



oluntary Cleanup F. sgram

Washington State - Department of Ecology - Toxics Cleanup Program

Site Summary

This Summary is a required component of yo	our re	quest for assistance under the Voluntary Cleanup Program
Which of the following apply?		Requesting assistance on a planned cleanup Requesting assistance on an ongoing cleanup. Requesting review of a completed cleanup.

Note: If you submitted your Request for Assistance (ECY 020-74) previously without a Site Summary (this form) or this is a revised Site Summary, Please provide this completed form to Ecology at least five (5) working days prior to the meeting/site visit/documentation review (whichever comes first).

A) Site Identification:							
Name of Site: Newman's Chevron							
Alternate Name(s) for Site: Wilkins Distributing/Newman's Texaco							
Street Address of S	ite: 2021 6 th Stre	et					
City: Bremerton		State: WA		Zip: 98337			
County: Kitsap		UBI Number:					
Mailing Address (if	different from abo	ove): Same					
City:		State:	Zip:				
Township 24 N If Known:	Range 1 E	Section 14 NE 0	Quarter o	of SW Quarter			
Latitude:	Degree	Minute		Second			
Longitude:	Degree	Minute		Second			
Method used to calculate Latitude and Longitude: How large (in acres) is the site? 0.26 acres							
Diagram office to the same	4 41 1 6						

Please attach two maps to this form.

- 1) An area map, showing general location of the site in relation to surrounding bodies of water, cities, highways, and streets. (Please mark site location.)
- 2) A site diagram showing surrounding cross-streets, labeled building outlines, sampling and well locations, etc.

B) Person/Organization Making Request for Assistance/Review:					
Name: Roger Jensen					
Firm: Nordic Properties, Inc.					
Street Address: P.O. Box 84					
City: Port Orchard	State: WA	Zip: 98366			
Telephone Number: 360-981-1339	Extension:				
Fax Number: 360.895.1051 (Call first)	e-mail address: No	ne			

						(
Current Ov Current Op Environme Attorney Insurance Other (spe	perator	mer Owner mer Operato		Potential Other (sp		r 📋			
C) Releas	e Information:								
Date of Release (if known): Pre-1990 Date of Discovery: August 1990 Drinking Water: Number of Drinking Water Supply Wells within 1/2 mile: NONE Are there any drinking water systems affected? yes no If yes, has alternate drinking water been provided? yes no If Drinking Water systems are affected, are the systems public, private, or both? Aquatics: Are there an creeks, streams, ponds, wetlands, or shorelands on or adjacent to the site? yes no Within 1/4 mile of the site? yes no Where are they located? Are they impacted by contamination from the site? yes no General Hazardous Substance Categories: Please complete the chart below. List the contaminants known or									
suspected	at the site prior to cl CA); B (confirmed bu	leanup, and	mark the	appropria	te mediur	n (i.e. :	soil) with: C	(confirmed	d and
	Contaminant	Class (for office Use	Affected Soil	Media: Ground- Water	Surface Water	Air	Sediment	Date of Release (if known)	
	Example; Lead		C	0	S	Ü	S	1967-82	
	1) TPH -gas		С	NA	NA	NA	NA	Pre-1990	
	2) BTEX		С	NA .	NA	NA	NA	Pre-1990	
	3) Diesel		В	NA	NA	NA	NA	Pre-1990	
			В	NA	NA	NA	NA	Pre-1990	
	4) Cr, Cu, Pb,					1		1	
	4) Cr, Cu, Pb, 5) Aldrin, Endosulfan, 4,4'DDD, 4,4'DDE, 4,4'DDT, q-BHC		В	NA	NA	NA	NA	Pre-1990	
	5) Aldrin, Endosulfan, 4,4'DDD, 4,4'DDE,		В	NA	NA	NA	NA	Pre-1990	
D) Report Assessme	5) Aldrin, Endosulfan, 4,4'DDD, 4,4'DDE, 4,4'DDT, q-BHC 6)	sessment o						Pre-1990	
Assessme Has site as If yes, whe to Ecology Describe:	5) Aldrin, Endosulfan, 4,4'DDD, 4,4'DDE, 4,4'DDT, q-BHC 6) Information of Assent: seessment work been? 1990, when the yes no Date: (list reports in "E" be	n done at th USTs were Assumed elow)	r Remedia is site? you removed, reported in	es X no and in 20	rk Done f	ogress sh asse	essment. Venvironmen	Vere resulta	
Assessment Has site as If yes, when to Ecology Describe: Two assess Assessment	5) Aldrin, Endosulfan, 4,4'DDD, 4,4'DDE, 4.4'DDT, q-BHC 6) Information of Assent: seessment work been posterically been posterically been posterically and the posterically been posterically b	n done at th USTs were Assumed elow)	r Remedia is site? you removed, reported in	es X no and in 20	rk Done f	ogress sh asse	essment. Venvironmen	Vere resulta	
Assessment of the second of th	5) Aldrin, Endosulfan, 4,4'DDD, 4,4'DDE, 4.4'DDT, q-BHC 6) Information of Assent: seessment work been posterically been posterically been posterically and the posterically been posterically b	n done at th USTs were Assumed elow) performed a	r Remediants site? you removed, reported in	es X no and in 20 n August	In-pro 00 to finis 1990 by fo	ogress sh asse ormer e	essment. Venvironmen	Vere resulta	

