



**STATE OF WASHINGTON**  
**DEPARTMENT OF ECOLOGY**

**Eastern Region Office**  
4601 North Monroe St., Spokane, WA 99205-1295 • 509-329-3400

July 10, 2024

Craig Dunlap  
Frontier Behavioral Health  
29 E. First Avenue  
Spokane, WA 99202

**Re: Application Acceptance – Voluntary Cleanup Program**

- **Site Name:** 130 E Sprague a.k.a. Spokane Roofing
- **Site Address:** 130 E. Sprague Avenue, Spokane
- **Facility/Site ID:** 100001194
- **Cleanup Site ID:** 17047
- **VCP Project ID:** EA0382

Dear Craig Dunlap:

The Department of Ecology (Ecology) accepted your application to the standard process of the Voluntary Cleanup Program (VCP) for the 130 E Sprague a.k.a. Spokane Roofing facility (Site). We applaud your initiative and welcome your interest in the VCP. This letter provides important information on how we will review your VCP cleanup project (project) at the Site.

**Agreement**

We completed and signed your standard VCP agreement for the project on July 10, 2024. This date is the effective date of the agreement. A copy of your signed agreement is enclosed.

**Identification Numbers**

We have assigned a unique name and number to your Site. This information is listed on the first page of your standard VCP agreement (enclosed). When contacting us, please reference this information to identify your project.

Craig Dunlap  
Frontier Behavioral Health  
July 10, 2024  
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## **Communications**

Unless otherwise requested, we will communicate directly with you as project manager, as listed on your VCP application form. If you replace your project manager or the contact information changes, please submit a completed change of contact form.<sup>1</sup>

We will also communicate directly with the project consultant as listed on your VCP application form:

Stephen Burchett  
Budinger & Associates Inc.  
1101 N. Fancher Rd  
Spokane Valley, WA 99212  
509-535-8841  
sburchett@budingerinc.com

The following site manager is our point of contact for your project:

Ted Uecker  
Toxics Cleanup Program  
Eastern Regional Office (ERO)  
Department of Ecology  
4601 N. Monroe Street  
Spokane, WA 99205  
509-342-5564  
ted.uecker@ecy.wa.gov

## **Request for Written Opinion**

In your application, you requested a written opinion on the sufficiency of your Phase I and II Environmental Site Assessments (ESAs) and Analysis of Brownfield Cleanup report. We will review your submitted document and expect to provide a written response within approximately 90 calendar days.

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<sup>1</sup> <http://www.ecy.wa.gov/programs/tcp/vcp/vcpmain.htm>

As your cleanup progresses, you may request a written opinion on your planned or completed remedial actions by submitting to Ecology:

- A completed request for opinion form<sup>2</sup>
- Remedial action plans and/or reports.

### Reporting Requirements

When requesting written opinions, you must comply with the following reporting requirements to avoid unnecessary delays in the VCP process:

- **Licensing.** You must submit documents containing geologic and hydrogeologic work and engineering work under the seal of an appropriately licensed professional, as required in chapters 18.220<sup>3</sup> and 18.43<sup>4</sup> RCW, respectively.
- **Data Submittal.** You must submit environmental data to our Environmental Information Management (EIM) system.<sup>5</sup> The Toxics Cleanup Program Policy 840<sup>6</sup> describes data submittal requirements. Please visit the EIM Submit Data webpage for data submittal instructions.

### Payment

We will send monthly invoices to the billing contact listed in your VCP application form. Payment is due within 30 calendar days of the date of each invoice. Our invoices include a summary of costs incurred, payments received, names of staff billing to the project, and the time spent on the project during the previous month.

If you replace your billing contact or their contact information changes, you must submit a completed change of contact form.

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<sup>2</sup> <https://apps.ecology.wa.gov/publications/SummaryPages/ecy070219.html>

<sup>3</sup> <https://apps.leg.wa.gov/RCW/default.aspx?cite=18.220>

<sup>4</sup> <https://apps.leg.wa.gov/RCW/default.aspx?cite=18.43>

<sup>5</sup> <https://ecology.wa.gov/eim>

<sup>6</sup> <https://apps.ecology.wa.gov/publications/SummaryPages/1609050.html>

Craig Dunlap  
Frontier Behavioral Health  
July 10, 2024  
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**Contact Information**

We are committed to working with you to reach the prompt and effective cleanup of your Site. If you have any questions, please contact me at [ted.uecker@ecy.wa.gov](mailto:ted.uecker@ecy.wa.gov), or call 509-342-5564.

