VCP AGREEMENT



NSTRUCTIONS: 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 second 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 State of Washington Department of Ecology (Ecology) and <u>Pollution Liability Insurance Agency (PLIA)</u>

(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: 1015 Cherry St., Sumas, WA 98295; FS #25535153 Super Duper Grocery

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 70.105D 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 70.105D.030(1)(i), 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

	Facility/Site Name: SUDER DUDER GIDCERU	. ¹
BY ECOLOGY ONLY	Facility / Site No.: 25535153	
	VCP Project No.: NW2878	,

ECY 070-324 (revised July 2008)

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 70.105D.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 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.

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.

STATE OF WASHINGTON	
DEPARTMENT OF ECOLOGY	
Danny blogawh	
Signature	
Barry Kogowski	
Printed Name	
Section Manager, HQ Cleanup	
Toxics Cleanup Program Section	
Date:	

Pollution Liability Insurance Agency (PLIA)

Name of Customer

Signature

Carrie Pederson Printed Name of Signatory

Agency Planner

Title of Signatory

Date: 4/14/17

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

ECY 070-324 (revised July 2008)

Part 1 – ADMINISTRATION continued

B. Project Manager Information. Ecology will send this person all official correspondence. This person must either be the Customer or be employed by the Customer. This person may not be an independent contractor hired by the Customer. Please enter the required information below.					
Name: Carrie Pederson, PLIA Title: Agency Planner				ency Planner	
Mailing address: 300 Desmond D	rive		•		
City: Lacey		State: WA		Zip: 98504	
Phone: 360-407-0519	Phone: 360-407-0519 Fax: E-mail: carrie.pederson@plia.wa.gov				
C. Project Billing Contact Inform must either be the Customer or be contractor hired by the Customer.	employed by the C	ustomer. Th	is përŝon i	may not be an independent	
Name: same as above			Title:		
Mailing address:				,	
City:		State: TX		Zip:	
Phone:	Fax:		E-mail:		
D. Project Consultant Information	gn.	· · · · · · · · · · · · · · · · · · ·			
Is the Customer a consultant? Yes If you answered "YES," then skip to the next question. No If you answered "NO" and the Customer hired a consultant to conduct the independent remedial action, then enter the required information below.					
Name: Scott Rose Title:					
Organization: AEG			!		
Mailing address: 605 11 th Avenue :	SE, Suite 201				
City: Olympia		State: WA		Zip: 98501	
Phone: 360-352-9835	Fax:		E-mail: sre	ose@aegwa.com	
Do you want Ecology to contact the	e Project Consultan	t?			
🗌 Yes 🖾 No	•				
E. Property Owner Information.					
Is the Customer the owner of the property where independent remedial action is being conducted?					
Yes If you answered "YES," then enter the type of entity and skip to the next question.					
No If you answered "NO," then please enter all of the required information below.					
Name: Title					
Organization: Massaad F Boulos Estate					
Mailing address: PO Box 191					
City: Everson		State: WA		Zip: 98247	
Phone:	Fax:		E-mail:		

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Voluntary Cleanup Program

Washington State Department of Ecology Toxics Cleanup Program

APPLICATION FORM

Under the Voluntary Cleanup Program (VCP), the Department of Ecology (Ecology) may provide informal site-specific technical consultations to persons conducting independent remedial actions at a hazardous waste site. Ecology may provide such consultations under the authority of the Model Toxics Control Act (MTCA), Chapter 70.105D RCW, and its implementing regulations, Chapter 173-340 WAC.

To enter the VCP, complete and submit to Ecology a VCP Application. The Application consists of the following two documents:

- 1. Application Form (including required attachments). THIS DOCUMENT
- 2. Agreement. ~

For guidance on how to complete your Application, please refer to the Application Instructions, which are available separately on the VCP web site: www.ecy.wa.gov/programs/tcp/vcp/vcpmain.htm.

