ENVIRONMENTAL ASSOCIATES, INC.

1380 - 112th Avenue Northeast, Suite 300 Bellevue, Washington 98004 (425) 455-9025 Office (888) 453-5394 Toll Free (425) 455-2316 Fax

April 16, 2018

Panjini Balaraju Toxics Cleanup Program Washington State Department of Ecology PO Box 47600 Olympia, Washington 98504-7600 FSID#68672889

RECEIVED

APR 192018

WA State Department of Ecology (SWRO)

RE: APPLICATION FOR RE-ENTRY INTO VCP Former Tebb & Sons Parcel (0320036003) 1650 East 18th Street Tacoma, WA 98421

Dear Mr. Balaraju

Please find enclosed an original signed copy of the VCP Agreement Form for the above referenced site. A copy of the VCP Application Form is also included. Two (2) bound copies of our report titled Phase-II Additional Site Characterization (dated October 25, 2017) were previously submitted to you. Please let us know if any additional information is required to reenter this site into the VCP and begin the process of issuing a new "no further action" determination and removal of the prior environmental covenants.

Sincerely,

Robert B. Roe, M.Sc, LHG. Senior Hydrogeologist / Project Manager

License: 1125 (Washington)

enclosures:

VCP Agreement Form VCP Application Form





Voluntary Cleanup Program

Washington State Department of Ecology **Toxics Cleanup Program**

of Ecology (SWRO)

PPLICATION 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: APR 19 2018

- WA State Department
- 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:	X2P Marc Land Associates,	LLC
Number of Odotomor.	That's Lana , loos shares,	

What type of entity is the Customer?

Person

If the Customer is a "person," then the Customer shall serve as both 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 involvement at the Site? Please check all that apply.

Past property owner Mo	siness owner (operator) ortgage holder nsultant orney
If not the current property owner, is the Customer a	cting as the agent for the property owner?
🗌 Yes 🗌 No	
If not the current property owner, is the Customer a	uthorized to grant access to the property?
🗌 Yes 🗌 No	

SW1644

Part 1 – ADMINISTRATION continued

B. Project Manager Informatio person must either be the Custor independent contractor hired by th	mer or be employe	d by the Cus	stomer. T	his person may not be an
Name: Luke Xitco			Title: Ma	naging Member
Mailing address: PO Box 1376	- -			
City: Tacoma		State: WA		Zip: 98401
Phone: (253) 606-2371	Fax:		E-mail: lu	ike@x2pcapital.com
C. Project Billing Contact Informust either be the Customer or be contractor hired by the Customer.	employed by the C	ustomer. Th	is person r	may not be an independent
Name: Luke Xitco			Title: Ma	naging Member
Mailing address: PO Box 1376				
City: Tacoma		State: WA		Zip: 98401
Phone: (253) 606-2371	Fax:		E-mail: lu	ike@x2pcapital.com
D. Project Consultant Information	on.			
If you ans	wered "YES," then swered "NO" and a nt remedial action,	the Custome	r hired a	consultant to conduct the
Name: Robert Roe			Title: Hyd	drogeologist
Organization: Environmental Asso	ociates, Inc			
Mailing address: 1380 112 th Aven	ue NE, Suite 300			
City: Bellevue	2	State: WA		Zip: 98004
Phone: (425) 455-9025	Fax: (425) 455-231	6	E-mail: rroe@environmentalassociatesinc.	
Do you want Ecology to contact the 🖂 Yes 🗌 No	e Project Consultan	t?		
E. Property Owner Information.				
	ered " YES," then er	nter the type o	f entity and	n is being conducted? d skip to the next question. uired information below.
Name:			Title:	
Organization:				
Mailing address:				
City:		State:	×	Zip:
Phone:	Fax:		E-mail:	

