

www.SeattleTank.com Tel: (206) 938-2280

Fax: (206) 933-1967



www.TacomaTank.com Tel: (253) 589-9658 Fax: 1(800) 815-8512

January 3, 2012

Toxics Cleanup Program
Washington State Department of Ecology
P. O. Box 47655
Olympia, WA 98504-7655
Attn: Tara Davis

Dear Ms. Davis:

SUBJECT: UNDERGROUND STORAGE TANK REMOVAL – 201 S KING STREET, SEATTLE WASHINGTON

Attached, please find a completed 30-Day Notice for the removal from the Subject Property of a previously unknown and previously decommissioned underground storage tank with an approximate capacity of 2,000 gallons. The tank had formerly been used to store bunker fuel. The tank was encountered and damaged during demolition activities at the site. Aside from containing concrete slurry used to accomplish the decommissioning, the area of the tank interior above the concrete was found to contain bunker fuel, which was exposed when the tank was damaged.

For safety purposes, North Lot Development LLC, the tank Owner, is requesting a waiver of the normal 30-Day waiting period, so the tank may be removed quickly as possible, and thus eliminate the safety hazard. Tank removal will be supervised by Seattle Tank Services, an ICC-certified tank decommissioning firm.

If you have any questions regarding this tank removal, please contact me at the address or telephone numbers listed above. Thank you very much.

Sincerely,

STS Associates LLC, DBA Seattle Tank Services

mes C. Leonard,

CC Certified UST Decommissioner



UNDERGROUND STORAGE TANK

30 DAY NOTICE

See back of form for instructions

Please ✓ the appropriate box:	Intent	Intent	Botl
•	to Instal	T to Clos	e

FOR OFFICE USE ONLY			
Site ID #:			
FS ID #:			

Site Information				(This form will be returned to this address)			
UBI Number			UST Owner/Operator North Lot Development LLC				
Site/Business NameStreet Site Address 201 S King Street				Mailing Address 2401Utah Avenue South Street			
Site Address <u>ZU1 3 Killi</u>	<u>g 3u eet</u>			P.O. Box			
City/State Seattle, Washington				City/State Seattle, Washington			
Zip Code <u>98104</u>	Telephone (<u>206)</u> <u>382-4600</u>	O Zip Co	Zip Code <u>98134</u> Telephone (<u>206</u>) <u>382-460(</u>			382-460(
Tank Installation Co	ompony /if kn	own) Fill out t	his section Of	JI V if tanks ar	re heing install	led	
	-			act Name			
Service Company				ict Name		,	
AddressStreet			P.C). Box			
City		State	7in	Code	Telephone	e ()	
Tank Permanent Closure Company (if known). Fill out this section ONLY if tanks are being closed. Service Company Seattle Tank Services Contact Name Nathan Montgomery P. O. Box 31516 P.O. Box 31516							
Projected Closure Tank ID Date	Fill out this section Tank Capacity	Substance Stored Bunker fuel		Is There Product In the Tank (Yes/No) Yes	If No, Date Tank Was Pumped	Inform Fill out this s	stallation mation ection ONLY if eing installed. Approx. Install Date

ECY 020-95 (Rev. 01-06)