Part 1 - ADMINISTRATION

A. Customer Information. The Customer is the person or organization requesting services from Ecology under the VCP, and is responsible for paying the costs incurred by Ecology. The authority and duty of the Customer are explained in the Agreement.					
Name of Customer: Pollution Li	Name of Customer: Pollution Liability Insurance Agency (PLIA)				
What type of entity is the Custon	ner?				
If the Customer is a "person," then the Customer shall serve as both Person the Project Manager and the Project Billing Contact. Please identify this person and their contact information in both Parts 1B and 1C.					
⊠ Organization	If the Customer is an "organization," then please identify the Project Manager in Part 1B and the Project Billing Contact in Part 1C. Both persons must be employed by the Customer organization.				
What is the Customer's involven	nent at the Site? Please check all that apply.				
 Property owner Past property owner Mortgage holder Future property owner Consultant Property lessee Attorney Other – please specify: <u>Reinsurance carrier</u> 					
If not the current property owner, is the Customer acting as the agent for the property owner?					
🗌 Yes 🖾 No					
If not the current property owner, is the Customer authorized to grant access to the property?					

Part 1 – ADMINISTRATION continued			
What type of entity is the property owner? Please check only one.			
Private County Tribal Municipal Federal Mixed State Public School Other – please specify:			
F. Request for Written Opinion.			
Are you requesting a written opinion at this time?			
If you answered "YES," on what planned or completed remedial action do you want a written opinion?			
Opinion on the RI/FS conducted on Super Duper Pay N Run 2, prepared by AEG dated April 6, 2017.			
Please attach to this Application any additional remedial action plans or reports you want Ecology to review. Ecology will base its opinion on the information contained in the Site file, including any information attached to this Application.			
If you answered " NO ," please explain why you are enrolling in the VCP at this time and when you expect to request a written opinion from Ecology.			
Attach additional pages if necessary.			
G. Reporting Requirements.			
Please comply with the following reporting requirements when requesting written opinions on planned or completed remedial actions:			
Licensing. Documents submitted containing geologic, hydrologic, or engineering work must be under the seal of an appropriately licensed professional, as required by Chapters 18.43 and 18.220 RCW.			
Data Submittal. Environmental sampling data must be submitted in both a printed form and an electronic form capable of being transferred into Ecology's data management systems. For instructions on how to submit the data, please refer to the following Ecology web site: www.ecy.wa.gov/programs/tcp/data_submittal/Data_Requirements.htm .			
Failure to comply with these requirements may result in unnecessary delays. Ecology will not issue a No Further Action (NFA) opinion unless these requirements are satisfied.			

Part 2 - DESCRIPTION OF THE SITE

A. Name of the Site. If Ecology has already identified the Site, enter the name provided by Ecology. Otherwise, enter a suggested name for the Site. You may also include an alternate name.

Name: Super Duper Grocery

Alternate Name: Super Duper Grocery

B. Location of Property where the Releases Occurred (Source Property),

The "source property" is the property where hazardous substances were released into the environment. For example, if petroleum was released from a leaking UST, the source property is the property where the UST was located.

Do you know on which property the releases occurred?

Yes If you answered "YES," then please refer to the source property when answering the following questions.

No --

City: Sumas

If you answered "NO," then please refer to the property addressed by your remedial action (cleanup) when answering the following questions.

Physical Address. Please enter the physical address of the property below.

Street Address: 1015 Cherry Street

State: WA

Zip: 98295

Geographic Position. Please enter the geographical position of the property below. For additional guidance on how to complete this part, please refer to instructions on the VCP web site.

