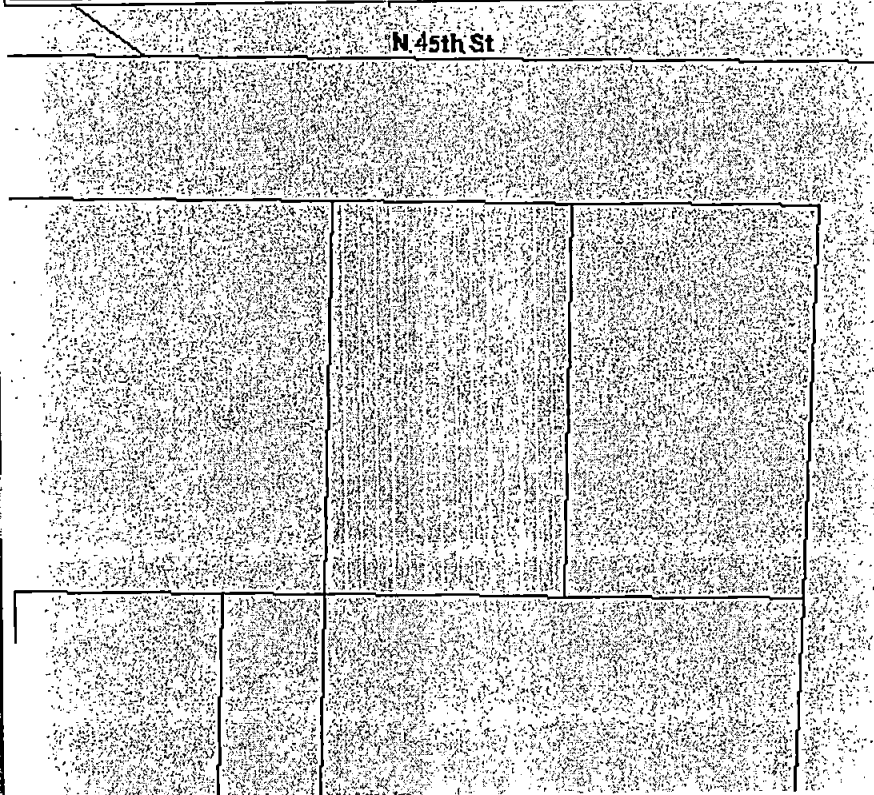
Department of Development and Environmental Services

Selected Parcel Information

Taxpayer	SEATTLE HOUSING AUTHORITY
Parcel Number	7821200255

Click on links below for additional information

Districts	Assessor Parcel Records	Assessor Residential Bldg. Records	Assessor Commercial Bldg. Records	Assessor Real Property Records
Click here for Parcel Permit Information				



- Search Methods
- Parcel Number
- Address
- Street Intersection
- Help Instructions
- Advanced Users Site
- Map Sets
- General Sets
- Environmental Sets
- Planning Sets
- DISCLAIMER

Map Direction

Map Level

1" = 400'

1" = 1200'

1" = 2400'

1:24000

- PARCELS
- Parks
- Streams
- Roads
- Schools
- Major Roads
- Cities
- Water Body

Zoom to city:

City Names

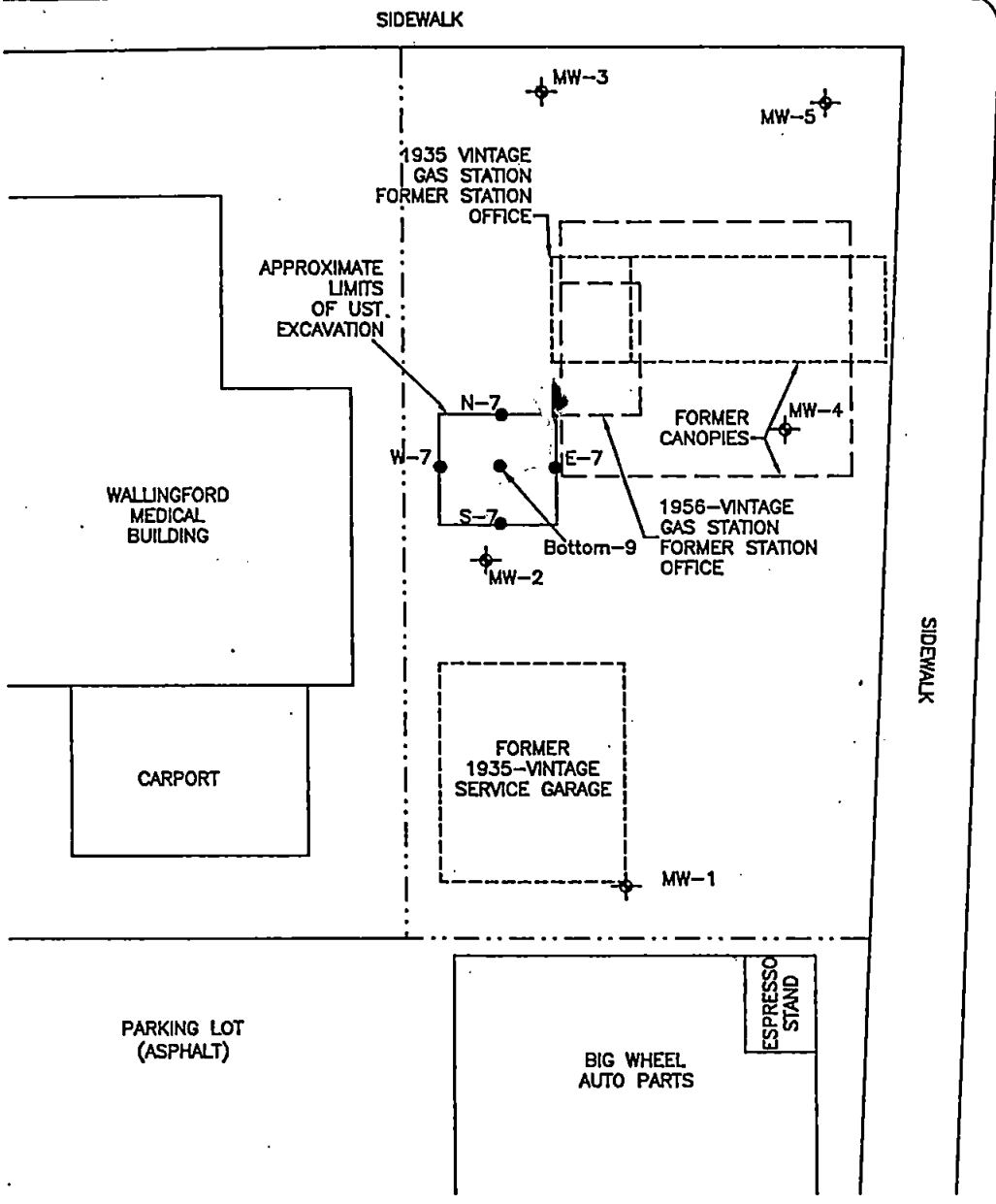
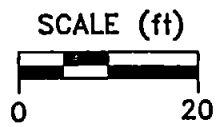
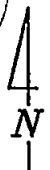
Scale 1 Inch = 36 feet (approximate)

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ECOLOGY

NORTH 45TH STREET




EXPLANATION

MW-1 GROUNDWATER MONITORING WELL LOCATION AND DESIGNATION

N-7 SOIL SAMPLE LOCATION AND DESIGNATION - DEPTH IN FEET

Ref. M000-524/sitemap.dwg

 <p>Environmental Consultants, Inc.</p>	SOIL SAMPLE LOCATION MAP	FIGURE: 1
	<p>Former Chevron Service Station #209335 Vacant Lot East of 1225 North 45th Street Seattle (Wallingford), Washington</p>	