Voluntary Cleanup Program

Washington State Department of Ecology
ECOLOGY Electronic Copy Toxics Cleanup Program

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 enter the VCP, complete and submit to Ecology a VCP Application. The Application consists of the following two documents:

- 1. Application Form (including required attachments).

 THIS DOCUMENT
- 2. Agreement.

For guidance on how to complete your Application, please refer to the Application Instructions, which are available separately on the VCP web site: https://ecology.wa.gov/Spills-Cleanup/Contamination-cleanup-process/Cleanup-options/Voluntary-cleanup-program

Part 1 - ADMINISTRATION	
	he Customer is the person or organization requesting services from esponsible for paying the costs incurred by Ecology. The authority and ed in the Agreement.
Name of Customer: Federal Wa	y Public Schools
What type of entity is the Custom	ner?
☐ Person	If the Customer is a "person," then the Customer shall serve as both the Project Manager and the Project Billing Contact. Please identify this person and their contact information in both Parts 1B and 1C.
☑ Organization	If the Customer is an "organization," then please identify the Project Manager in Part 1B and the Project Billing Contact in Part 1C. Both persons must be employed by the Customer organization.
What is the Customer's involvem	ent at the Site? Please check all that apply.
Property owner Past property ow Future property Property lessee Other – please s	owner Consultant Attorney
If not the current property owner	, is the Customer acting as the agent for the property owner?
☐ Yes ☐ No	
If not the current property owner	, is the Customer authorized to grant access to the property?
☐ Yes ☐ No	

Part 1 – ADMINISTRATION continued

B. Project Manager Information person must either be the Custor independent contractor hired by the	ner or be employed	d by the Cus	stomer. Th	nis person may not be an
Name: Michael Swartz			Title: Capi	ital Projects Director
Mailing address: 33330 8th Avenue	e South			
City: Federal Way		State: WA		Zip: 98003
Phone: (253) 391 9243	Fax:		E-mail: ms	wartz@fwps.org
C. Project Billing Contact Informust either be the Customer or be contractor hired by the Customer.	employed by the C	ustomer. Th	is person n	nay not be an independent
Name: Michael Swartz			Title: Capi	ital Projects Director
Mailing address: 33330 8th Avenue	e South			
City: Federal Way		State: WA		Zip: 98003
Phone: (253) 391 9243	Fax:		E-mail: m	swartz@fwps.org
D. Project Consultant Information	on.			
No. If you ans	vered "YES," then s wered " NO" and t nt remedial action, t	he Custome	r hired a d	consultant to conduct the
Name: James Welles Title: Project Geologist				
Organization: PBS Engineering ar	nd Environmental			
Mailing address: 214 E Galer Stre	et suite 300	.		
City: Seattle		State: WA		Zip: 98102
Phone: (206) 348-6317	Fax:		E-mail: <u>jan</u>	nes.welles@pbsusa.com
Do you want Ecology to contact the ⊠ Yes □ No	e Project Consultan	t?		
E. Property Owner Information.				
Is the Customer the owner of the p	roperty where indep	pendent reme	edial action	is being conducted?
⊠ Yes If you answe	ered " YES ," then en	ter the type o	f entity and	skip to the next question.
☐ No If you answe	ered " NO ," then ple	ase enter all	of the requ	uired information below.
Name: Sally McLean			Title: Chie Operation	ef Finance and s Officer
Organization: Federal Way Public	Schools			
Mailing address: 33330 8th Avenue	e South	,		
City: Federal Way		State: WA		Zip: 98003
Phone: (253) 391-6989	Fax:		E-mail: sr	mclean@fwps.org