If yes, please continue to answer the remaining questions in this section to the best of your ability.

When was the cleanup work done? 2001

Were results reported to Ecology? yes no \(\bar{\text{\

Residual TPH remains in several small areas around the location of the active USTs, at depths of between approximately 5 and 10 feet below ground. Data for remaining TPH contamination will be presented in the VCP Completion Report completed in mid-January 2001.

For each contaminant listed in *Part C) Release Information (above)*, please describe the quantity of the contaminant (in pounds) which was removed or treated as a result of the cleanup activities:

Contaminant	Class (for office Use	Pounds of Incinerated	Contaminant: Washed	Removed	Treated	Contained)
Example: Lead		10	20	40	10	60
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						

As a result of the cleanup:

How many acres of land were returned to *unrestricted* use? None – Use was not restricted previously.

How many acres of land were returned to restricted use? N/A

How many cubic feet of contaminated soil was remediated or contained? 20 tons

How many gallons of contaminated soil was remediated or contained?

How many people are now at reduced risk as a result of the cleanup action?

How many pounds of potential pollution was prevented as a result of the cleanup action?

	Soil	Groundwater	Surface	Drinking	Air	Wastes
Methods/I reatments Used			Water	Water	11年の年記書の	
Method A	×					
Method B	×					
Method C						
Have these levels been met through the site ? Y or N	>-					
Destruction or Detoxification						
Carbon Adsorption ¹						A/N
Biological Treatment					A/N	
Chemical Destruction						
Incineration	×	N/A	ΑΝ	ΑN		
¹ Carbon followed by regeneration: use of granular activated cand off-site landfill	arbon follov	r activated carbon followed by landfilling would be classified in these tables as volume reduction	uld be classif	ied in these tab	les as volum	e reduction
Media Transfer						
Air stripping/Air Sparging	N/À					A/N
Aeration/Vapor Extraction		N/A	ΑN	ΑΝ	A/N	
Thermal Desorption	×	N/A	N/A	ΑΝ		N/A
Immobilization						
Vitrification		N/A	ΑΝ	N/A		
Solidification/Stabilization		N/A	N/A	N/A		
Reuse/Recycling ²						
Specify						
² For example, reuse of free petroleum product recovered in a	pump and	pump and treat system.				
Separation/Volume Reduction						
Solvent Extraction		N/A	N/A	N/A		
Soil Washington		N/A	A/N	N/A		
Physical Separation ³						
³ For example, oil/water separators.						
Land Disposal/Containment						
Containment or On-site Landfill	×		ΑN			
Off-site Landfill	×	N/A	ΑN	N/A		
Institutional Controls						
Specify - Surface Paving, no drinking water wells as	×					
the area is on City water.						
Others						
Specify Treatment Method						

E) Documentation:

Please list titles of all site reports below. Include name of consulting firm and year completed. (If there is not enough room for the entire list, please attach additional page(s) as necessary.)

Alltie:	By:	Date
Preliminary Contamination Assessment,	AGI Technologies, Inc.	August 27, 1990
Underground Storage Tank Removal, 2021		
6 th Street, Bremerton, WA		
Additional Assessment and Soil Excavation,	GeoScience Management, Inc.	Under
Newman's Chevron, 2021 6 th Street,	_	preparation.
Bremerton, WA		
Is additional information concerning the contar		nediation methods
used available in a data base? yes ☐ no 🏻	If yes, what programming software is use?	
Is a copy included for our use? yes ☐ no ☐		
_		
F) Property Type: Commercial X Industrial	Residential Other (Please specify)	
Property currently being used? yes X no V	ehicle Parking	

G) Standard Industrial Classification (SIC) Codes:

Plans for change in use? yes \square no \square If yes, please specify:

List all that apply. If none apply, or if you don't know your SIC code, list activities conducted at the site (i.e. automotive repair and maintenance, construction equipment storage, etc.).