Sincerely,



Ted M. Uecker  
VCP Coordinator  
Toxics Cleanup Program  
Eastern Regional Office

Enclosure:     Copy of signed VCP Agreement

cc:     TCP Cost Recovery Coordinator, Ecology Fiscal Office (by email)  
        Steve Burchett, Budinger & Associates  
        Nick Acklam, Ecology



**Enclosure**

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Copy of Signed Standard VCP Agreement



## Voluntary Cleanup Program Agreement

Washington State Department of Ecology - Toxics Cleanup Program

For completion by Ecology only Instructions

Facility/Site Name: Spokane Roofing Company Brownfield Cleanup

Facility/Site No.: 100001194

VCP Project No.: EA0382

Submit this Agreement (original) to Ecology as part of your Application. Before submitting, enter the Customer's name and the Site's address on the first page, and sign the Agreement on the third page. If your Application is accepted, then Ecology will do the following: 1) identify the Site and VCP project in the box below; 2) sign the Agreement; and 3) send you a copy of the completed Agreement.

This document constitutes an Agreement between the Washington State Department of Ecology (Ecology) and Frontier Behavioral Health (Customer) to provide informal site-specific technical consultations under the Voluntary Cleanup Program (VCP) for the Site identified below and associated with the following address: 130 E Sprague, Spokane, WA 99202

The purpose of this Agreement is to facilitate independent remedial action at the Site. Ecology is entering into this Agreement under the authority of the Model Toxics Control Act (MTCA), chapter 70A.305 RCW, and its implementing regulations, chapter 173-340 WAC. If a term in this Agreement is defined in MTCA or chapter 173-340 WAC, then that definition shall govern.

### Services Provided by Ecology

Upon request, Ecology agrees to provide the Customer informal site-specific technical consultations on the independent remedial actions proposed for or performed at the Site consistent with WAC 173-340-515(5). Those consultations may include assistance in identifying applicable regulatory requirements and opinions on whether the remedial actions proposed for or conducted at the Site meet those requirements.

Ecology may use any appropriate resource to provide the Customer with the requested consultative services. Those resources may include, but shall not be limited to, those of Ecology and the Office of the Attorney General. However, Ecology shall not use independent contractors unless the Customer provides Ecology with prior written authorization.

In accordance with RCW 70A.305.170, any opinions provided by Ecology under this Agreement are advisory only and not binding on Ecology. Ecology, the state, and officers and employees of the state are immune from all liability. Furthermore, no cause of action of any nature may arise from any act or omission in providing, or failing to provide, informal advice and assistance under the VCP.

### Payment for Services by Customer

The Customer agrees to pay all costs incurred by Ecology in providing the informal site-specific technical consultations requested by the Customer consistent with WAC 173-340-515(6) and 173-340-550(6). Those costs may include the costs incurred by attorneys or independent contractors used by Ecology to provide the requested consultative services. Ecology's hourly costs shall be determined based on the method in WAC 173-340-550(2).

Ecology shall mail the Customer a monthly itemized statement of costs (invoice) by the tenth day of each month (invoice date) that there is a balance on the account. The invoice shall include a summary of the costs incurred, payments received, identity of staff involved, and amount of time staff spent on the project.

The Customer shall pay the required amount by the due date, which shall be thirty (30) calendar days after the invoice date. If payment has not been received by the due date, then Ecology shall withhold any requested opinions and notify the Customer by certified mail that the debt is past due.

If payment has not been received within sixty (60) calendar days of the invoice date, then Ecology shall stop all work under the Agreement and may, as appropriate, assign the debt to a collection agency under chapter 19.16 RCW. The Customer agrees to pay the collection agency fee incurred by Ecology in the course of debt collection.

#### Reservation of Rights / No Settlement

This Agreement does not constitute a settlement of liability to the state under MTCA. This Agreement also does not protect a liable person from contribution claims by third parties for matters addressed by the Agreement. The state does not have the authority to settle with any person potentially liable under MTCA except in accordance with RCW 70A.305.040(4). Ecology's signature on this Agreement in no way constitutes a covenant not to sue or a compromise of any Ecology rights or authority.

