



# Voluntary Cleanup Program

## Washington State Department of Ecology 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: [www.ecy.wa.gov/programs/tcp/vcp/vcpmain.htm](http://www.ecy.wa.gov/programs/tcp/vcp/vcpmain.htm).

#### Part 1 - ADMINISTRATION

**A. Customer Information.** The Customer is the person or organization requesting services from Ecology under the VCP, and is responsible for paying the costs incurred by Ecology. The authority and duty of the Customer are explained in the Agreement.

Name of Customer: Washington State Department of Fish & Wildlife

What type of entity is the Customer?

☐ 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 involvement at the Site? Please check all that apply.

☒ Property owner

☐ Business owner (operator)

☐ Past property owner

☐ Mortgage holder

☐ Future property owner

☐ Consultant

☐ Property lessee

☐ Attorney

☐ Other – please specify: \_\_\_\_\_

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.** Ecology will send this person all official correspondence. This person must either be the Customer or be employed by the Customer. This person may not be an independent contractor hired by the Customer. Please enter the required information below.

Name: Casey Davidson		Title: Construction Project Coordinator
Mailing address: 600 Capitol Way North		
City: Olympia	State: WA	Zip: 98501
Phone: 360-902-8370	Fax:	E-mail: Casey.Davidson@DFW.wa.gov

**C. Project Billing Contact Information.** Ecology will send this person monthly invoices. This person must either be the Customer or be employed by the Customer. This person may not be an independent contractor hired by the Customer. Please enter the required information below.

Name: Casey Davidson		Title: Construction Project Coordinator
Mailing address: 600 Capitol Way North		
City: Olympia	State: WA	Zip: 98501
Phone: 360-902-8370	Fax:	E-mail: Casey.Davidson@DFW.wa.gov

### D. Project Consultant Information.

Is the Customer a consultant?

☐ Yes

*If you answered "YES," then skip to the next question.*

☒ No

*If you answered "NO" and the Customer hired a consultant to conduct the independent remedial action, then enter the required information below.*

Name: Scott Rose		Title: Senior Hydrogeologist
Organization: Associated Environmental Group		
Mailing address: 605 11 <sup>th</sup> Ave se, Suite 201		
City: Olympia	State: WA	Zip: 98501
Phone: (360) 352-9835	Fax:	E-mail: srose@aegwa.com

Do you want Ecology to contact the Project Consultant?

☒ Yes ☐ No

### E. Property Owner Information.

Is the Customer the owner of the property where independent remedial action is being conducted?

☒ Yes

*If you answered "YES," then enter the type of entity and skip to the next question.*

☐ No

*If you answered "NO," then please enter all of the required information below.*

Name:		Title:
Organization:		
Mailing address:		
City:	State:	Zip:
Phone:	Fax:	E-mail:

## Part 1 – ADMINISTRATION continued

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 type="checkbox"/> Municipal     |
| <input type="checkbox"/> Federal                       | <input type="checkbox"/> Mixed         |
| <input checked="" type="checkbox"/> State              | <input type="checkbox"/> Public School |
| <input type="checkbox"/> 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?  
AEG is requesting No Further Action based on the work completed to date and documented in the  
attached Phase II ESA report.

**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 instructions on how to submit the data, please refer to the following Ecology web site:  
[www.ecy.wa.gov/programs/tcp/data\\_submittal/Data\\_Requirements.htm](http://www.ecy.wa.gov/programs/tcp/data_submittal/Data_Requirements.htm).

Failure to comply with these requirements may result in unnecessary delays. **Ecology will not issue a No Further Action (NFA) opinion unless these requirements are satisfied.**

## Part 2 - DESCRIPTION OF THE SITE

**A. Name of the Site.** If Ecology has already identified the Site, enter the name provided by Ecology. Otherwise, enter a suggested name for the Site. You may also include an alternate name.

Name: Coulter Creek Hatchery FS ID: 19373

Alternate Name:

### B. Location of Property where the Releases Occurred (Source Property).

The "source property" is the property where hazardous substances were released into the environment. For example, if petroleum was released from a leaking UST, the source property is the property where the UST was located.

Do you know on which property the releases occurred?

☒ Yes

*If you answered "YES," then please refer to the source property when answering the following questions.*

☐ No

*If you answered "NO," then please refer to the property addressed by your remedial action (cleanup) when answering the following questions.*

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

Street Address: E 41 Coulter Creek Rd

City: Belfair

State: WA

Zip: 98528-9312

**Geographic Position.** Please enter the geographical position of the property below. For additional guidance on how to complete this part, please refer to instructions on the VCP web site.

COORDINATES	LATITUDE:	Degrees: 47	Minutes: 24	Seconds: 25.61
	LONGITUDE :	Degrees: -122	Minutes: 49	Seconds: 02.69
LOCATION ON PROPERTY: [e.g., point of release or center of parcel]		Point of Release		
COLLECTION METHOD: [e.g., GPS or address matching]		Google Earth		
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: 22N	Range: 1W	Section: 9	Quarter-Quarter:
TAX PARCEL #(s):	33-60020			

## Part 2 - DESCRIPTION OF THE SITE continued

### C. Identification of Properties affected by the Releases (Affected Properties).

An "affected property" is a property affected by the release of hazardous substances on the source property. For example, petroleum released from a leaking UST on one property (source property) may migrate through the soil or ground water onto an adjacent property (affected property).

Do any of the releases affect 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.

Address:

Tax Parcel(s):

2.

Address:

Tax Parcel(s):

3.

Address:

Tax Parcel(s):

4.

