



VCP Application Standard and Expedited Processes

Washington State Department of Ecology
Toxics Cleanup Program

Application Form

The Department of Ecology (Ecology) may provide informal, site-specific, technical consultations to persons conducting independent remedial actions at contaminated sites under the [Voluntary Cleanup Program](#) (VCP).¹ Ecology may provide the consultations under either the **Standard VCP** process or the **Expedited VCP** process.

Check the box
of the process
you are applying for:

☐ **Standard VCP**

☐ **Expedited VCP**

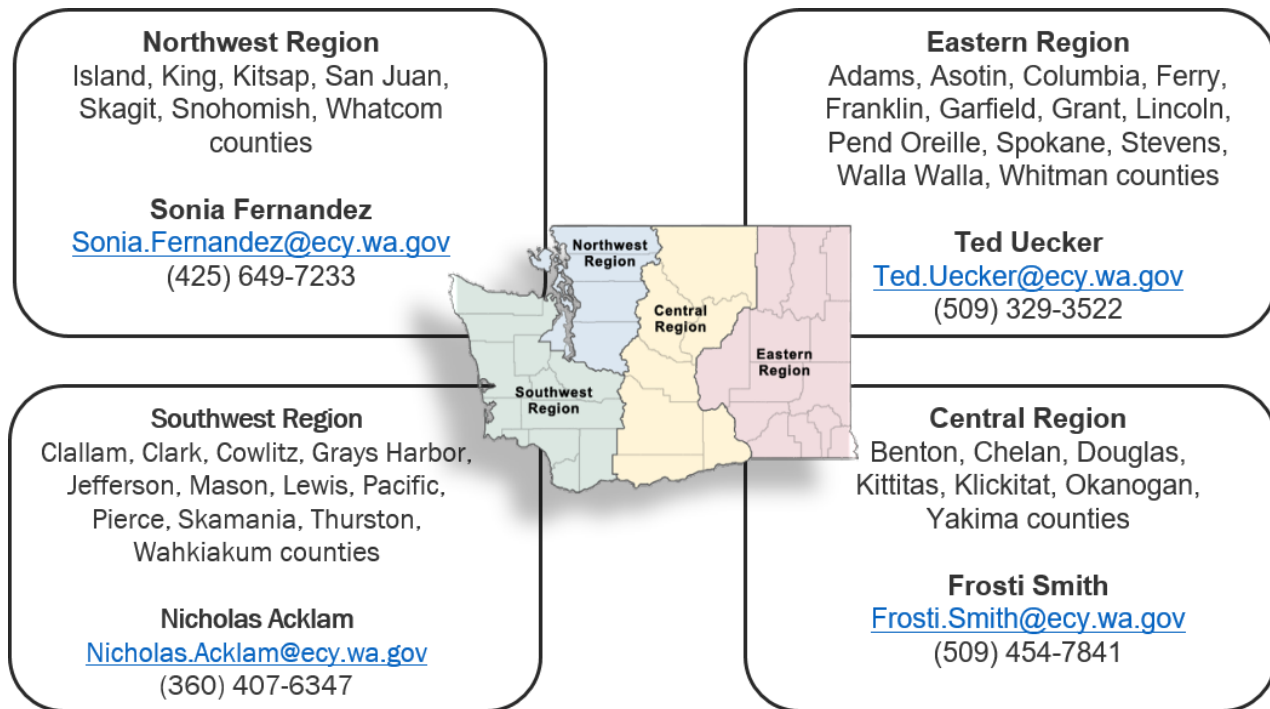
Apply to the **Standard VCP** process

To apply for the **Standard VCP** process, you **must** submit to Ecology all the following:

- VCP application form, completed and signed ← **this form**
- [VCP agreement](#) form,² signed by applicant
- [Agency determination checklist](#),³ completed.

To **request an opinion** on a planned or completed remedial action, you **must** complete **Part 1.F** in this form. Submit with this application one searchable pdf file and one hard copy of each report you want us to review. See our report requirements on our [Working with the Voluntary Cleanup Program webpage](#).⁴

Send your completed application to our regional contact listed, based on your site's county.



¹ <https://www.ecy.wa.gov/VCP>

² <https://fortress.wa.gov/ecy/publications/SummaryPages/ecy070324.html>

³ <http://ecyapfass/Biblio2/SummaryPages/ECY070620.html>

⁴ <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/Working-with-VCP>

Apply to the Expedited VCP process

You may apply for the **Expedited VCP** process only during periods specified by Ecology. To see when Ecology is accepting **Expedited VCP** applications, see the [Expedited VCP process webpage](#)⁵ or subscribe to our **Expedited VCP email list**.

