

VCP APPLICATION FORM

**SOUND MATTRESS AND FELT COMPANY
1940 EAST 11TH STREET
TACOMA, WASHINGTON**

PACIFIC CREST NO. 110-001

Voluntary Cleanup Program

Washington State Department of Ecology
Toxics Cleanup Program

RECEIVED
MAR 27 2007
Washington State
Department of Ecology



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 request technical consultations under the VCP, you must submit an application to Ecology. That application must include, at a minimum, the following documents:

- VCP Application Form (including required attachments); ← THIS DOCUMENT
- VCP Agreement.

For guidance on how to complete your VCP application, including this Application Form, please refer to the Application Instructions, which are available separately. All of these documents are available for downloading on the VCP web site: <http://www.ecy.wa.gov/programs/tcp/vcp/vcpmain.htm>.

Part 1 - ADMINISTRATION

Client Information. The "Client" is the person or entity seeking informal site-specific technical consultations from Ecology under the VCP. This person must sign the VCP Agreement and is responsible for payment of those costs incurred by Ecology in providing the requested consultative services. Please enter the required information below.

Name: Mr. Robert Shea		Title:	
Organization: Sound Mattress & Felt Company			
Mailing address: 633 North Mildred Street, Suite F3			
City: Tacoma		State: WA	Zip: 98406
Phone: (253) 460-7456	Fax: (253) 460-7456	E-mail: soundincrest@msn.com	
What is the Client's involvement at the Site? Please check all that apply.			
<input type="checkbox"/> Property owner	<input type="checkbox"/> Business owner (operator)		
<input checked="" type="checkbox"/> Past property owner	<input type="checkbox"/> Mortgage holder		
<input type="checkbox"/> Future property owner	<input type="checkbox"/> Consultant		
<input type="checkbox"/> Property lessee	<input type="checkbox"/> Attorney		
<input type="checkbox"/> Other – please specify: _____			
If not the current property owner, is the Client acting as the agent for the property owner?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If not the current property owner, is the Client authorized to grant access to the property?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SWRO, TCP ID# SW0857
Facility: 1232087

Property Owner Information (if different than Client). If the Client is not the current property owner, please enter the required information below.

Name: **Mr. Scott Hooton** Title: **Environmental Manager**

Organization: **Port of Tacoma**

Mailing address: **P.O. Box 1837**

City: **Tacoma** State: **WA** Zip: **98401**

Phone: **(253) 383-9428** Fax: E-mail:

What type of entity is the property owner? Please check only one.

<input type="checkbox"/> Private	<input type="checkbox"/> County
<input type="checkbox"/> Tribal	<input checked="" type="checkbox"/> Municipal
<input type="checkbox"/> Federal	<input type="checkbox"/> Mixed
<input type="checkbox"/> State	<input type="checkbox"/> Public School
<input type="checkbox"/> Other – please specify: _____	

Billing Contact Information (if different than Client). If the Client would like Ecology to mail billing statements to an address different than the Client's above, please enter the required information below. Please note that the Client will remain responsible for payment under the VCP Agreement.

Name: **Unigard Insurance Co. c/o Carl Forsberg** Title: **Attorney**

Organization: **Forsberg & Umlauf, P.S.**

Mailing address: **900 4th Avenue, Suite 1700**

City: **Seattle** State: **WA** Zip: **98164-1039**

Phone: **(206)689-8500** Fax: **(206) 689-6501** E-mail: **cforsberg@forsberg-umlauf.com**

What type of entity is the property owner? Please check only one.

<input type="checkbox"/> Private	<input type="checkbox"/> County
<input type="checkbox"/> Tribal	<input checked="" type="checkbox"/> Municipal
<input type="checkbox"/> Federal	<input type="checkbox"/> Mixed
<input type="checkbox"/> State	<input type="checkbox"/> Public School
<input type="checkbox"/> Other – please specify: _____	

Services Requested by Client.

What type of independent remedial action plan or report are you submitting to Ecology with your application for review under the VCP? Please check all that apply.

<input type="checkbox"/> Interim action plan	<input type="checkbox"/> Remedial investigation plan
<input type="checkbox"/> Interim action report	<input checked="" type="checkbox"/> Remedial investigation report
<input type="checkbox"/> Cleanup action plan	<input type="checkbox"/> Feasibility study report
<input type="checkbox"/> Cleanup action plan	<input type="checkbox"/> Other – please specify: _____

Do you want Ecology to provide you with a written opinion on the planned or completed independent remedial action?

Yes No

Please note that Ecology's opinion will be limited to:

- Whether the planned or completed remedial actions at the site meet the substantive requirements of MTCA, and/or
- Whether further remedial action is necessary at the site under MTCA to characterize and address all of the contamination at the site.

Instructions for Data Submittal.

In accordance with WAC 173-340-840(5), when submitting any sampling data to Ecology, please submit the data in both a printed form and an electronic form capable of being transferred into Ecology's data management systems. The data must be submitted consistent with the procedures specified in Ecology's Toxic Cleanup Program Policy 840 (Data Submittal Requirements). Please note that any report submitted to Ecology for review under the VCP that does not comply with these data submittal requirements will be considered incomplete by Ecology.

Part 2 - DESCRIPTION OF THE SITE

Name of the Site. Please enter the name of the Site below.

Name: Former Sound Mattress & Felt Company

Alternate Name Brown and Haley Warehouse

Location of the Site.

