



# Voluntary Cleanup Program

## Washington State Department of Ecology Toxics Cleanup Program

### REQUEST FOR OPINION FORM

Use this form to request a written opinion on your planned or completed independent remedial action under the Voluntary Cleanup Program (VCP). Attach to this form the plans or reports documenting the remedial action. Please submit only one form for each request.

#### Step 1: IDENTIFY HAZARDOUS WASTE SITE

Please identify below the hazardous waste site for which you are requesting a written opinion under the VCP. This information may be found on the VCP Agreement.

Facility/Site Name: **Acrowood Corp**

Facility/Site Address: **4425 South 3rd Avenue**

Facility/Site No: **22755667**

VCP Project No.: **NW2151**

#### Step 2: REQUEST WRITTEN OPINION ON PLAN OR REPORT

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

- ☐ Remedial investigation plan
- ☐ Remedial investigation report
- ☐ Feasibility study report
- ☐ Property cleanup\* plan (\* cleanup of one or more parcels located within the Site)
- ☐ Property cleanup\* report
- ☐ Site cleanup plan
- ☐ Site cleanup report
- ☒ Other – please specify: **Focused Subsurface Investigation**

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:

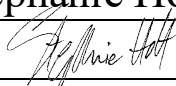
- Whether the planned or completed remedial action at the site meets the substantive requirements of the Model Toxics Control Act (MTCA), and/or
- Whether further remedial action is necessary at the site under MTCA.

### Step 3: R PRESENTATIONS AND SIGNATURE

The undersigned representative of the Customer hereby certifies that he or she is fully authorized to request services from Ecology under the Agreement for this VCP Project.

Name: **Stephanie Holt**

Title: **Staff Geologist**

Signature: 

Date: **02/11/2020**

Organization: **Ecocon, Inc**

Mailing address: **P. O. Box 153**

City: **Fox Island**

State: **WA**

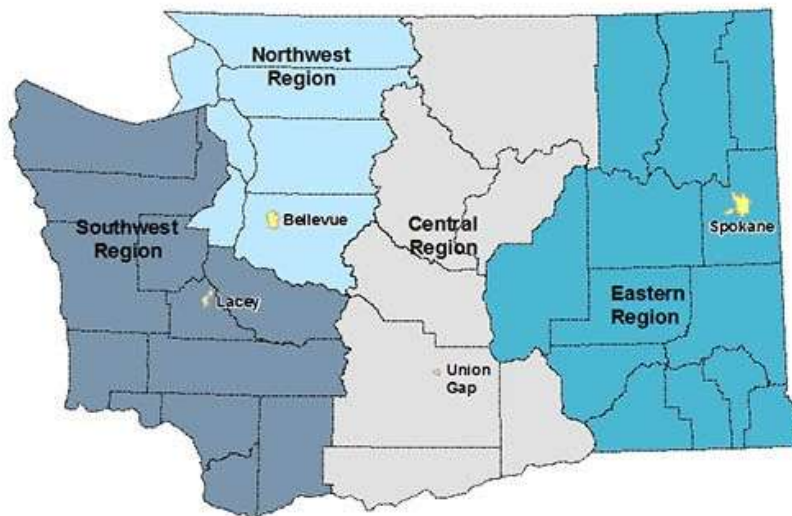
Zip code: **98333**

Phone: **(479) 426-1489** Fax:

E-mail: **Stephanie@alleci.com**

### Step 4: SUBMITTAL

Please mail your completed form and the independent remedial action plan or report that you are requesting Ecology review to the site manager Ecology assigned to your Site. If a site manager has not yet been assigned, please mail your completed form to the Ecology regional office for the County in which your Site is located.

**Northwest Region:**

Attn: VCP Coordinator  
3190 160<sup>th</sup> Ave. SE  
Bellevue, WA 98008-5452

**Central Region:**

Attn: VCP Coordinator  
1250 West Alder St.  
Union Gap, WA 98903-0009

**Southwest Region:**

Attn: VCP Coordinator  
P.O. Box 47775  
Olympia, WA 98504-7775

**Eastern Region:**

Attn: VCP Coordinator  
N. 4601 Monroe  
Spokane WA 99205-1295

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.