Part 1 – ADMINISTRATION continued What type of entity is the property owner? Please check only one. Private County Municipal Tribal Federal Mixed Public School State Other – please specify: F. Request for Written Opinion. Are you requesting a written opinion at this time? ⊠ Yes □ No If you answered "YES." on what planned or completed remedial action do you want a written opinion? FWPS is requesting a No Further Action Likely opinion letter based on the scope of work proposed in the Remedial Action Work Plan for Tacoma Smelter Plume Impacts - Olympic View Elementary in preparation for remediation by mixing in place at the affected property. Please attach to this Application any additional remedial action plans or reports you want **Ecology to review.** Ecology will base its opinion on the information contained in the Site file, including any information attached to this Application. If you answered "NO," please explain why you are enrolling in the VCP at this time and when you expect to request a written opinion from Ecology. Attach additional pages if necessary. G. Reporting Requirements. Please comply with the following reporting requirements when requesting written opinions on planned or completed remedial actions: ☐ Licensing. Documents submitted containing geologic, hydrologic, or engineering work must be under the seal of an appropriately licensed professional, as required by Chapters 18.43 and 18.220 RCW. ☐ Data Submittal. Environmental sampling data must be submitted in both a printed form and an electronic form capable of being transferred into Ecology's data management systems. For

<u>Management-database/EIM-submit-data</u> Failure to comply with these requirements may result in unnecessary delays. **Ecology will not issue a No Further Action (NFA) opinion unless**

instructions on how to submit the data, please refer to the following Ecology web site:https://ecology.wa.gov/Research-Data/Data-resources/Environmental-Information-

these requirements are satisfied.

Part 2 - DESCRI	PTION OF THE	SITE			
A. Name of the S Otherwise, enter a					e provided by Ecology. nate name.
Name: Olympic V	ew Elementary S	school – 2626 SW 3	327 th Street, Fed	deral Way	, Washington
Alternate Name:					
For example, if pe the UST was locat	rty" is the proper troleum was rele ed.	ty where hazardou ased from a leakir	s substances w ng UST, the sou	ere relea	sed into the environment. erty is the property where
Do you know on w ☑ Ye ☐ No	If you ans answering to the second se	wered "YES," the following quest	en please refe ions. please refer to	the pro	source property when perty addressed by your questions.
Physical Address	. Please enter th	e physical address	of the property	below.	
Street Address: F	ormer Asarco Sm	elter			
City: Tacoma			State: WA	Z	Zip: 98407
Geographic Posi guidance on how t					ty below. For additional web site.
COORDINATES	LATITUDE:	Degrees:	Minutes:		Seconds:
OOORDINATES	LONGITUDE:		Minutes:		Seconds:
[e.g., point of rele	TION ON PROPERTY: ase or center of parcel]				lume is well studied and records for this information
	LLECTION METHOD: S or address matching]				
Co	LLECTION SOURCE: [i.e., map scale]				
	ORIZONTAL DATUM: for coordinate system]				
	ACCURACY LEVEL: [i.e., +/- feet or meters]				
Legal Description	· · · · · · · · · · · · · · · · · · ·				
TRS DATA	: Township:	Range:	Section:	Qı	uarter-Quarter:
TAX PARCEL #(S)	:				

An "a	affected property" is entry. For example, pe	erties affected by the Releases (Affected Properties). a property affected by the release of hazardous substances on the source etroleum released from a leaking UST on one property (source property) may ground water onto an adjacent property (affected property).
Do a	ny of the releases affe	ect any properties adjacent to the source property?
	⊠ Yes	If you answered "YES," then please identify below each property that you know has been affected by the releases on the source property. If you need to identify additional properties, please attach additional pages.
	☐ No	If you answered "NO," then skip to the next question.
	Unknown	If you answered "UNKNOWN," then skip to the next question.
1.		per of properties affected by the Tacoma Smelter Plume are too numerous to have little influence on the site for which this VCP application is being
	Tax Parcel(s):	
2.	Address:	
	Tax Parcel(s):	
3.	Address:	
	Tax Parcel(s):	
4.	Address:	
	Tax Parcel(s):	
D. Id	dentification of Publi	c Right-of-Ways affected by the Releases.
Do a	ny of the releases affe	ect any public right-of-ways (e.g., streets)?
	⊠ Yes □	No Unknown
If you	u answered "YES" ab	ove, please specify below. Otherwise, skip to the next question.
See	response to Part 2 –	C.1
Attac	h additional pages if neces	ssary.
E. E	xtent of the Site.	
Wha	t is the approximate a	real extent of the Site? Please check only one.
	☐ > 5,000 s	

