



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

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

October 22, 2019

Kirsi Longley  
Aspect Consulting  
401 2nd Ave. S., Suite 201  
Seattle WA 98104

**RE: Request for Information on Status of VCP Project for the following Site:**

<b>Site Name:</b>	Kens Texaco
<b>Site Address:</b>	101 E. University Way, Ellensburg
<b>Cleanup Site No.:</b>	7112
<b>Facility/Site No.:</b>	66863218
<b>VCP Project No.:</b>	CE0436

Dear Kirsi Longley:

The Department of Ecology (Ecology) appreciates your decision to clean up the Kens Texaco facility (Site) independently. However, our records indicate that you have not conducted any remedial actions during the past year at the Site. This letter requests information on the status of your cleanup and your continued interest in the Voluntary Cleanup Program (VCP).

**Request for Information**

Please submit the following information to Ecology within 30 days of the date of this letter:

1. Cleanup status report.
2. Any reports documenting the cleanup.
3. Plan and schedule for completing the cleanup.

**Next Steps**

Based on your response, Ecology will decide whether to continue providing you services under the VCP. We will notify you of our decision in writing. Please note that we will terminate the Agreement governing this Project if you do not respond to this request.

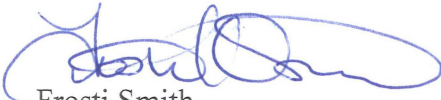


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**Contact Information**

We are committed to working with you to accomplish the prompt and effective cleanup of the Site. If you have any questions about this request, please contact me at 509-454-7841.

Sincerely,



Frosti Smith  
VCP Data Coordinator  
Toxics Cleanup Program  
Central Regional Office

By certified mail: 7019 0140 0000 9806 3509

cc: Kerry Volland  
Frank Winslow, Ecology

SENDER: COMPLETE

- Complete items
- Print your name so that we can return it to you
- Attach this card or on the front if possible

980 N7E 1 AL810110/26/19  
FORWARD TIME EXP RTN TO SEND  
ASPECT CONSULTING LLC  
710 2ND AVE STE 550  
SEATTLE WA 98104-1754

RETURN TO SENDER

1. Article Addressed to:

Kirsi Longley  
Aspect Consulting  
401 2nd Ave. S. Suite 201  
Seattle, WA 98104



9590 9402 3667 7335 4339 52

2. Article Number (Transfer from service label)

7019 0140 0000 9806 3509

3. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 3667 7335 4339 52

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box\*

Department of Ecology  
1250 W. Alder Street  
Union Gap, WA 98903-0009

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**SENDER: COMPLETE THIS SECTION**

- 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. **TCP RL**

1. Article Addressed to:

**KIRSI LONGLEY  
ASPECT CONSULTING  
710 2ND AVENUE SUITE 550  
SEATTLE WA 98104**



9590 9402 3667 7335 4338 46

2. Article Number (Transfer from service label)

**7019 0140 0000 9806 3813**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

**A. Austreng**

C. Date of Delivery

**11-19-19**

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

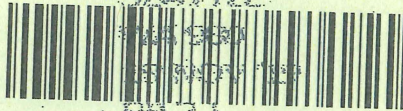
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**USPS TRACKING#**



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**First-Class Mail  
Postage & Fees Paid  
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Permit No. G-10**

**United States  
Postal Service**

**RECEIVED**

**NOV 20 2019**

**Dept of Ecology  
Central Regional Office**

• Sender: Please print your name, address, and ZIP+4® in this box\*

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1250 WALDER STREET  
UNION GAP WA 98903-0009**