SIC Code: 5541 Service station

H) Dangerous Waste Facilities:

Does the facility have a dangerous waste identification number? yes no X If yes, what is the number?

I) Tank Information:

Complete this table for ALL tanks, whether underground (UST) or aboveground (AST), including unregulated tanks.

(*Unleaded, leaded diesel, bunker-C, waste oil, heating oil, aviation fuel, other (identify)) (** Tank status: Left in Place, Removed, Closed in Place)

			Was Free encounte			
Tank ID	AST/UST	Size (gal)	*Product	On GW	In Excavation	**Tank Status
#1	UST	6,000	Gasoline	No	No	Removed 1990
#2	UST	4,000	Gasoline	No	No	Removed 1990
#3	UST	4,000	Gasoline	No	No	Removed 1990
#4	UST	4,000	Gasoline	No	No	Removed 1990

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#5	UST	4,000	Gasoline	No	No	Removed 1990
#6	UST	550	Waste oil	No	No	Removed 1990

J) Owner/Operator History

(Please photocopy and attach copies if additional owners and/or operators are known.)

Type (code) of Owner/Operator (for below):

Private (1) Municipal (2) County (3) Federal (4) State (5) Tribal (6) Mixed (7) Other (8) Unknown (9) Public Entitle Acquisition via Bankruptcy (11)

1) Current Site Owner: Bob and Karen Newman		Type: (1) Private	
Street Address: 2021 6 th Street			N.
City: Bremerton	State: WA	ZIP: 98337	
Contact Persons (if different than owner, above):			
Street Address:			
City:	State:	ZIP:	
Telephone Number: 360-373-1553	Extension:		
Fax Number: 360-373-3017	e-mail address:		
Dates of Ownership: 1990 to	Present		

2) Current Facility Operator: Bob and Karen New	cility Operator: Bob and Karen Newman as Above 7				
Street Address:					
City:	State:	ZIP:			
Contact Persons (if different than owner, above):					
Street Address:					
City:	State:	ZIP:			
Telephone Number:	Extension:				
Fax Number:	e-mail address:				
Dates of Operation: to					

3) Former Site Owner: Roger Jensen – Nordic Properties, Inc. Type: (1) Private						
Street Address: P.O. Box 84						
City: Port Orchard	State: WA	ZIP: 98366				
Contact Persons (if different than owner, above):						
Street Address:						
City:	State:	ZIP:				
Telephone Number: 360-951-1339	Extension:					
Fax Number: 360-895-1051 (call first) e-mail address:						
Dates of Ownership: 1970 to	1990					

4) Former Facility Operator:		Type:
Street Address:		
City:	State:	ZIP:
Contact Persons (if different than owner, above):		

Street Address:	***	
City:	State:	ZIP:
Telephone Number:	Extension:	
Fax Number:	e-mail addres	s:
Dates of Operation: to		
K) Other Involved Parties: (Please photocopy and attach copies if addition	nal parties are invol	ved)
1) Environmental Consultant: Howard Small		
Representing: Nordic Properties, Inc.		
Firm: GeoScience Management, Inc.		
Street Address: 18608 89th Avenue NE		
City: Bothell	State: WA	ZIP: 98011
Telephone Number: 425-481-4538	Extension:	
Fax Number: 425-481-4538 (call first)	e-mail address	s: hwsmall@aol.com
2) Site Control Person if other than Owner/Ope working hours and is authorized and qualified to during normal business hours and has knowled Name:	answer questions	about the site, or a person who is available
Relation to site/owner/operator:		,
Cirm:		
Street Address:	The state of the s	
City:	State:	ZIP:
Talanda ana Manakan	F. 4	Δ11 .
Fax Number:	e-mail address	2'
Dates of involvement with site:	to:	
Dates of involvement with site.	to.	
3) Name:		
Relation to site/owner/operator:		
Firm:		
Street Address:		
City:		ZIP:
Telephone Number:	Extension:	
Fax Number:	e-mail address	:
Dates of involvement with site:	to:	
4) Name:		
Relation to site/owner/operator:		
Circa.		
Street Address:		
City:	Ot-to-	ZIP:
Telephone Number:	Extension:	← 11 ,

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Fax Number:	e-mail address:
Dates of involvement with site:	to:

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GeoScience Management, Inc. Environmental Consulting Services