F. 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 questions below) Other – please specify: Unknown 	
To the extent known, please describe the source(s) of the release(s):	
The source of the release is the former Asarco Smelter located in Tacoma, WA. See Area Wide lead and arsenic soil contamination section below.	-
	•
	-
Attach additional pages if necessary.	•
Circumstances of Release(s). To the extent known, please describe below the circumstances of the release(s).	e
	-
	•
	•
	•
	•
	•
Attach additional pages if necessary.	-
Circumstances of Release Discovery. To the extent known, please describe below th circumstances of the discovery of the release(s).	е
	_
	_
	_
	_
	_
Attach additional pages if necessary.	

Area-Wide Soil Contamination. For information refer to the following web site: https://ecologyprogram . For information about the Tacoma Plan, please refer to the following web site: https://ecologyprogram . For information about the Tacoma Plan, please refer to the following web site: https://ecologyprogram .	.wa.gov/Sp Smelter Plu ttps://ecolog	ills-Cleanup/ me (TSP) ar gy.wa.gov/Sp	Contaminat nd the assoc	ion-cleanup/ <mark>E</mark> ciated Manag	<u>Dirt-Alert-</u> ement
Is the Site located within an area affected by	smelter em	issions, such	n as the TSF	P area?	
	own				
To determine whether your Site is located wi site identified above.	thin the TS	P area, pleas	se refer to th	ne map on the	e TSP web
Is the Site located on a former apple or pear	orchard in o	peration prid	or to 1947?		
☐ Yes No ☐ Unkno	own				
Is the Site impacted by area-wide arsenic and	d/or lead so	il contamina	tion?		
	own				
G. Nature and Extent of Hazardous Substate to conditions after the release, but prior to any					
Hazardous Substances and Affected Meditable the hazardous substances released at t substances. Use the codes at the bottom of the substances.	he Site and				
		Α	FFECTED ME	DIA	
HAZARDOUS SUBSTANCE	Soil	GROUND WATER	SURFACE WATER	SEDIMENT	AIR
EXAMPLE: Benzene	С	S	N/A	N/A	В
Arsenic	С				
Lead	В				
 When identifying the affected media in the table above, please C = confirmed, above cleanup level B = confirmed, below cleanup level O = confirmed, not present S = suspected 	use one of the	following codes:			

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 ☐ Unknown
If you answered "YES" above, what type of drinking water system is threatened by the contamination? Please check all that apply.
☐ Single Family☐ Public Drinking Water Supply
If you checked "Public Drinking Water Supply" above, is the contamination located within or upstream of a 10-year wellhead protection area?
☐ Yes ☐ No ☐ Unknown
To help answer the above question or if you answered "Yes" to that question, then go to https://fortress.wa.gov/doh/eh/dw/swap/maps/ or call (800) 521-0323.
Indoor Air.
Are contaminant odors present in any buildings, manholes, or other confined spaces?
☐ Yes ☐ Unknown
If you answered "YES" above, please specify:
Attach additional pages if necessary.
H. 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, and any public right-of ways, affected by the site.☐

Part 3 - OPERATIONAL HISTORY OF THE SITE A. Current Use of Source Property. Note that the following questions refer only to the Source Property, not other properties affected by the Site. Answer these questions to the best of your ability. Current Property Owners. To the extent known, please identify below the current owner of the source property. Title: Name: Part 3 A. and B. are not applicable to this application Organization: Mailing address: State: Zip code: City: 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: State: Zip code: City: Phone: Current Business Operations. To the extent known, please identify below the current operations of the business located on the source property. What is the current land use of the source property? Please check all that apply. Residential School Commercial Childcare facility Industrial Park Agricultural Other – please specify: Is there a currently operational commercial or industrial business located on the source property? ☐ Yes No □ Unknown If you answered "YES" above, please identify in the following table the current business operations using the North American Industry Classification System (NAICS) codes and specifying the operations. **NAICS CODE DESCRIPTION OF OPERATIONS** EX: 447110 Gasoline Stations with Convenience Stores