Ecology reserves all rights under MTCA, including the right to require additional or different remedial actions at the Site should it deem such actions necessary to protect human health and the environment, and to issue orders requiring such remedial actions. Ecology also reserves all rights regarding the injury to, destruction of, or loss of natural resources resulting from the release or threatened release of hazardous substances at the Site.

#### Effective Date, Modifications, and Severability

The effective date of this Agreement shall be the date on which this Agreement is signed by the Toxics Cleanup Program's Section Manager or delegated representative. This Agreement may be amended by mutual agreement of Ecology and the Customer. Amendments shall be in writing and shall be effective when signed by the Toxics Cleanup Program's Section Manager or delegated representative. If any provision of this Agreement proves to be void, it shall in no way invalidate any other provision of this Agreement.

#### Termination of Agreement

Either party may terminate this Agreement without cause by sending written notice by email or U.S. mail to the other party. The effective date of termination shall be the date Ecology sends notice to the Customer or the date Ecology receives notice from the Customer, whichever occurs first. Unless otherwise directed, issuance of a No Further Action opinion, either for the Site as a whole or for a portion of the real property located within the Site, shall constitute notice of termination by Ecology.

Under this Agreement, the Customer is only responsible for costs incurred by Ecology before the effective date of termination. However, termination of this Agreement shall not affect any right Ecology may have to recover its costs under MTCA or any other provision of law.

Voluntary Cleanup Program Agreement  
Washington State Department of Ecology - Toxics Cleanup Program

Representations and Signatures

The undersigned representative of the Customer hereby certifies that he or she is fully authorized to enter into this Agreement and to execute and legally bind the Customer to comply with the Agreement.

Washington State Department of Ecology



Signature

Nicholas Acklam

Printed name

Section Manager, TCP

7/10/2024

Date

Customer signatory



Signature

Craig Dunlap

Printed name of signatory

Chief Financial Officer

Title of signatory

7/10/2024

Date

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



# VCP Application Standard and Expedited Processes

Washington State Department of Ecology  
Toxics Cleanup Program

## Application Form

The Department of Ecology (Ecology) may provide informal, site-specific, technical consultations to persons conducting independent remedial actions at contaminated sites under the Voluntary Cleanup Program (VCP).<sup>1</sup> Ecology may provide the consultations under either the **Standard VCP** process or the **Expedited VCP** process.

Check the box  
of the process  
you are applying for:

- ☒ **Standard VCP**  
☐ **Expedited VCP**

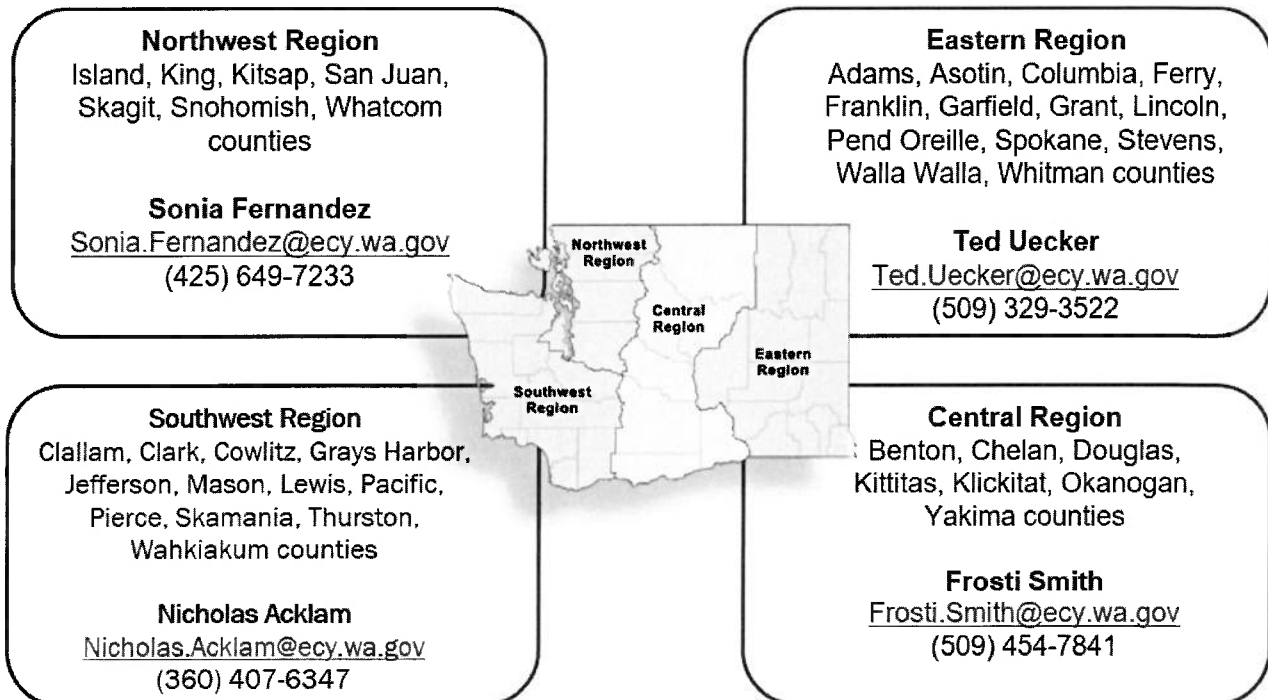
## Apply to the Standard VCP process

To apply for the **Standard VCP** process, you **must** submit to Ecology all the following:

- VCP application form, completed and signed ← this form
- VCP agreement form,<sup>2</sup> signed by applicant
- Agency determination checklist,<sup>3</sup> completed.

To request an opinion on a planned or completed remedial action, you **must** complete **Part 1.F** in this form. Submit with this application one searchable pdf file and one hard copy of each report you want us to review. See our report requirements on our Working with the Voluntary Cleanup Program webpage.<sup>4</sup>

Send your completed application to our regional contact listed, based on your site's county.



<sup>1</sup> <https://www.ecy.wa.gov/VCP>

<sup>2</sup> <https://fortress.wa.gov/ecy/publications/SummaryPages/ecy070324.html>

<sup>3</sup> <http://ecyapass/Biblio2/SummaryPages/ECY070620.html>

<sup>4</sup> <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/Working-with-VCP>

## 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](#)<sup>5</sup> 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](#),<sup>6</sup> 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,<sup>7</sup> which provides automatically generated email as confirmation
- Project schedule.

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

To submit your **Expedited VCP** application to Ecology, upload electronic files to [Box.com](#),<sup>9</sup> 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](mailto:Sarah.Wollwage@ecy.wa.gov) or (360) 407-7141 for additional information.

### Part 1 – Administration

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

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

<sup>6</sup> <http://ecyapfpass/Biblio2/SummaryPages/ECY070633.html>

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

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

<sup>9</sup> <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 checked="" 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: Craig Dunlap/Frontier Behavioral Health

Title: Chief Financial Officer

Mailing address: 29 East 1st Avenue

City: Spokane

State: WA

Zip: 99202

Phone: 509-458-7434

Email: cdunlap@fbhwa.org

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: Craig Dunlap/Frontier Behavioral Health

Title: Chief Financial Officer

Mailing address: 29 East 1st Avenue

City: Spokane

State: WA

Zip: 99202

Phone: 509-458-7434

Email: cdunlap@fbhwa.org

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: Steve Burchett

Title: Principal Engineer

Organization: Budinger and Associates

Mailing address: 1101 North Fancher Road

City: Spokane Valley

State: WA

Zip: 99212

Phone: 509-535-8841

Email: sburchett@budingerinc.com

Fax: 509-535-9589

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

## Part 1 – Administration

<b>1.E Property owner.</b>			
Is the applicant the owner of the property where independent remedial action is being conducted?			
<input type="checkbox"/> yes      If <b>"yes"</b> , enter the type of entity and skip to <b>Part 1.F.</b> <input checked="" type="checkbox"/> no      If <b>"no"</b> , enter below all of the required information.			
Name: Craig Dunlap		Title: Chief Financial Officer	
Organization: Frontier Behavioral Health			
Mailing address: 29 East 1st Avenue			
City: Spokane		State: WA	Zip: 99202
Phone: 509-458-7434	Email: cdunlap@fbhwa.org		Fax:
What type of entity is the property owner? Check <b>one</b> .			
<input checked="" type="checkbox"/> private	<input type="checkbox"/> tribal	<input type="checkbox"/> federal	<input type="checkbox"/> state
<input type="checkbox"/> county	<input type="checkbox"/> municipal	<input type="checkbox"/> public school	<input type="checkbox"/> mixed
<input type="checkbox"/> other – specify: _____			
<b>1.F Request for written opinion.</b>			
Are you requesting a written opinion at this time? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no			
If <b>"yes"</b> , list the report(s) or plan(s) below you are requesting a written opinion for. Note: Your reports <b>must</b> meet the requirements on our <u><a href="#">Working with the Voluntary Cleanup Program webpage</a></u> . <sup>10</sup>			
Submitted separately via dropbox.			
<b>Attach to this application</b> 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.			
<b>1.G Reporting requirements.</b> Comply with the following two reporting requirements when requesting written opinions on planned or completed remedial actions.			
<b>1.G.1 Professional licensing.</b> Documents submitted containing geologic, hydrogeologic, or engineering work <b>must</b> be stamped by of an appropriately licensed professional, as required by Chapters 18.220 and 18.43 RCW.			