COORDINATES	LATITUDE:	Degrees:	Minutes:	Seconds:
COORDINATES		Degrees:	Minutes:	Seconds:
LOCATION ON PROPERTY: [e.g., point of release or center of parcel]				
	COLLECTION METHOD: GPS or address matching]		ssor & Ecy ISIS databa	ase
COLLECTION SOURCE: [i.e., map scale]				
[i.e., base refere	HORIZONTAL DATUM: [i.e., base reference for coordinate system]			
	ACCURACY LEVEL: [i.e., +/- feet or meters]			
Legal Descript	tions.	an (april), an agustan (),		· · · · · · · · · · · · · · · · · · ·
TRS D	ATA: Township: 41N	Range: 04E	Section: 34	Quarter-Quarter:
TAX PARCEL #	i(s): 41043450004800)00		

C. Ic	C. Identification of Properties affected by the Releases (Affected Properties).				
prop	An "affected property" is a property affected by the release of hazardous substances on the source property. For example, petroleum released from a leaking UST on one property (source property) may migrate through the soil or ground water onto an adjacent property (affected property).				
Do a	ny of the releases aff	ect any properties adjacent to the source property?			
	🛄 Yes	If you answered "YES," then please identify below each property that you know has been affected by the releases on the source property. If you need to identify additional properties, please attach additional pages.			
	` _ No	If you answered "NO," then skip to the next question.			
		If you answered "UNKNOWN," then skip to the next question.			
1.	Address:	· · · · · · · · · · · · · · · · · · ·			
·	Tax Parcel(s):	· · · · · · · · · · · · · · · · · · ·			
2.	Address:				
	Tax Parcel(s):	- · · · · · · · · · · · · · · · · · · ·			
3.	Address:				
	Tax Parcel(s):				
4.	Address:				
	Tax Parcel(s):				
D. lo	D. Identification of Public Right-of-Ways affected by the Releases.				
Do a	ny of the releases aff	ect any public right-of-ways (e.g., streets)?			
-	🛛 Yes 🗌	No 🗌 Unknown			
lf yoເ	u answered "YES" at	pove, please specify below. Otherwise, skip to the next question.			
Cher	Cherry Street				
Е. Е	xtent of the Site.				
What	t is the approximate a	areal extent of the Site? Please check only one.			
	☐ > 5,000 s				

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F. Description	of Release(s) at the Site.
Source of Relea	ase(s).
What are the so	urce(s) of the release(s) at the Site? Please check all that apply.
	Point source (e.g., leaking tank) Non-point source (e.g., contaminated soil used as fill) Area-wide lead and arsenic soil contamination (see questions below) Other – please specify: Unknown
To the extent kr	nown, please describe the source(s) of the release(s):
Attach additional p	ages if necessary.
	ivestigation was completed in February 2015. The investigation was undertaken in e subsurface soil and groundwater conditions.
Six soil borings [,]	were advanced. Soil and groundwater samples were collected.
	dicate soils located on the western and southern portions of the property have been roleum at concentrations above MTCA A CULs.
	mples collected indicate the groundwater in the vicinity of the southern fuel dispenser en impacted by petroleum at concentrations above MTCA A CULs.
	ages if necessary. 5 of Release Discovery. To the extent known, please describe below th of the discovery of the release(s).

·					
Area-Wide Soil Contamination. For info refer to the following web site: www.e information about the Tacoma Smelter Plu to the following web site: www.ecy.wa.gov.	ecy.wa.gov/pro ime (TSP) and	grams/tcp/a I the associa	<u>rea_wide/ar</u> ited Manage	<u>ea_wide_hp.ł</u> ement Plan, p	<u>itml</u> . Foi
Is the Site located within an area affected	by smelter en	issions, suc	h as the TSI	^{>} area?	
🗌 🗌 Yes 🔲 No 🛛 Un	known	,			,
To determine whether your Site is located within the TSP area, please refer to the map on the TSP web site identified above.					
Is the Site located on a former apple or pe	ar orchard in	operation pri	or to 1947?		
	known				
Is the Site impacted by area-wide arsenic		ul contamina	tion?		*
Yes No 🛛 Un	known				
G. Nature and Extent of Hazardous Sub to conditions after the release, but prior to					
Hazardous Substances and Affected Me table the hazardous substances released a substances. Use the codes at the bottom	at the Site and			-	-
		A	FFECTED MEL		Pi
HAZARDOUS SUBSTANCE	Šö <u>l</u> i.	GROUND WATER	SURFACE WATER	SEDIMENT	Air
EXAMPLE: Benzene	Č	Ś	N/A	N/A	В
Benzene	С	С	•		
МТВЕ	С	B			
Other non-halogenated organics	с	C			
diesel	В	C			
gasoline	С	C			
Petroleum-other	В	В		-	
			1		
	•				
When identifying the affected media in the table above, ple	ease use one of the	following codes:			
C = confirmed, above cleanup level					
B = confirmed, below cleanup level			•		
 O = confirmed, not present S = supported 					
 S = suspected N/A = not suspected 					
• U = unknown				-	