18608 89th Avenue N.E. • Bothell, Washington 98011 • Telephone (206) 481-4538

TRANSMITTAL

To: Lx	VONA GUSDAHL	Da	ate: 2/27/01
Eco	OLOGY - NWRO		left message
319	90 1607 AVENUE	SE	for Hanand.
Be	UEVUE, WA 98008	-5452	3/7/01
Please find e	nclosed:		84
Copies	Description		Newman's Cherron
IEA.	Reguest for Assi	stance/Revie	in form and
/EA.	Site Summany	Form	
IEA.	VCP Submitta	f File.	
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For Your:	Use	Sent by:	First Class Mail
	Approval		Overnight Express
	Information		Other HAND DELIVERED
Comments:	LAVona - I Spoke	to Joe Hickey	regarding this VCP
Submitt		I that he wou	
expedit		teither Jos	e or myself if you
have go	uestions.		
/			Thanks!
001	Junen - Novdie 1		bward W. Small
u. nogere	Junior 14		proved by Sund



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

Northwest Regional Office • 3190 160th Avenue SE • Bellevue, Washington 98008-5452 • (425) 649-7000

May 10, 2001

Mr. Howard W. Small, R.G., C.P.G. 18608 89th Avenue NE Bothell, WA 98011

Dear Mr. Howard W. Small, R.G., C.P.G.:

Re: Request for Review: Independent Remedial Action

Newman's Chevron, 2021 6th Street Bremerton, WA 98337

Thank you for submitting the independent remedial action report(s) for this site for Ecology's review. Ecology appreciates your initiative in pursuing a voluntary cleanup under the Model Toxics Control Act.

This is to acknowledge receipt of your *Request* and your \$500 deposit. A copy of the *Request* form is enclosed. All correspondence relating to this project should include the site name and a reference to the TCP identification number NW0620 printed on the bottom right-hand corner of this form.

The Department of Ecology (Ecology) will publish a notice in the *Site Register* that we have received the report(s) and of your request for Ecology review of the independent remedial action. The Site Register is a bi-weekly publication regarding sites undergoing cleanup or remedial action throughout the state.

If you have any questions about this letter or the Voluntary Cleanup Program, please do not hesitate to call me at (425) 649-4446.

Sincerely,

Theresa L. Fisher

Voluntary Cleanup Program Administrator

Theresa Fisher by &

TLF: lg Enclosure



Coluntary Cleanup Pogram

Washington State - Department of Ecology - Toxics Cleanup Program

FILE COPY

Request For Assistance/ Review Form

Have you discussed this site with an Ecology representative in the past?No				
	ngriou form to			
Site Summary (ECY 020-73) A Check or Money Order for \$500	made out to "D	Any other existing reports on this site Department of Ecology"		
Applicant completes this section: (Note: The applica	cant is responsible for all billings)		
Applicant Name: Howard W. Small,	R.G., C.P.G.	Phone: 425.481.4538		
Applicant Address: 18608 89 th Aver	ue NE			
City: Bothell	State	e: WA Zip: 98011		
Site Name: Newman's Chevron	Alternat	ate Name: Wilkins Distributing/Newman's Texaco		
Site Address: 2021 - 6 th Street				
City: Bremerton	State	e: WA Zip: 998337 County: Kitsap		
Site Owner Name: Robert and Kare	n Newman			
Site Owner Address: 2021 6 th Stree	t	Phone: 1.360.373.1553 (Work)		
City: Bremerton	State	e: WA Zip: 98337		
I, Howard W. Small request the assistance of the Department of Ecology. With this Application I have enclosed \$500. I understand that: this payment is the equivalent of approximately eight (8) hours of staff review and/or assistance on the cleanup of my contaminated site; actual charges will depend on specific staff and charge-out rates of that staff; if total charges are greater than \$500, I will be billed for and I agree to pay the remainder; and any excess payments will be refunded to me.				
-	9 Jawara	ature of Applicant /2/29/0/ Date		
		he applicant is responsible for all billings.		
For Office Use only: Date: Hours:	Rate:	Staff Name:		
Date: Hours:	Rate:	Staff Name:		
Date: Hours:	Rate:	Staff Name:		
Date: Hours:	Rate:	Staff Name:		
For Office Use only: Receipts Amount Date Pd R	Rec. #	173-02-94-005000-5000- 3 O - 40 (LUST/Non-LUST) (Office)		
		LUST/Non-LUST: LUST - 30 Non-LUST - 20 OFFICE: NWRO - 40 SWRO - 50 ERO - 60 CRO - 70 IND - 80 HDQR - 90		
ECY 020-74 (Rev. 09/98)	1	TCP I.D. # MU (CO)		