

Voluntary Cleanup Program

Washington State Department of Ecology Toxics Cleanup Program

REQUEST FOR OPINION FORM

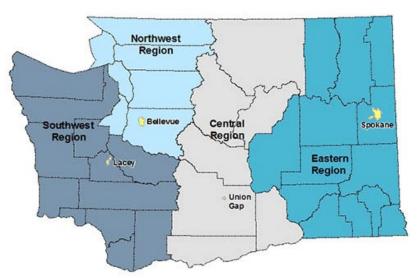
Use this form to request a written opinion on your planned or completed independent remedial action under the Voluntary Cleanup Program (VCP). Attach to this form the plans or reports documenting the remedial action. Please submit only one form for each request.

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:						
Facility/Site Address:						
Facility/Site No:	VCP Project No.:					
Step 2: REQUEST WRITTEN OPINION O	N 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 (* cleanu	Property cleanup* plan (* cleanup of one or more parcels located within the Site)					
☐ Property cleanup* report	☐ Property cleanup* report					
Site cleanup plan						
Site cleanup report						
Other – please specify: Respon	nse to Comments and Attachments					
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 lin	nited to:					
Whether the planned or completed re- requirements of the Model Toxics Control	emedial action at the site meets the substantive of Act (MTCA), and/or					
Whether further remedial action is necessary at the site under MTCA.						

Step 3: REPRESENTATIONS 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:			Title:				
Signature: Thomas C. Morin					Date:		
Organization:							
Mailing address:							
City:		State:			Zip code:		
Phone:	Fax:	E-mail:					

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:	Central Region:				
Attn: VCP Coordinator	Attn: VCP Coordinator				
3190 160 th Ave. SE	1250 West Alder St.				
Bellevue, WA 98008-5452	Union Gap, WA 98903-0009				
Southwest Region:	Eastern Region:				
Attn: VCP Coordinator	Attn: VCP Coordinator				
P.O. Box 47775	N. 4601 Monroe				
Olympia, WA 98504-7775	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.