Part 3 – OPERATIONAL HISTORY OF THE SITE continued

Is there a solid waste handling fac	ility located on the Source Property	?	
☐ Yes ☐ No	Unknown		
If you answered "YES" above, plea	ase identify:		
Attach additional pages if necessary.			
Is there a dangerous waste treatm	ent, storage, or disposal facility loc	ated on the	Source Property?
☐ Yes ☐ No	Unknown		
If you answered "YES" above, plea	ase identify:		
Attach additional pages if necessary.			
Regulation of Current Business	Operations.		
Does the business operate under substances into the environment (any federal, state, or local permits (e.g., NPDES permit)?	related to t	he release of hazardous
☐ Yes ☐ No	Unknown		
If you answered "YES" above, ple date it was issued in the table belo	ease specify the regulated operatio ow.	n, the nam	e of the permit, and the
REGULATED OPERATION	PERMIT		DATE ISSUED
EX: Wastewater discharge	NPDES permit		02/02/02
Has a state or federal notice of enthe release of hazardous substance	forcement action (e.g., notice of vices at the business?	olation) eve	er been issued related to
☐ Yes ☐ No	Unknown		
If you answered "yes" above, pleas	se specify (notice and year issued):		
	ed in any other spills or other un		releases on the source
∏ Yes ☐ No	Unknown		
If you answered "YES" above, plea	—		
RELEASE	DATE OF RELEASE	STATUS OF	RELEASE
-			-

Part 3 - OPERATIONAL HISTORY OF THE SITE continued

Storage Tank Information. In table below, please identify all above ground storage tanks (AST) and underground storage tanks (UST) that have been used for storing hazardous substances on the source property, irrespective of whether the tanks are still in use or in place. If you are unable to provide answers to specific questions regarding a tank, please enter "U" for unknown.

IDENTIFICATION				STATUS AND CLOSURE RELEASES					EASES	
Hazardous Substance	Type (AST/UST)	Size (Gallons)	TANK ID	DATE Install						
EX: Diesel	UST	10,000	4	02/87	N	05/98	Removed	Υ	Ν	
(*) Ontions = Removed or Closed in Place										

B. Past Use of Source Property. Note that the following questions refer only to the Source Property

not other properties affected by the	ne Site. Please answe	er these	quest	ions to the	e best of your ability.
Past Property Owners. To the eat the time the release occurred.	extent known, please	identify	below	the owner	of the source property
Name: Not applicable			Title:		
Organization:					
Mailing address:					
City:		State:			Zip code:
Phone:	Fax:			E-mail:	
Past Business Owners (Operator) business (operator) at the time the		iown, pl	ease ic	lentify bel	ow the owner of the
Name:			Title:		
Organization:					
Mailing address:					
City:		State:			Zip code:
Phone:	Fax:			E-mail:	
Identification of Past Business of businesses located on the sour (NAICS) codes and/or specifying t	ce property using the	_			•
NAICS CODE	DESCRIPTION OF OPERATIONS				
EX: 447110	Gasoline Stations with Convenience Stores				