To apply for the **Expedited VCP** process, you **must** submit to Ecology all the following:

- VCP application form, completed and signed ← **this form**
- [Voluntary Cleanup Program Expedited Process agreement](#),⁶ signed by applicant
- [Agency determination checklist](#), completed
- Remedial investigation report or equivalent, meeting the elements of our [remedial investigation checklist](#), and other reports you want us to review (one searchable pdf file and one hard copy each)
- Electronic environmental data submitted to the [Environmental Information Management](#) (EIM) system,⁷ which provides automatically generated email as confirmation
- Project schedule.

See the [Voluntary Cleanup Program \(VCP\): Guidance for the Expedited VCP Process](#)⁸ for additional information.

To submit your **Expedited VCP** application to Ecology, upload electronic files to [Box.com](#),⁹ after creating your online account:

Sarah Wollwage, Expedited VCP Planner
Toxics Cleanup Program
Department of Ecology
PO Box 47600 Lacey, WA 98504-7600

Do not send your **Expedited VCP** application materials to an Ecology regional office.

You **must pay** the **nonrefundable application fee** within seven calendar days of receiving our invoice, or we may reject your **Expedited VCP** application. After receiving the complete application, we will send the invoice to the email listed for the project billing contact in **Part 1.C** of this form. We will not process your application until we have received payment. Contact Sarah Wollwage at Sarah.Wollwage@ecy.wa.gov or (360) 407-7141 for additional information.

Part 1 – Administration

1.A Applicant. The applicant is the person or organization requesting services from Ecology, and is responsible for paying Ecology's incurred costs incurred. The agreement explains the applicant's authority and duty.	
Name of applicant:	
What type of entity is the applicant?	
<input type="checkbox"/> Person	A person applicant must serve as the project billing contact. Identify this person and their contact information in both Parts 1.B and 1.C .
<input type="checkbox"/> Organization	An organization applicant must identify the project manager in Part 1.B and the project billing contact in Part 1.C . The organization must employ both persons.

⁵ <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/VCP-Expedited>

⁶ <http://ecyapfaff/Biblio2/SummaryPages/ECY070633.html>

⁷ <https://ecology.wa.gov/Research-Data/Data-resources/Environmental-Information-Management-database/EIM-submit-data>

⁸ <https://fortress.wa.gov/ecy/publications/summarypages/2009053.html>

⁹ <https://account.box.com/login>

Part 1 – Administration

What is the applicant's involvement at the site? Check **all that apply**.

- | | | |
|-------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> property owner | <input type="checkbox"/> business owner (operator) | <input type="checkbox"/> agent of property owner |
| <input type="checkbox"/> past property owner | <input type="checkbox"/> mortgage holder | <input type="checkbox"/> private person / organization |
| <input type="checkbox"/> future property owner | <input type="checkbox"/> consultant | <input type="checkbox"/> public agency / organization |
| <input type="checkbox"/> property lessee | <input type="checkbox"/> attorney | |
| <input type="checkbox"/> other – specify: _____ | | |

Expedited VCP note: The **Expedited VCP** applicant **must** have an ownership interest in or operate the facility or have a contractual right to purchase, redevelop, or reuse the facility. Agents for the property owner, such as a consultant, **may not apply** for the **Expedited VCP process**.

If not the current property owner, is the applicant authorized to grant property access? ☐ yes ☐ no

1.B Project manager. We will send the project manager all official correspondence. The project manager **must** be either the applicant or employed by the applicant. The project manager may not be an independent contractor hired by the applicant. Enter the required information.

Name:		Title:	
Mailing address:			
City:	State:	Zip:	
Phone:	Email:	Fax:	

1.C Project billing contact. We will send the project billing contact monthly invoices. The project billing contact **must** be either the applicant or employed by the applicant. The project billing contact may not be an independent contractor hired by the applicant. Enter the required information.

Name:		Title:	
Mailing address:			
City:	State:	Zip:	
Phone:	Email:	Fax:	

1.D Project consultant.

Is the applicant a consultant? ☐ yes ☐ no

If **“yes”**, skip to **Part 1.E**.

If **“no”**, **and** the applicant hired a consultant to conduct the independent remedial action, enter the required information.