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Drinking Water.
Does any of the contamination at the Site pose a threat or potential threat to an existing drinking water source (ground water or surface water)?
Yes 🛛 No 🗋 Unknown
If you answered "YES" above, what type of drinking water system is threatened by the contamination? Please check all that apply.
 Single Family Public Drinking Water Supply
If you checked "Public Drinking Water Supply" above, is the contamination located within or upstream of a 10-year wellhead protection area?
Yes No Unknown
To help answer the above question or if you answered "Yes" to that question, then go to <u>https://fortress.wa.gov/doh/eh/dw/swap/maps/</u> or call (800) 521-0323.
Indoor Air.
Are contaminant odors present in any buildings, manholes, or other confined spaces?
🗌 Yes 🔲 No 🛛 Unknown
If you answered "YES" above, please specify:
Attach additional pages if necessary.
H. Maps of the Site.
Please attach to this application map(s) that identify, to the extent known, the following:
□ The location of the site.
The properties, and any public right-of ways, affected by the site.
 The source(s) of the release(s) at the site. The nature and extent of contamination at the site.
 Any human or ecological receptors impacted by the site (e.g., drinking water wells).
□ The physical characteristics of the site (e.g., property lines, building and road outlines, surface
water bodies, water supply wells, ground water flow direction, and utility right-of-ways). The properties adjacent to the site and the uses of those properties (e.g., gas station, dry
cleaner, residential).

,

Part 3 – OPERATIONAL HISTORY OF THE SITE

A. Current Use of Source Property, not other properties				
Current Property Owners. T	o the extent known, pleas	se idëntify below the cu	rrent owner of the source	
Name:		Title:		
Organization: Massaad F Boul	os Estate			
Mailing address: PO Box 191			,	
City: Everson		State: WA	Zip code: 98247	
Phone:		_		
Current Business Owner (Op the business located on the so		nown, please identify b	elow the current owner of	
Name: same as above		Title		
Organization:				
Mailing address:				
City:		State	Zip code:	
Phone:				
Current Business Operation the business located on the so		, please identify below	the current operations of	
What is the current land use of	the source property? Pl	ease check all that app	ly.	
 Residential School Commercial Childcare facility Industrial Park Agricultural Other – please specify: 				
Is there a currently operationa	l commercial or industria	l business located on th	ne source property?	
🛛 Yes 🔲 No 🗌 🖓 Unknown				
If you answered "YES" above using the North American Indu				
NAICS CODE DESCRIPTION OF OPERATIONS				
EX: 447110 Gasoline Stations with Convenience Stores			· · · · · · ·	
447110	Gasoline station with c-sto	re		