<sup>10</sup> <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)
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:	
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: Spokane Roofing Company Brownfield Cleanup

Alternative name:

## Part 2 – Site description

<b>2.B Source property.</b> The source property is the property where hazardous substances were released into the environment. For example, for an underground storage tank (UST) release, the source property is where the underground storage tank is located that caused the release.				
Do you know on which property the releases occurred? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If <b>“yes”</b> , refer to the source property when identifying the physical address and geographic position below. If <b>“no”</b> , refer to the property addressed by your cleanup when identifying the physical address and geographic position below.				
<b>2.B.1 Physical address.</b> Enter the property's physical address.				
Street address: 130 East Sprague Avenue				
City: Spokane		State: WA		Zip: 99202
<b>2.B.2 Geographic position.</b> Enter the property's geographic position.				
Coordinates	Latitude:	Degrees: 47	Minutes: 39	Seconds: 25.5456
	Longitude:	Degrees: 117	Minutes: 24	Seconds: 31.0644
Location on property (e.g., point of release or center of parcel)				
Collection method (e.g., GPS or address matching)				
Collection source (i.e., map scale)				
Horizontal datum (i.e., base reference for coordinate system)				
Accuracy level (i.e., +/- feet or meters)				
Legal descriptions				
TRS data	Township: T25N	Range: R43E	Section: NW	Quarter-quarter: NWNW
Tax parcels	35202.0606			
<b>2.C Affected properties.</b> An affected property is a property affected by the hazardous substances released on the source property. For example, a leaking UST release on one property (source property) may migrate through the soil or groundwater to an adjacent property (affected property).				
Do any of the releases affect any properties adjacent to the source property? <input type="checkbox"/> yes    If <b>“yes”</b> , identify below each property you know has been affected by the releases on the source property. If you need to add more information, go to <u>2.C</u> in the additional information pages at the end of this form. <input type="checkbox"/> no    If <b>“no”</b> , skip to <b>Part 2.D</b> . <input checked="" type="checkbox"/> unknown    If <b>“unknown”</b> , skip to <b>Part 2.D</b> .				
1	Address: Old fire debris historically placed along Sprague Avenue.			
	Tax parcels:			
2	Address:			
	Tax parcels:			
3	Address:			
	Tax parcels:			

## Part 2 – Site description

4	Address:
	Tax parcels:
<b>2.D Public rights-of-way affected by the releases.</b>	
Do any of the releases affect a public right-of-way (e.g., roadways)? <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown If “yes”, specify below. Otherwise, skip to <b>Part 2.E</b> . If you need to add more information, go to <u>2.D</u> in the additional information pages at the end of this form.	
<b>2.E Extent of the site.</b>	
What is the approximate areal extent of the site? Check <b>only one</b> . <input type="checkbox"/> < 5,000 square feet <input checked="" type="checkbox"/> > 5,000 square feet, < 1 acre <input type="checkbox"/> > 1 acre, < 10 acres <input type="checkbox"/> > 10 acres <input type="checkbox"/> unknown	
<b>2.F Description of site release(s).</b>	
<b>2.F.1 Release source(s).</b>	
What are the source(s) of the release(s) at the site? Check <b>all that apply</b> . <input type="checkbox"/> area-wide lead and arsenic soil contamination (see “Area-wide soil contamination” below) <input checked="" type="checkbox"/> non-point source (e.g., contaminated soil used as fill) <input type="checkbox"/> point source (e.g., leaking tank) <input type="checkbox"/> unknown <input type="checkbox"/> other – specify: _____	
Describe below the release source(s). If you need to add more information, go to <u>2.F.1</u> in the additional information pages at the end of this form.	
Old fire debris placed as fill along Sprague Avenue.	
Old fire debris placed as fill along Sprague Avenue.	
<b>2.F.2 Release circumstances.</b> Describe the release circumstances. If you need to add more information, go to <u>2.F.2</u> in the additional information pages at the end of this form.	