Part 3 – OPERATIONAL HISTORY OF THE SITE continued

C. Future Use of Source and Affected Properties. The following questions refer to both source and affected properties. Please answer these questions to the best of your ability.
Will any ownership interest in the source or affected properties be conveyed prior to, or upon completion of, the cleanup?
☐ Yes ☐ Unknown
If you answered "YES" above, please specify:
FWPS has no intention of changing ownership of the affected property at this time. Ownership of the former ASARCO site is not considered applicable to this application.
Attach additional pages if necessary.
Will any of the source or affected properties, or portions of those properties, be redeveloped as part of the cleanup?
If you answered "YES" above, please specify the proposed land use below. Please check all that apply.
 ☐ Residential ☐ Commercial ☐ Childcare facility ☐ Industrial ☐ Park ☐ Agricultural ☐ Other – please specify:
Please also specify the activities proposed for that land use:
The affected property is currently being redeveloped as an elementary and middle school. The property was already an elementary and middle school, but the facilities are being replaced. As such, redevelopment does not represent a change in land use.
Attach additional pages if necessary.

Part 4 – ADMINISTRATIVE HISTORY OF THE SITE
Have you previously reported the release(s) of hazardous substances at the Site to Ecology?
□ ⊠ No □ Unknown
Has the cleanup of the Site, or any portion of the Site, ever been managed under the VCP?
 Yes − If so, please specify the VCP Project Number: No Unknown
Has the cleanup of the Site, or any portion of the Site, ever been managed under a federal or state order or decree?
 Yes − If so, please specify the type and docket number: No Unknown
Part 5 – DESCRIPTION OF INDEPENDENT REMEDIAL ACTIONS AT THE SITE
A. Scope of Remedial Actions.
Do you plan to characterize and address all of the contamination at the Site, including any contamination located on affected adjacent properties, as part of the VCP project?
☐ Yes ☐ Unknown
If you answered "NO" above, please describe below the scope of the VCP project, including the contamination (properties, portions of a property, media and/or hazardous substances) that you DO NOT plan on characterizing and/or addressing as part of the VCP project. Please include additional pages if necessary.
FWPS plans to address all contamination related to lead and arsenic impacts in soil at the affected property. FWPS does not plan to address contamination on adjacent properties.
Remediation is only proposed for the subject property, Olympic View Elementary School, in areas identified by characterization soil sampling to require remediation. Off property activities relating to the greater Site are not proposed.
Attach additional pages if necessary.

Part 5 - DESCRIPTION OF INDEPENDENT REMEDIAL ACTIONS AT THE SITE continued

B. Status of Remedial Actions.

What is the current status of remedial actions at the site? Please check all that apply in the table below.

REMEDIAL ACTION	PLANNED	Ongoing	COMPLETED	NOT APPLICABLE
INITIAL RESPONSE (UST ONLY)				
INTERIM ACTION				
REMEDIAL INVESTIGATION			х	
FEASIBILITY STUDY				
CLEANUP ACTION	х			

C. Documentation of Remedial Actions.

Please list in the table below all known remedial action plans or reports produced for the site, including:

- The title of the plan or report,
- The author (e.g. consulting firm) of the plan or report,
- The date the plan or report was produced,
- · Whether the plan or report has been submitted to Ecology,
- The date the plan or report was submitted to Ecology.

Т	TITLE	Author	DATE	SUBMITTED TO ECOLOGY	
				Y/N?	DATE
1.	Olympic View Elementary – Arsenic and Lead Soil Sampling	PBS	9/16/202 0	Yes	3/3/2021
2.	Olympic View Elementary – Supplemental Arsenic and Lead Soil Sampling	PBS	1/7/2021	Yes	3/3/2021
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Part 6 – STATEMENT AND SIGNATURE								
A. Statement and Signature. The undersigned affirms that the information contained in this application is true and accurate to the best of his or her knowledge. Please note that someone other than the Customer may sign this Application Form.								
Name: Michael Swartz			Capital Projects Director					
Signature: Date: 3/4/202								
Organization: Federal Way Public Schools								
Mailing address: 33330 8th Avenue South								
City: Federal Way		State: WA		Zip code: 98003				
Phone: (253) 391 9243	Fax:	C: E-r		mail: mswartz@fwps.org				
B. Affiliation.								
What is the signatory's involvement at the Site? Please check all that apply.								
Customer Property Owner Consultant Attorney Other – please sp	ecify:							

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.