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? Additional site characterization has been completed demonstrating that remaining areas of contamination have naturally attenuated qualifying the site for a new NFA without environmental covenants.
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 - DESCR	IPTION OF THE S	SITE						
				e Site, enter the na / also include an all	me provided by Ecology. ternate name.			
Name: X2P Marc	c Land Associates							
Alternate Name:								
B. Location of P	Property where the	e Releases Oc	curred	(Source Property	/).			
	etroleum was relea				eased into the environment. operty is the property where			
Do you know on v	which property the	releases occurr	ed?					
X Y		wered " YES," he following que			he source property when			
	☐ No If you answered "NO," then please refer to the property addressed by your remedial action (cleanup) when answering the following questions.							
Physical Addres	s. Please enter the	e physical addre	ess of t	he property below.				
Street Address: 1	1650 E 18 th Street							
City: Tacoma			Sta	ite: WA	Zip: 98421			
				position of the prop tructions on the VC	perty below. For additional P web site.			
COORDINATES	LATITUDE:	Degrees: 47		Minutes: 15	Seconds: 13.18			
COORDINATED	LONGITUDE :	Degrees: -122		Minutes: 24	Seconds: 38.65			
[e.g., point of rel	TION ON PROPERTY: ease or center of parcel]	Center of parcel						
	DLLECTION METHOD: S or address matching]	GPS						
Co	DLLECTION SOURCE: [i.e., map scale]	Google Earth						
	IORIZONTAL DATUM: e for coordinate system]	unknown						
	ACCURACY LEVEL: [i.e., +/- feet or meters]	unknown						
Legal Descriptio	ns.	·						
TRS DATA	: Township: 20N	Range: 3E		Section: 3	Quarter-Quarter: NE of NW			
TAX PARCEL #(S	:): Pierce County TF	¢#0320036003						

C. Ic	lentification of Prop	erties affected by the Releases (Affected Properties).
prop	erty For example, pe	a property affected by the release of hazardous substances on the source etroleum released from a leaking UST on one property (source property) may 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.
	Unknown	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. Io	dentification of Publ	ic 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
If you	u answered " YES " al	pove, please specify below. Otherwise, skip to the next question.
	e	
-	÷	
Attac	h additional pages if nece	essary.
E. E	xtent of the Site.	
Wha	t is the approximate a	areal extent of the Site? Please check only one.
	☐ > 5,000	

F. Desc	ription	of R	lelease	(s)	at the Sit	e.
---------	---------	------	---------	-----	------------	----

Source of Release(s).

What are the source(s) of the release(s) at the Site? Please check all that apply.

 \square

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 known, please describe the source(s) of the release(s):

Former leaking underground storage tank

Attach additional pages if necessary.

Circumstances of Release(s). To the extent known, please describe below the circumstances of the release(s).

Former leaking underground storage tank

Attach additional pages if necessary.

Circumstances of Release Discovery. To the extent known, please describe below the circumstances of the discovery of the release(s).

Diesel contamination discovered during UST removal in 1990s.

Attach additional pages if necessary.

					-	
Area-Wide Soil Contamination. For informative refer to the following web site: <u>www.ecy.</u> information about the Tacoma Smelter Plumet to the following web site: <u>www.ecy.wa.gov/press</u>	. <u>wa.gov/pro</u> e (TSP) and	grams/tcp/ai	rea_wide/ar ted Manage	<u>ea_wide_hp.ł</u> ement Plan, p	<u>ntml</u> . For	
Is the Site located within an area affected by	smelter em	issions, sucl	n as the TSI	⊃ area?		
🗌 Yes 🛛 No 🗌 Unkno	own					
To determine whether your Site is located wi site identified above.	thin the TS	P area, plea	se refer to th	ne map on the	e TSP web	
Is the Site located on a former apple or pear	orchard in o	operation pri	or to 1947?			
🗌 Yes 🛛 No 🗌 Unkno	own					
Is the Site impacted by area-wide arsenic an	d/or lead so	oil contamina	tion?	5		
☐ Yes ⊠ No ☐ Unkno	own					
G. Nature and Extent of Hazardous Substate to conditions after the release, but prior to any <i>Hazardous Substances and Affected Medi</i> table the hazardous substances released at t	y cleanup, o a. To the e	of the hazard xtent known,	lous substar , please ider	nces at the Si ntify in the fol	te. Iowing	
substances. Use the codes at the bottom of t			0			
	AFFECTED MEDIA					
HAZARDOUS SUBSTANCE	SOIL	GROUND WATER	SURFACE WATER	SEDIMENT	Air	
	_					
TPH-Gasoline	В	0	N/A	N/A	N/A	
TPH-Diesel	С	C	N/A	N/A	N/A	
TPH-Oil	0	B	N/A	N/A	N/A	
Benzene	0	0	N/A	N/A	N/A	
Toluene	0	0	N/A	N/A	N/A	
Ethylbenzene	0	0	N/A	N/A	N/A	
Xylene	0	0	N/A	N/A	N/A	
	-		A.			
			n			
Million identifying the offected medic in the table obey a place	una ana af tha	following order:	2			
 When identifying the affected media in the table above, please C = confirmed, above cleanup level 	use one of the	ronowing codes:				
 B = confirmed, below cleanup level 						