## Part 2 – Site description

<b>2.F.3 Release discover circumstances.</b> Describe the release discovery circumstances. If you need to add more information, go to <u>2.F.3</u> in the additional information pages at the end of this form.					
Phase I & II Brownfields Assessment					
<b>2.F.4 Area-wide soil contamination.</b> Visit the <u>Dirt Alert Program webpage</u> <sup>11</sup> or see the Management Plan for the <u>Tacoma Smelter Plume project</u> <sup>12</sup> for information about the area-wide soil contamination projects.					
Is the site in an area affected by smelter emissions, such as from the Tacoma Smelter Plume area? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown See if the site is within the mapped <u>Tacoma Smelter Plume area</u> .					
Is the site located in a former fruit orchard in operation before 1947? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown					
Is the site affected by area-wide arsenic or lead soil contamination? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown					
<b>2.G Nature and extent of contamination.</b> The following refers to conditions after the release but before cleanup.					
<b>Hazardous substances and affected media.</b> Identify hazardous substances released and media (e.g., soil) affected by those substances to the extent known. Use the codes at the end of the table.					
Hazardous substance	Check affected media				
	Soil	Ground-water	Surface water	Sediment	Air
Ex: benzene	C	S	N/A	N/A	B
Petroleum	C				
Heavy Metals	C				
PAHs	C				

<sup>11</sup> <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Dirt-Alert-program>

<sup>12</sup> <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Cleanup-sites/Toxic-cleanup-sites/Tacoma-smelter>

## Part 2 – Site description


C = confirmed, greater than cleanup level    O = confirmed, not present    N/A = not suspected  
 B = confirmed, less than cleanup level    S = suspected    U = unknown

**2.G.1 Drinking water.**

Does site contamination pose a threat or potential threat to an existing drinking water source (groundwater or surface water)?    ☐ yes    ☒ no    ☐ unknown

If “yes”, what type of drinking water system is threatened by the contamination? Check **all that apply**.

☐ single family    ☐ public

If “**public drinking water supply**” is selected, is the contamination located within or upstream of a 10-year wellhead protection area?    ☐ yes    ☐ no    ☐ unknown

If “yes”, or help is needed, see the [Source Water Assessment Program \(SWAP\) Mapping Tool](#)<sup>13</sup> or call the Department of Health at (800) 521-0323 for information.

**2.G.2 Indoor air.**

Are contaminant odors noted in any buildings, underground utilities conduits, or other confined spaces?

☐ yes    ☒ no    ☐ unknown

If “yes”, specify below. If you need to add more information, go to 2.G.2 in the additional information pages at the end of this form.

**2.H Site maps.**    See previous assessment reports submitted electronically.

Attach to this application maps that identify:

- site location
- affected properties and public rights-of-way
- source(s) of release(s)
- nature and extent of contamination
- impacted human or ecological receptors (e.g., through drinking water supplies)
- site physical characteristics (e.g., property lines, building and roadway outlines, surface water bodies, water supply wells, groundwater flow direction, and utility rights-of-way)
- adjacent properties and their uses (e.g., gas station, dry cleaner, residential).

<sup>13</sup> <https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/SourceWater/GISMappingTool>

### Part 3 – Operational History

**3.A Current use of source property.** The following refers to only the source property and **not** other properties affected by the site contamination. Add information to the best of your ability.

**3.A.1 Current property owners.** Identify the current owner of the source property.

Name: Craig Dunlap		Title: Chief Financial Officer
Organization: Frontier Behavioral Health		
Mailing address: 29 East 1st Avenue		
City: Spokane	State: WA	Zip: 99202
Phone: 509-458-7434		

**3.A.2 Current business owner (operator).** Identify the current business owner operating on the source property.

Name: Craig Dunlap		Title: Chief Financial Officer
Organization: Frontier Behavioral Health		
Mailing address: 29 East 1st Avenue		
City: Spokane	State: WA	Zip: 99202
Phone: 509-458-7434		

**3.A.3 Current business operations.** Identify the current business operations on the source property.

What is the current land use of the source property? Check **all that apply**.