Part 3 – OPERATIONAL HISTORY OF THE SITE continued				
Is there a solid waste handling fac	ility located on the Source Property	?		
🗌 Yes 🔲 No	Unknown			
If you answered "YES" above, plea	ase identify:			
	-			
Attach additional pages if necessary.				
Is there a dangerous waste treatm	ent, storage, or disposal facility loc	ated on the Source Property?		
🗌 Yes 🔲 No	🛛 Unknown			
If you answered "YES" above, plea	ase identify:			
Attach additional pages if necessary.				
Regulation of Current Business	Operations.	······································		
Does the business operate under substances into the environment (related to the release of hazardous		
🗌 Yes 🔲 No	🛛 Unknown			
If you answered "YES" above, ple date it was issued in the table belo		n, the name of the permit, and the		
REGULATED OPERATION	PERMIT	DATE ISSUED		
EX: Wastewater discharge	NPDES permit	02/02/02		
	· · ·			
	· · · · · · · · · · · · · · · · · · ·			
Has a state or federal notice of en the release of hazardous substance		plation) ever been issued related to		
🗌 Yes 🔲 No	🛛 Unknown			
If you answered "yes" above, please 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 you answered "YES" above, please specify in the table below.				
RELEASE	DATE OF RELEASE	STATUS OF RELEASE		
		· · · · · · · · · · · · · · · · · · ·		
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Part 3 – OPERATIONAL HISTORY OF THE SITE continued

Storage Tank Information. In table below, please identify all above ground storage tanks (AST) and underground storage tanks (UST) that have been used for storing hazardous substances on the source property, irrespective of whether the tanks are still in use or in place. If you are unable to provide answers to specific questions regarding a tank, please enter "U" for unknown.

		siegaiung		ଆତ୍ପର୍ତ୍ ତା			·····		
IDENTIFICATION			STATUS AND CLOSUF			DSURE			
Hazardous Substance	Type (AST/UST)	Size (Gallons)	TANK ID	DATE	IÑ ÚSĒ (Y/N)	DATE CLOSED	CLOSURE METHOD (*)	PAST (Y/N)	CURRENT (Y/N)
EX: Diesel	UST	10,000	.4	02/87	N	05/98	Removed	Y	N
gasoline	UST	12k	PNR2-1	6/1/89	Y				
gasoline	UST	12k	PNR2-2	6/1/89	Y				
gasoline	UST	12k	PNR2-3	6/1/89					
diesel	UST	12k	PNR2-4	6/1/89					<u> </u>
		,				(*) ()	 otions = Removed		d in Place
B. Past Use of Sou not other properties	affected	by the Site	. Please	answer	these q	ions refer uestions l	only to the Sou to the best of yo	urce Pro pur abili	operty, ty.
Past Property Own at the time the releas			known, pi	lease Ide	entity be			irce pro	репу
Name:					Ti	tle:			
Organization:	-								
Mailing address:									
City:				s	tate:		Zip code:		
Phone:		Fax:				E-ma	ail: ¯		
Past Business Own business (operator) a					wn, plea	së identif	y below the owi	ner of ti	ie,
Name:					Ti	tle:			
Organization:	_								
Mailing address:									
City:				s	tate:		Zip code:		
Phone:		Fax:				E-ma	ail:		
Identification of Past Business Operations. Please identify in the following table the past operations of businesses located on the source property using the North American Industry Classification System (NAICS) codes and/or specifying the operations.									
NAICS CODE		DESCI	RIPTION OF	OPERATIO	ONS				
EX: 447110	· · · · ·	Gasol	ine Station	is with Co	onvenien	ce Stores			
								·	

Part 3 – OPERATIONAL HISTORY OF THE SITE continued

C. Future Use of Source and Affected Properties. The following questions refer to both source and affected properties. Please answer these questions to the best of your ability.
Will any ownership interest in the source or affected properties be conveyed prior to, or upon completion of, the cleanup?
🗋 Yes 🔲 No 🛛 Unknown
If you answered "YES" above, please specify:
· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·
Attach additional pages if necessary.
Will any of the source or affected properties, or portions of those properties, be redeveloped as part of the cleanup?
🗌 Yes 🔲 No 🖾 Unknown
If you answered "YES" above, please specify the proposed land use below. Please check all that apply.
Residential School Commercial Childcare facility Industrial Park Agricultural Other please specify:
Please also specify the activities proposed for that land use:
·
Attach additional pages if necessary.