Name:		Title:	
Organization:			
Mailing address:			
City:	State:	Zip:	
Phone:	Email:	Fax:	

Do you want us to contact the project consultant? ☐ yes ☐ no

Part 1 – Administration

1.E Property owner.			
Is the applicant the owner of the property where independent remedial action is being conducted?			
<input type="checkbox"/> yes If “ yes ”, enter the type of entity and skip to Part 1.F . <input type="checkbox"/> no If “ no ”, enter below all of the required information.			
Name:		Title:	
Organization:			
Mailing address:			
City:		State:	Zip:
Phone:	Email:		Fax:
What type of entity is the property owner? Check one .			
<input type="checkbox"/> private	<input type="checkbox"/> tribal	<input type="checkbox"/> federal	<input type="checkbox"/> state
<input type="checkbox"/> county	<input type="checkbox"/> municipal	<input type="checkbox"/> public school	<input type="checkbox"/> mixed
<input type="checkbox"/> other – specify: _____			
1.F Request for written opinion.			
Are you requesting a written opinion at this time? <input type="checkbox"/> yes <input type="checkbox"/> no			
If “ yes ”, list the report(s) or plan(s) below you are requesting a written opinion for. Note: Your reports must meet the requirements on our Working with the Voluntary Cleanup Program webpage . ¹⁰			
Attach to this application additional remedial action reports or plans you want us to review. We will base our opinion on the information in the site file, including information attached to this application.			
1.G Reporting requirements. Comply with the following two reporting requirements when requesting written opinions on planned or completed remedial actions.			
1.G.1 Professional licensing. Documents submitted containing geologic, hydrogeologic, or engineering work must be stamped by of an appropriately licensed professional, as required by Chapters 18.220 and 18.43 RCW.			

¹⁰ <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Voluntary-Cleanup-Program/Working-with-VCP>

Part 1 – Administration

1.G.2 Data submittal to EIM. You **must** submit all site environmental sampling and analysis data in an electronic format that meets our requirements for transfer into our [EIM](#) system. Refer to our [EIM webpage](#) for instructions on how to apply for an account and submit your data. Failure to comply with these requirements may result in unnecessary delays.

For **Expedited VCP** applications **only**, the study ID and CSV file name **must** both begin with “XVC” in the title. **Do not** use spaces or hyphens in either the study ID or CSV file name.

Have you submitted all the site’s environmental data to EIM?

☐ yes ☐ no

☐ yes If “**yes**”, enter the study ID and CSV file name below.

☐ no If “**no**”, and data need to be submitted, submit your data to EIM first, and then complete the required information below.

We will not accept your **Expedited VCP** application unless you have satisfied these requirements.

We will not issue a no further action (NFA) opinion, unless you have satisfied these requirements.

Study ID	CSV File name	Submitted to EIM? (y/n)
Ex: XVCNW9999	Ex: XVCnw9999_June20_results.csv	yes
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	
Study ID:	CSV File name:	

Part 2 – Site description

2.A Site name. If we have already identified the site, enter the site name we provided. Otherwise, enter a suggested name for the site. You may also include an alternative name.

Name:

Alternative name:

Part 2 – Site description

2.B Source property. The source property is the property where hazardous substances were released into the environment. For example, for an underground storage tank (UST) release, the source property is where the underground storage tank is located that caused the release.				
Do you know on which property the releases occurred? <input type="checkbox"/> yes <input type="checkbox"/> no If “yes” , refer to the source property when identifying the physical address and geographic position below. If “no” , refer to the property addressed by your cleanup when identifying the physical address and geographic position below.				
2.B.1 Physical address. Enter the property's physical address.				
Street address:				
City:		State:		Zip:
2.B.2 Geographic position. Enter the property's geographic position.				
Coordinates	Latitude:	Degrees:	Minutes:	Seconds:
	Longitude:	Degrees:	Minutes:	Seconds:
Location on property (e.g., point of release or center of parcel)				
Collection method (e.g., GPS or address matching)				
Collection source (i.e., map scale)				
Horizontal datum (i.e., base reference for coordinate system)				
Accuracy level (i.e., +/- feet or meters)				
Legal descriptions				
TRS data	Township:	Range:	Section:	Quarter-quarter:
Tax parcels				
2.C Affected properties. An affected property is a property affected by the hazardous substances released on the source property. For example, a leaking UST release on one property (source property) may migrate through the soil or groundwater to an adjacent property (affected property).				
Do any of the releases affect any properties adjacent to the source property? <input type="checkbox"/> yes If “yes” , identify below each property you know has been affected by the releases on the source property. If you need to add more information, go to 2.C in the additional information pages at the end of this form. <input type="checkbox"/> no If “no” , skip to Part 2.D . <input type="checkbox"/> unknown If “unknown” , skip to Part 2.D .				
1	Address:			
	Tax parcels:			
2	Address:			
	Tax parcels:			
3	Address:			
	Tax parcels:			