- O = confirmed, not present
- S = suspected
- N/A = not suspected
- U = unknown

cleaner, residential).

Part 3 – OPERATIONAL HISTORY OF THE SITE

A. Current Use of Source Property. Note that the following questions refer only to the Source Property, not other properties affected by the Site. Answer these questions to the best of your ability.

Current Property Owners. To property.	o the extent known, plea	se identify b	elow the cur	rent owner of the source
Name: Luke Xitco		Titl	e: Managing	Member
Organization: X2P Marc Land	Associates, LLC	_		
Mailing address: PO Box 1376	3	<i>2</i>		
City: Tacoma		State: WA		Zip code: 98402
Phone: (253) 606-2371			0	
Current Business Owner (Op the business located on the so		known, pleas	se identify be	elow the current owner of
Name:		Titl	e:	
Organization: Assocaited Petr	oleum Products			
Mailing address:	,	- 		
City:	2	State:	2	Zip code:
Phone:				
<i>Current Business Operation</i> the business located on the so	urce property.			
What is the current land use of	f the source property? P	lease check	c all that appl	у.
 Residential Commercial Industrial Agricultural Other – please 	 School Childcare facility Park specify: 			
Is there a currently operationa	I commercial or industria	al business l	ocated on th	e source property?
🛛 Yes 🗌 No	Unknown			
If you answered "YES" above using the North American Indu	e, please identify in the ustry Classification Syste	following t em (NAICS)	able the cur codes and s	rent business operations pecifying the operations.
NAICS CODE	DESCRIPTION OF OPERATIO	ONS		
424710	Liquefied natural gas bulk	storage tern	ninal	а С
484220	Tanker Trucking - Local			

Part 3 – OPERATIONAL HISTO	RY 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 loca	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 (any federal, state, or local permits e.g., NPDES permit)?	related to th	ne release of hazardous
🗌 Yes 🖂 No	Unknown		
If you answered "YES" above, ple	ease specify the regulated operatio	n, the nam	e of the permit, and the
date it was issued in the table belo			
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	forcement action (e.g., notice of vic ces at the business?	olation) eve	r been issued related to
🗌 Yes 🖂 No	Unknown		
If you answered "yes" above, pleas	se specify (notice and year issued):		
•	ed in any other spills or other un		releases on the source
Yes 🛛 No	Unknown		
If you answered "YES" above, plea	ase specify in the table below.		
Release	DATE OF RELEASE	STATUS OF	Release

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.*

NTIFICATIO	N		STATUS AND CLOSURE			SURE	RELEASES		
Type (AST/UST)	Size (Gallons)	TANK ID	Date Install	IN USE (Y/N)	DATE CLOSED	CLOSURE METHOD (*)	Past (Y/N)	CURRENT (Y/N)	
UST	<1,100	1	U	N	U	Removed	U	N	
UST	U	2	U	N	U	Removed	U	N	
UST	U	3	U	N	U	Removed	U	N	
UST	U	4	U	N	U	Removed	U	N,	
UST	1,100	5	U	N	1998	Removed	Y	N	
UST	1,100	6	U	N	1998	Removed	Y	N	
	Type (AST/UST) UST UST UST UST UST	(AST/UST)(Gallons)UST<1,100	Type (AST/UST)Size (Gallons)TANK IDUST<1,100	Type (AST/UST)Size (Gallons)TANK IDDATE INSTALLUST<1,100	Type (AST/UST)Size (Gallons)TANK IDDate INSTALLIN USE (Y/N)UST<1,100	Type (AST/UST)Size (Gallons)TANK IDDATE INSTALLIN USE (Y/N)DATE CLOSEDUST<1,100	Type (AST/UST)Size (Gallons)TANK IDDATE INSTALLIN USE (Y/N)DATE CLOSEDCLOSURE METHOD (*)UST<1,100	Type (AST/UST)Size (Gallons)TANK IDDATE INSTALLIN Use V(YN)DATE CLOSEDCLOSURE METHOD (*)PAST (YN)UST<1,100	

