



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

1250 W Alder St • Union Gap, WA 98903-0009 • (509) 575-2490

September 10, 2019

Annette Toale
Circle K Stores
1130 W. Warner Rd.
Tempe, AZ 85254

Re: Continuation of VCP Project for the following Site:

- **Site Name:** Sun Mart 30
- **Site Address:** 6006 W. Clearwater Ave., Kennewick
- **Facility/Site No.:** 36343669
- **Cleanup Site No.:** 12145
- **VCP Project No.:** CE0471

Dear Annette Toale:

The Department of Ecology (Ecology) received your response to our request for information on the status of the cleanup of the Sun Mart 30 facility (Site). Based on your response, we have agreed to continue providing you with services under the Voluntary Cleanup Program (VCP).

As your cleanup progresses, please keep the site manager assigned to your Project informed as to the status of the cleanup and your plan for completing the cleanup.

The site manager is:

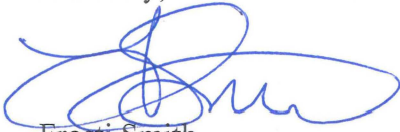
Frank Winslow
Department of Ecology
Toxic Cleanup Program
Central Regional Office
1250 W. Alder Street
Union Gap, WA 98903
Phone: 509-454-7835
E-mail: frank.winslow@ecy.wa.gov

We appreciate your continued commitment to cleanup and interest in the VCP. If you have any questions about our decision or next steps, please contact the site manager.



Annette Toale
Circle K Stores
September 10, 2019
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Sincerely,



Frosti Smith
VCP Coordinator
Toxics Cleanup Program
Central Regional Office

By certified mail: 7014 3490 0001 5526 9293

cc: Dan Blaes, Blaes Environmental
Frank Winslow, Ecology

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>TEP RL</i> 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Annette Toale Circle K Stores 1130 W Warner Rd Tempe, AZ 85254</p>	<p>B. Received by (Printed Name) <i>Du Toale</i> C. Date of Delivery <i>9-17-19</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 3490 0001 5526 9293</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
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Central Regional Office

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