Reference Point.

Do you know which property is the source of the release(s) of hazardous substances at the Site (i.e., source property)?

- Yes *If you answered "YES," then please refer to the "source property" when answering the following questions regarding the location of the Site, even if your independent remedial action does not address that property.*
- No *If you answered "NO," then please refer to the "affected property" addressed by your independent remedial action when answering the following questions regarding the location of the Site. An affected property is a property affected by the release(s) on the source property.*

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

Name: 1940 East 11th Street

City: Tacoma

State: WA

Zip: 98421

Geographic Position – Latitude (Lat) and Longitude (Long). For additional guidance on how to complete this part of the application form, please refer to the application instructions.

COORDINATES	LATITUDE:	Degrees: 47	Minutes: 15	Seconds: 50
	LONGITUDE:	Degrees: 122	Minutes: 24	Seconds: 50
LOCATION ON PROPERTY: [e.g., point of release or center of parcel]		Southeastern portion of Sound Mattress & Felt Company parcel		
COLLECTION METHOD: [e.g., GPS or address matching]		GPS		
COLLECTION SOURCE: [i.e., map scale]		www.satsig.net/lat-long-finder.htm		
HORIZONTAL DATUM: [i.e., base reference for coordinate system]		unknown		
ACCURACY LEVEL: [i.e., +/- feet or meters]		unknown		

Legal Descriptions.

TRS DATA:	Township: 21N	Range: 3E	Section: 34	Quarter-Quarter: SE-NW
TAX PARCEL #(s):	2275200661			

Extent of the Site.

What is the approximate areal extent of the Site? Please check only one.

- < 5,000 square feet
- > 5,000 square feet, but < 1 acre
- > 1 acre, but < 10 acres
- > 10 acres
- Unknown

Properties Affected by the Site.

Do any of the releases on the source property affect any properties adjacent to the source property (affected properties)?

- Yes No Unknown

If you answered "YES" above, then please identify each property that you know has been affected by the release(s) on the source property. If you need to identify additional properties, please attach additional pages.

1.	Address: 1940 East 11 th Street, Tacoma, WA 98412 (known to be affected)
	Tax Parcel(s): 2275200661
2.	Address: 1132 Thorne Road, Tacoma, WA 98412 (known to be affected)
	Tax Parcel(s): 2620008185
3.	Address:
	Tax Parcel(s):
4.	Address:
	Tax Parcel(s):

Do any of the releases affect any right-of-ways (e.g., streets) located on or adjacent to the source property?

- Yes No Unknown

If you answered "YES" above, please specify:

Is the source property affected by any release(s) on properties adjacent to the source property?

- Yes No Unknown

If you answered "YES" above, please specify:

Description of Release(s) at the Site.

Source of Release(s).

What are the source(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 Question #4 below)
- Other – please specify: _____
- Unknown

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

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

unknown

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

In January 2005, soil and groundwater investigation activities were conducted on the property located at 1940 East 11th Street, in Tacoma, Washington. The investigation activities on the property were conducted to further assess the extent of concentrations of halogenated volatile organic compounds (HVOCs) in groundwater confirmed on the adjacent property to the southeast, located at 1132 Thorne Road, in Tacoma Washington. The investigation activities on the property confirmed concentrations of HVOCs in groundwater above the Model Toxics Control Act Cleanup Regulation (MTCA) groundwater cleanup levels. The circumstances of the discovery are further described in the attached report entitled, "Offsite Groundwater Plume Delineation, Former Automotive Tire Service Facility, 1132 Thorne Road, Tacoma, Washington," prepared by Environmental Associates, Inc., dated February 11, 2006.

Area-Wide Soil Contamination. For guidance on how to complete this part of the application form, please refer to the application instructions and the area-wide soil contamination tool box located at the following Ecology web site: http://www.ecy.wa.gov/programs/tcp/area_wide/area_wide_hp.html.

Is the Site located within an area affected by smelter emissions, such as the Tacoma Smelter Plume area, or on a former apple or pear orchard in operation prior to 1947?

Yes No Unknown

Does the Site contain area-wide arsenic and/or lead soil contamination?

Yes No Unknown

Nature and Extent of Hazardous Substances Released at the Site.

Hazardous Substances and Affected Media. To the extent known, please identify in the following table the hazardous substances released at the Site and the media (e.g., soil) impacted by those substances using the codes at the bottom of the table.

HAZARDOUS SUBSTANCE	AFFECTED MEDIA				
	SOIL	GROUND WATER	SURFACE WATER	SEDIMENT	AIR
EXAMPLE: Benzene	C	S	N/A	N/A	B
2 tetrachloroethene	B	C	N/A	N/A	N/A

When identifying the affected media in the table above, please use one of the following codes:

- C = confirmed, above cleanup level
- B = confirmed, below cleanup level
- O = confirmed, not present
- S = suspected
- N/A = not suspected
- U = unknown

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
 Community

Indoor Air.

Are contaminate odors present in any buildings, manholes, or other confined spaces?

Yes No Unknown

If you answered "YES" above, please specify:

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 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

Current 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.

Current Property Owners. To the extent known, please identify below the current owner(s) of the source property.

Name: _____ Title: _____

Organization: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Current Business Owner (Operator). To the extent known, please identify below the current owner of the business located on the source property.

Name: _____ Title: _____

Organization: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____