B. Past Use of Source Property. Note that the following questions refer only to the Source Property, not other properties affected by the Site. Please answer these questions to the best of your ability.

Past Property Owners. To the e at the time the release occurred.	extent known, please i	dentify	below	he owner	of the source property	
Name:			Title:			
Organization: Fred Tebb & Sons,	Inc.					
Mailing address:	,					
City:		State:			Zip code:	
Phone:	Fax:		E-mail:			
Past Business Owners (Operato business (operator) at the time the	ors). To the extent kn e release occurred.	own, pl	lease io	lentify bel	ow the owner of the	
Name:			Title:			
Organization: Fred Tebb & Sons,	Inc.					
Mailing address:					×	
City:		State:			Zip code:	
Phone:	Fax:		E-mail:			
Identification of Past Business of businesses located on the sour (NAICS) codes and/or specifying	ce property using the	identify North /	in the t America	following t an Industr	able the past operations y Classification System	
NAICS CODE	DESCRIPTION OF OPERATIONS					
	다 가 가 가 가 나 가					
321912	Cut stock lumber milling and planing					

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					
Have you previously reported the release(s) of hazardous substances at the Site to Ecology?					
Yes – If so, when? 2003					
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: <u>SW0422</u> No Unknown 					
Has the cleanup of the Site, or any portion of the Site, ever been managed under a federal or state order 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 any contamination located on affected adjacent properties, as part of the VCP project?					
🛛 Yes 🗌 No 📄 Unknown					
If you answered "NO" above, please describe below the scope of the VCP project, including the contamination (properties, portions of a property, media and/or hazardous substances) that you DO NOT plan on characterizing and/or addressing as part of the VCP project. Please include additional pages if necessary.					
Attach additional pages if necessary.					

Part 5 – DESCRIPTION OF INDEPENDENT REMEDIAL ACTIONS AT THE SITE continued

B. Status of Remedial Actions.

What is the current status of remedial actions at the site? Please check all that apply in the table below.

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

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.

	Train	AUTHOR	DATE	SUBMITTED TO ECOLOGY	
TITLE		Admon	DAIL	Y/N?	DATE
		N. CONTRACTOR OF			
1.	Quaterly Monitoring & Soil Remediation	Nowicki & Associates	5/25/94	Y	U
2.	UST Closure & Site Assessment	Nowicki & Associates	11/1998	Y 1	U
3.	Monitoring Well Installation & GW Sampling	Nowicki & Associates	12/1999	Y	U
4.	Quarterly GW Monitoring (multiple reports)	Nowicki & Associates	1993- 2001	Y	U
5.	Phase-II Additional Site Characterization	Environmental Associates	10/25/17	Y	11/3/17
6.				3 	
7.					
8.					
9.			0	5 6	*
10.					

Part 6 – STATEMENT AND SIGNATURE						
A. Statement and Signature. The undersigned affirms that the information contained in this application is true and accurate to the best of his or her knowledge. Please note that someone other than the Customer may sign this Application Form.						
Name: Robert Roe			Title: Hydrogeologist			
Signature:			Date: 4/11/2018			
Organization: Environmental Associates, Inc.						
Mailing address: 1380 - 112 th Avenue NE, Suite 300						
City: Bellevue State:				Zip code: 98004		
Phone: (425) 455-9025	Fax:		E-mail: rroe@envi	E-mail: roe@environmentalassociates.com		
B. Affiliation.						
What is the signatory's involvement at the Site? Please check all that apply.						
 Customer Property Owner Consultant Attorney Other – please spectrum 	ecify:					

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.