Part 2 – Site description

4	Address:
	Tax parcels:
2.D Public rights-of-way affected by the releases.	
Do any of the releases affect a public right-of-way (e.g., roadways)? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If “yes”, specify below. Otherwise, skip to Part 2.E . If you need to add more information, go to 2.D in the additional information pages at the end of this form.	
2.E Extent of the site.	
What is the approximate areal extent of the site? Check only one . <input type="checkbox"/> < 5,000 square feet <input type="checkbox"/> > 5,000 square feet, < 1 acre <input type="checkbox"/> > 1 acre, < 10 acres <input type="checkbox"/> > 10 acres <input type="checkbox"/> unknown	
2.F Description of site release(s).	
2.F.1 Release source(s).	
What are the source(s) of the release(s) at the site? Check all that apply . <input type="checkbox"/> area-wide lead and arsenic soil contamination (see “Area-wide soil contamination” below) <input type="checkbox"/> non-point source (e.g., contaminated soil used as fill) <input type="checkbox"/> point source (e.g., leaking tank) <input type="checkbox"/> unknown <input type="checkbox"/> other – specify: _____	
Describe below the release source(s). If you need to add more information, go to 2.F.1 in the additional information pages at the end of this form.	
2.F.2 Release circumstances. Describe the release circumstances. If you need to add more information, go to 2.F.2 in the additional information pages at the end of this form.	

Part 2 – Site description

2.F.3 Release discover circumstances. Describe the release discovery circumstances. If you need to add more information, go to 2.F.3 in the additional information pages at the end of this form.					
2.F.4 Area-wide soil contamination. Visit the Dirt Alert Program webpage ¹¹ or see the Management Plan for the Tacoma Smelter Plume project ¹² for information about the area-wide soil contamination projects.					
Is the site in an area affected by smelter emissions, such as from the Tacoma Smelter Plume area? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown See if the site is within the mapped Tacoma Smelter Plume area .					
Is the site located in a former fruit orchard in operation before 1947? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown					
Is the site affected by area-wide arsenic or lead soil contamination? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown					
2.G Nature and extent of contamination. The following refers to conditions after the release but before cleanup.					
Hazardous substances and affected media. Identify hazardous substances released and media (e.g., soil) affected by those substances to the extent known. Use the codes at the end of the table.					
Hazardous substance	Check affected media				
	Soil	Ground-water	Surface water	Sediment	Air
Ex: benzene	C	S	N/A	N/A	B

¹¹ <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Dirt-Alert-program>

¹² <https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup/Cleanup-sites/Toxic-cleanup-sites/Tacoma-smelter>

Part 2 – Site description

C = confirmed, greater than cleanup level
B = confirmed, less than cleanup level

O = confirmed, not present
S = suspected

N/A = not suspected
U = unknown

2.G.1 Drinking water.

Does site contamination pose a threat or potential threat to an existing drinking water source (groundwater or surface water)? ☐ yes ☐ no ☐ unknown

If “yes”, what type of drinking water system is threatened by the contamination? Check **all that apply**.

☐ single family ☐ public

If “public drinking water supply” is selected, is the contamination located within or upstream of a 10-year wellhead protection area? ☐ yes ☐ no ☐ unknown

If “yes”, or help is needed, see the [Source Water Assessment Program \(SWAP\) Mapping Tool](#)¹³ or call the Department of Health at (800) 521-0323 for information.

2.G.2 Indoor air.

Are contaminant odors noted in any buildings, underground utilities conduits, or other confined spaces?

☐ yes ☐ no ☐ unknown

If “yes”, specify below. If you need to add more information, go to [2.G.2](#) in the additional information pages at the end of this form.

2.H Site maps.

Attach to this application maps that identify:

- site location
- affected properties and public rights-of-way
- source(s) of release(s)
- nature and extent of contamination
- impacted human or ecological receptors (e.g., through drinking water supplies)
- site physical characteristics (e.g., property lines, building and roadway outlines, surface water bodies, water supply wells, groundwater flow direction, and utility rights-of-way)
- adjacent properties and their uses (e.g., gas station, dry cleaner, residential).