☐ residential   
 ☒ commercial   
 ☐ industrial   
 ☐ agricultural   
 ☐ childcare facility  
☐ school   
 ☐ park   
 ☐ other – specify:

Does a commercial or industrial business currently operate on the source property?

☐ yes   
 ☒ no   
 ☐ unknown

If “**yes**”, identify in the following table the current business operations using the North American Industry Classification System (NAICS) codes and specifying the operations.

NAICS Code	Operations Description
	Currently vacant pending demolition and redevelopment into CHAS Health facility.

Is a solid waste handling facility located on the source property?

☐ yes   
 ☒ no   
 ☐ unknown

If “**yes**”, identify below. If you need to add more information, go to 3.A.3 in the additional information at the end of this form.


## Part 3 – Operational History

Is a dangerous waste treatment, storage, or disposal facility located on the source property?

☐ yes ☒ no ☐ unknown

If “yes”, identify here: .

If you need to add more information, go to 3.A.3 in the additional information pages at the end of this form.

### 3.A.4 Regulation of current business operations.

Does the business operate under any federal, state, or local permits (e.g., NPDES) related to the release of hazardous substances into the environment? ☐ yes ☒ no ☐ unknown

If “yes”, specify below the regulated operation, the name of the permit, and the date it was issued.

Regulated operation	Permit	Date issued
N/A		

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 “yes”, 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 “yes”, list in the following table.

Release	Date of release	Status of release

### 3.A.5 Storage tank information. Identify all aboveground storage tanks (ASTs) and USTs that have been used to store hazardous substances on the source property, regardless of whether the tanks are still in service or in place. Enter “U” where unknown.

Identification				Status and Closure				Releases	
Hazardous substance	AST or UST	Size (gal.)	Tank ID	Date installed	In use (y/n)	Date closed	Closure method (*)	Past (y/n)	Current (y/n)
Ex: diesel	UST	10,000	4	02/87	N	5/98	removed	Y	N
Unknown	UST	500	NA	Unknown	N			?	?
Gasoline	UST	2000	NA	3/21/1972	N	1988	removed	N	N

(\*) Options = removed or closed in place.

### Part 3 – Operational History

<b>3.B Past use of source property.</b> The following refers to only the source property, not other properties affected by the site.			
<b>3.B.1 Past property owners.</b> Identify the owner of the source property when the release occurred.			
Name: Unknown		Title: Unknown	
Organization:			
Mailing address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
<b>3.B.2 Past business owners (operators).</b> Identify the site business owner (operator) when the release occurred.			
Name: Unknown		Title:	
Organization:			
Mailing address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
<b>3.B.3 Identification of past business operations.</b> Identify the past operations of businesses on the source property using the NAICS codes and/or specifying the operations.			
NAICS Code		Operations description	
238160		Roofing Company - Previous Owner	
<b>3.C Future use of source and affected properties.</b> The following refers to both source and affected properties.			
Will any ownership interest in the source property or affected properties be conveyed before or upon cleanup completion? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown			
If “yes”, specify below. If you need to add more information, go to <u>3.C</u> in the additional information pages at the end of this form.			



## Part 3 – Operational History

### 3.D Redevelopment plans as part of cleanup.

Will any of the source or affected properties, or portions of those properties, be redeveloped as part of the cleanup? ☒ yes ☐ no ☐ unknown

If “yes”, specify below the proposed land use. Check **all that apply**.

- ☐ residential ☐ school ☒ commercial ☐ industrial ☐ childcare facility  
☐ agricultural ☐ park ☐ other – specify:

Also, specify below the activities proposed for that land use. If you need to add more information, go to 3.D in the additional information pages at the end of this form.

Current structures will be removed from site and a Frontier Behavioral Health facility will be constructed.

## Part 4 – Administrative history

Have you previously reported the release(s) of hazardous substances?