Part 4 – ADMINISTRATIVE HISTORY OF THE SITE Tave you previously reported the release(s) of hazardous substances at the Site to Ecology? Yes – If so, when? <u>5/8/2015</u> No Has the cleanup of the Site, or any portion of the Site, ever been managed under the VCP? Yes – If so, please specify the VCP Project Number: No Unknown Has the cleanup of the Site, or any portion of the Site, ever been managed under a federal or sinder or decree? Yes – If so, please specify the type and docket number: No Unknown Has the cleanup of the Site, or any portion of the Site, ever been managed under a federal or sinder or decree? Yes – If so, please specify the type and docket number: No Unknown Part 5 – DESCRIPTION OF INDEPENDENT REMEDIAL ACTIONS AT THE SITE A Scope of Remedial Actions. Do you plan to characterize and address all of the contamination at the Site, including ontamination located on affected adjacent properties, as part of the VCP project? X Yes No Yes Project, including ontaminatio	Have you previously reported the release(s) of hazardous substances at the Site to Ecology? Yes – If so, when? <u>5/8/2015</u> No Unknown Has the cleanup of the Site, or any portion of the Site, ever been managed under the VCP? Yes – If so, please specify the VCP Project Number: No Unknown Has the cleanup of the Site, or any portion of the Site, ever been managed under a federal or sonder or decree? Yes – If so, please specify the type and docket number: No Unknown Has the cleanup of the Site, or any portion of the Site, ever been managed under a federal or sonder or decree? Yes – If so, please specify the type and docket number: No Unknown Part 5 – DESCRIPTION OF INDEPENDENT REMEDIAL ACTIONS AT THE SITE A. Scope of Remedial Actions. Do you plan to characterize and address all of the contamination at the Site, including ontamination located on affected adjacent properties, as part of the VCP project? Yes No Yes No Unknown Yes You answered "NO" above, please describe below the scope of the VCP project, including ontamination (properties, portions of a property, media and/or hazardous substances) that you IOT plan on characterizing and/or addressing as part of the VCP project. Please include addition					_	
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Part 5 – DESCRIPTION OF INDEPENDENT REMEDIAL ACTIONS AT THE SITE continued

B. Status of Remedial Actions.

REMEDIAL ACTION	PLANNED	ONGOING	COMPLETED	NOT APPLICABLE
INITIAL RESPONSE (UST ONLY)				
INTERIM ACTION				
REMEDIAL INVESTIGATION		X		
FEASIBILITY STUDY	X			-
CLEANUP ACTION	X			

C. Documentation of Remedial Actions.

Please list in the table below all known remedial action plans or reports produced for the site, including:

- The title of the plan or report,
- The author (e.g. consulting firm) of the plan or report,
- The date the plan or report was produced,
- Whether the plan or report has been submitted to Ecology,
- The date the plan or report was submitted to Ecology.

	TITLE	AUTHOR	DATE	SUBMITTED TO ECOLOGY	
		AUTION	DATE	Y/N?	DÀTE
Ex:	John Doe's Site: Remedial Investigation Work Plan	Mom's Consulting Firm	02/20/05	NO	N/A
1.	RI & FS	AEG	4/6/17	Y	4/18/17
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Part 6 – STATEMENT AND SIGNATURE

A. Statement and Signature. The application is true and accurate to than the Customer may sign this A	the best of his or her						
Name: Carrie Pederson Title: Agency Planner							
Signature: Alio Dall	Signature: All Date: 4/18/17						
Organization: PLIA							
Mailing address: 300 Desmond D	rive		-				
City: Lacey State: WA Zip code: 98504							
Phone: 360-407-0519	Fax: 360-407-0509	x: 360-407-0509 E-mail: carrie.g		ederson@plia.wa.gov			
B. Affiliation.							
What is the signatory's involvement at the Site? Please check all that apply.							
Customer Property Owner Consultant Attorney Other – please s	pecify:			, J			

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