¹³ <https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/SourceWater/GISMappingTool>

Part 3 – Operational History

3.A Current use of source property. The following refers to only the source property and not other properties affected by the site contamination. Add information to the best of your ability.		
3.A.1 Current property owners. Identify the current owner of the source property.		
Name:	Title:	
Organization:		
Mailing address:		
City:	State:	Zip:
Phone:		
3.A.2 Current business owner (operator). Identify the current business owner operating on the source property.		
Name:	Title:	
Organization:		
Mailing address:		
City:	State:	Zip:
Phone:		
3.A.3 Current business operations. Identify the current business operations on the source property.		
What is the current land use of the source property? Check all that apply .		
<input type="checkbox"/> residential <input type="checkbox"/> commercial <input type="checkbox"/> industrial <input type="checkbox"/> agricultural <input type="checkbox"/> childcare facility <input type="checkbox"/> school <input type="checkbox"/> park <input type="checkbox"/> other – specify:		
Does a commercial or industrial business currently operate on the source property? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
If “ yes ”, identify in the following table the current business operations using the North American Industry Classification System (NAICS) codes and specifying the operations.		
NAICS Code	Operations Description	
Ex: 447110	Gasoline stations with convenience stores	
Is a solid waste handling facility located on the source property? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		
If “ yes ”, identify below. If you need to add more information, go to 3.A.3 in the additional information at the end of this form.		

Part 3 – Operational History

Is a dangerous waste treatment, storage, or disposal facility located on the source property?

☐ yes ☐ no ☐ unknown

If “**yes**”, identify here: _____.

If you need to add more information, go to [3.A.3](#) in the additional information pages at the end of this form.

3.A.4 Regulation of current business operations.

Does the business operate under any federal, state, or local permits (e.g., NPDES) related to the release of hazardous substances into the environment? ☐ yes ☐ no ☐ unknown

If “**yes**”, specify below the regulated operation, the name of the permit, and the date it was issued.

Regulated operation	Permit	Date issued
Ex: wastewater discharge	NPDES permit	02/02/02

Has a state or federal notice of enforcement action (e.g., notice of violation) ever been issued related to the release of hazardous substances at the business? ☐ yes ☐ no ☐ unknown

If “**yes**”, specify notice and year issued: _____

Have business operations resulted in any other spills or other unpermitted releases on the source property? ☐ yes ☐ no ☐ unknown If “**yes**”, list in the following table.

Release	Date of release	Status of release

3.A.5 Storage tank information. Identify all aboveground storage tanks (ASTs) and USTs that have been used to store hazardous substances on the source property, regardless of whether the tanks are still in service or in place. Enter “U” where unknown.

Identification				Status and Closure				Releases	
Hazardous substance	AST or UST	Size (gal.)	Tank ID	Date installed	In use (y/n)	Date closed	Closure method (*)	Past (y/n)	Current (y/n)
Ex: diesel	UST	10,000	4	02/87	N	5/98	removed	Y	N

(*) Options = removed or closed in place.

Part 3 – Operational History

3.B Past use of source property. The following refers to only the source property, not other properties affected by the site.			
3.B.1 Past property owners. Identify the owner of the source property when the release occurred.			
Name:		Title:	
Organization:			
Mailing address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
3.B.2 Past business owners (operators). Identify the site business owner (operator) when the release occurred.			
Name:		Title:	
Organization:			
Mailing address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
3.B.3 Identification of past business operations. Identify the past operations of businesses on the source property using the NAICS codes and/or specifying the operations.			
NAICS Code		Operations description	
Ex: 447110		Gasoline stations with convenience stores	
3.C Future use of source and affected properties. The following refers to both source and affected properties.			
Will any ownership interest in the source property or affected properties be conveyed before or upon cleanup completion? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown			
If “yes”, specify below. If you need to add more information, go to 3.C in the additional information pages at the end of this form.			

Part 3 – Operational History

3.D Redevelopment plans as part of cleanup.

Will any of the source or affected properties, or portions of those properties, be redeveloped as part of the cleanup? ☐ yes ☐ no ☐ unknown

If “**yes**”, specify below the proposed land use. Check **all that apply**.