☒ yes ☐ no ☐ unknown If “yes”, when? 7/23

Has cleanup of the site, or any portion of the site, ever been managed under the **Standard VCP** or **Expedited VCP**? ☐ yes ☒ no ☐ unknown

If “yes”, specify **Standard VCP** or **Expedited VCP** project number: \_\_\_\_\_

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

☐ yes ☒ no ☐ unknown If “yes”, specify type and docket number: \_\_\_\_\_

## Part 5 – Independent remedial actions

### 5.A Scope of remedial actions.

Do you plan to characterize and investigate all site contamination, including contamination on affected adjacent properties, as part of your cleanup project? ☒ yes ☐ no ☐ unknown

If “no”, describe below the scope of the cleanup project, including the contamination (properties, portions of a property, media and/or hazardous substances) that you **do not** plan on characterizing or investigation as part of the **Standard VCP** or **Expedited VCP** project. If you need to add more information, go to 5.A in the additional information pages at the end of this form.

## Part 5 – Independent remedial actions

### 5.B Status of remedial actions.

What is the current status of remedial actions at the site? Check **all that apply** in table.

Remedial action	Planned	Ongoing	Completed	Not applicable
Initial response (UST only)				X
Interim action				X
Remedial investigation			X	
Feasibility study			X	
Cleanup action	2024			

### 5.C Documentation of remedial actions.

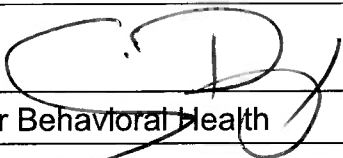
List all known remedial action plans or reports produced for the site, including:

- title
- preparer
- date produced
- whether submitted to us
- date submitted to us

If you need to add more information, go to 5.C in the additional information pages at the end of this form.

	Title	Preparer	Date	Submitted to Ecology	
				yes/no	date
Ex:	Jane Doe site: Remedial Investigation Work Plan	Freedom Consulting	02/20/19	no	n/a
1	Phase II Environmental Site Assessment	Stantec	2/18/2021	yes	7/8/24
2	Supplemental Phase II Environmental Site Assessment	Stantec	7/27/2021	yes	7/8/24
3	Analysis of Brownfield Cleanup	Stantec	10/13/2021	yes	7/8/24
4					
5					
6	Reports submitted electronically				
7					
8					
9					
10					

## Part 6 – Statement and signature

<b>6.A Statement and signature.</b> The undersigned <b>affirms</b> that the information provided in this application is true and accurate to the best of the applicant's knowledge. Someone other than the <b>applicant</b> may sign this application form.		
Name: Craig Dunlap		Title: Chief Financial Officer
Signature: 		Date: 7/8/24
Organization: Frontier Behavioral Health		
Mailing address: 29 East 1st Avenue		
City: Spokane		State: WA Zip: 99202
Phone: 509-458-7434	Email: cdunlap@fbhwa.org	Fax:
<b>6.B Affiliation.</b> What is the signatory's involvement at the site? Check <b>all that apply</b> . <input type="checkbox"/> applicant <input checked="" type="checkbox"/> property owner <input type="checkbox"/> consultant <input type="checkbox"/> attorney <input type="checkbox"/> other - specify:		
<b>Expedited VCP note:</b> While anyone may sign the <b>application form</b> , only certain types of applicants are eligible to join <b>Expedited VCP process</b> and sign the <b>Expedited VCP agreement</b> . To sign the agreement, the applicant <b>must</b> 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 <b>must</b> sign the <b>Expedited VCP agreement</b> .		

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

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

## Additional Information Pages

Insert information here that does not fit into the application format above.

<b>2.C Affected properties (continued)</b>	
5	Address:
	Tax parcels:
6	Address:
	Tax parcels:
7	Address:
	Tax parcels:
8	Address:
	Tax parcels:
9	Address:
	Tax parcels:
10	Address:
	Tax parcels:

<b>2.D Public rights-of-way affected by the releases (continued)</b>

<b>2.F.1 Release source(s) (continued)</b>

<b>2.F.2 Release circumstances (continued)</b>


<b><u>2.F.3</u> Release discovery circumstances (continued)</b>

<b><u>2.G.2</u> Indoor air (continued)</b>

<b><u>3.A.3</u> Current business operations (continued)</b>

<b><u>3.C</u> Future use of source and affected properties (continued)</b>

<b><u>3.C</u></b>	<b>Future use of source and affected properties (continued)</b>

<b><u>3.D</u></b>	<b>Redevelopment plans (continued)</b>

<b><u>5.A</u></b>	<b>Scope of remedial actions (continued)</b>

<b><u>5.C</u></b>	<b>Documentation of remedial actions (continued)</b>