☐ residential ☐ school ☐ commercial ☐ industrial ☐ childcare facility
☐ agricultural ☐ park ☐ other – specify:

Also, specify below the activities proposed for that land use. If you need to add more information, go to [3.D](#) in the additional information pages at the end of this form.

Part 4 – Administrative history

Have you previously reported the release(s) of hazardous substances?

☐ yes ☐ no ☐ unknown If “**yes**”, when? _____

Has cleanup of the site, or any portion of the site, ever been managed under the **Standard VCP** or **Expedited VCP**? ☐ yes ☐ no ☐ unknown

If “**yes**”, specify **Standard VCP** or **Expedited VCP** project number: _____

Has the site cleanup, or any portion, ever been managed under a federal or state order or decree?

☐ yes ☐ no ☐ unknown If “**yes**”, specify type and docket number: _____

Part 5 – Independent remedial actions

5.A Scope of remedial actions.

Do you plan to characterize and investigate all site contamination, including contamination on affected adjacent properties, as part of your cleanup project? ☐ yes ☐ no ☐ unknown

If “**no**”, describe below the scope of the cleanup project, including the contamination (properties, portions of a property, media and/or hazardous substances) that you **do not** plan on characterizing or investigation as part of the **Standard VCP** or **Expedited VCP** project. If you need to add more information, go to [5.A](#) in the additional information pages at the end of this form.

Part 5 – Independent remedial actions

5.B Status of remedial actions.

What is the current status of remedial actions at the site? Check **all that apply** in table.

Remedial action	Planned	Ongoing	Completed	Not applicable
Initial response (UST only)				
Interim action				
Remedial investigation				
Feasibility study				
Cleanup action				

5.C Documentation of remedial actions.


List all known remedial action plans or reports produced for the site, including:

- title
- preparer
- date produced
- whether submitted to us
- date submitted to us

If you need to add more information, go to [5.C](#) in the additional information pages at the end of this form.

	Title	Preparer	Date	Submitted to Ecology	
				yes/no	date
Ex:	Jane Doe site: Remedial Investigation Work Plan	Freedom Consulting	02/20/19	no	n/a
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Part 6 – Statement and signature

6.A Statement and signature. The undersigned affirms that the information provided in this application is true and accurate to the best of the applicant's knowledge. Someone other than the applicant may sign this application form.			
Name:		Title:	
Signature: 		Date:	
Organization:			
Mailing address:			
City:		State:	Zip:
Phone:	Email:	Fax:	
6.B Affiliation.			
What is the signatory's involvement at the site? Check all that apply .			
<input type="checkbox"/> applicant <input type="checkbox"/> property owner <input type="checkbox"/> consultant <input type="checkbox"/> attorney			
<input type="checkbox"/> other - specify:			
Expedited VCP note: While anyone may sign the application form , only certain types of applicants are eligible to join Expedited VCP process and sign the Expedited VCP agreement . To sign the agreement, the applicant must have an ownership interest in or operate the facility or have a contractual right to purchase, redevelop, or reuse the facility. If the applicant is a corporation, a representative authorized to bind the corporation must sign the Expedited VCP agreement .			

If you need this publication in an alternative format, please call the Toxics Cleanup Program at 360-407-7170 or visit our [Toxics Cleanup Program webpage](https://ecology.wa.gov/About-us/Get-to-know-us/Our-Programs/Toxics-Cleanup).¹⁴ Persons with hearing impairment can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

¹⁴ <https://ecology.wa.gov/About-us/Get-to-know-us/Our-Programs/Toxics-Cleanup>

Additional Information Pages

Insert information here that does not fit into the application format above.

<u>2.C</u> Affected properties (continued)	
5	Address:
	Tax parcels:
6	Address:
	Tax parcels:
7	Address:
	Tax parcels:
8	Address:
	Tax parcels:
9	Address:
	Tax parcels:
10	Address:
	Tax parcels:

<u>2.D</u> Public rights-of-way affected by the releases (continued)

<u>2.F.1</u> Release source(s) (continued)

<u>2.F.2</u> Release circumstances (continued)

<u>2.F.3</u> Release discovery circumstances (continued)

<u>2.G.2</u> Indoor air (continued)

<u>3.A.3</u> Current business operations (continued)

<u>3.C</u>	Future use of source and affected properties (continued)

3.C Future use of source and affected properties (continued)

3.D Redevelopment plans (continued)

5.A Scope of remedial actions (continued)

5.C Documentation of remedial actions (continued)