Address:

Tax Parcel(s):

### D. Identification of Public Right-of-Ways affected by the Releases.

Do any of the releases affect any public right-of-ways (e.g., streets)?

☐ Yes    ☒ No    ☐ Unknown

If you answered "YES" above, please specify below. Otherwise, skip to the next question.

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Attach additional pages if necessary.

### E. 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

## Part 2 - DESCRIPTION OF THE SITE continued

### 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):

Presumed overfill of 1,000-Gallon diesel tank as no holes were observed.

Attach additional pages if necessary.

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

Presumed overfill of 1,000-Gallon diesel tank as no holes were observed.

Attach additional pages if necessary.

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

Decommission of UST, release was discovered.

Attach additional pages if necessary.

## Part 2 - DESCRIPTION OF THE SITE continued

**Area-Wide Soil Contamination.** For information about the area-wide soil contamination project, please refer to the following web site: [www.ecy.wa.gov/programs/tcp/area\\_wide/area\\_wide\\_hp.html](http://www.ecy.wa.gov/programs/tcp/area_wide/area_wide_hp.html). For information about the Tacoma Smelter Plume (TSP) and the associated Management Plan, please refer to the following web site: [www.ecy.wa.gov/programs/tcp/sites/tacoma\\_smelter/ts\\_hp.htm](http://www.ecy.wa.gov/programs/tcp/sites/tacoma_smelter/ts_hp.htm).

Is the Site located within an area affected by smelter emissions, such as the TSP area?

☐ Yes    ☒ No    ☐ Unknown

To determine whether your Site is located within the TSP area, please refer to the map on the TSP web site identified above.

Is the Site located on a former apple or pear orchard in operation prior to 1947?

☐ Yes    ☒ No    ☐ Unknown

Is the Site impacted by area-wide arsenic and/or lead soil contamination?

☐ Yes    ☒ No    ☐ Unknown

**G. Nature and Extent of Hazardous Substances Released at the Site.** The following questions refer to conditions after the release, but prior to any cleanup, of the hazardous substances 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. Use 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
Diesel & Heavy Oil	B	O			
BTEX					

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

## Part 2 - DESCRIPTION OF THE SITE continued

### ***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  
☐ 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    ☒ No    ☐ Unknown

If you answered "YES" above, please specify:

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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.
- ☐ 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

**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.

Name: Casey Davidson		Title: Construction Project Coordinator
Organization: Washington State Department of Fish and Wildlife		
Mailing address: 600 Capitol Way N		
City: Olympia	State: WA	Zip code: 98501-1091
Phone: (360)902-2200		

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

Name: Casey Davidson		Title: Construction Project Coordinator
Organization: Washington State Department of Fish and Wildlife		
Mailing address: 600 Capitol Way N		
City: Olympia	State: WA	City: Olympia
Phone: (360)902-2200		

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Residential                                  | <input type="checkbox"/> School             |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Childcare facility |
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Park               |
| <input type="checkbox"/> Agricultural  |   |
| <input checked="" type="checkbox"/> Other – please specify: <u>Fish Hatchery</u> |   |

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
924120	Fish and Game Agencies

### Part 3 – OPERATIONAL HISTORY OF THE SITE continued

Is there a solid waste handling facility located on the Source Property?

☐ Yes ☒ No ☐ Unknown

If you answered "YES" above, please identify:

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Attach additional pages if necessary.

Is there a dangerous waste treatment, storage, or disposal facility located on the Source Property?

☐ Yes ☒ No ☐ Unknown

If you answered "YES" above, please identify:

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Attach additional pages if necessary.

#### **Regulation of Current Business Operations.**

Does the business operate under any federal, state, or local permits related to the release of hazardous substances into the environment (e.g., NPDES permit)?

☐ Yes ☒ No ☐ Unknown

If you answered "YES" above, please specify the regulated operation, the name of the permit, and the date it was issued in the table below.

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 you answered "yes" above, please 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 you answered "YES" above, please specify in the table below.

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	
Hazardous Substance	Type (AST/UST)	Size (Gallons)	TANK ID	DATE INSTALL	IN USE (Y/N)	DATE CLOSED	CLOSURE METHOD (*)	PAST (Y/N)	CURRENT (Y/N)
EX: Diesel	UST	10,000	4	02/87	N	05/98	Removed	Y	N
Diesel	UST	1,000	1	U	N	6/2014	Removed	Y	N

(\*) Options = 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 Site. Please answer these questions to the best of your ability.*

**Past Property Owners.** To the extent known, please identify below the owner of the source property at the time the release occurred.

Name:		Title:
Organization:		
Mailing address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail:

**Past Business Owners (Operators).** To the extent known, please identify below the owner of the business (operator) at the time the release occurred.

Name:		Title:
Organization:		
Mailing address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail:

**Identification of Past Business Operations.** Please identify in the following table the past operations of businesses located on the source property using the North American Industry Classification System (NAICS) codes and/or specifying the operations.

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    ☐ No    ☒ Unknown

If you answered "YES" above, please specify:

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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?

☐ Yes    ☐ No    ☒ Unknown

If you answered "YES" above, please specify the proposed land use below. Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Residential             | <input type="checkbox"/> School             |
| <input type="checkbox"/> Commercial              | <input type="checkbox"/> Childcare facility |
| <input type="checkbox"/> Industrial              | <input type="checkbox"/> Park               |
| <input type="checkbox"/> Agricultural            |   |
| <input type="checkbox"/> Other – please specify: |   |

Please also specify the activities proposed for that land use:

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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?

☒ Yes – If so, when? 2/93 & 8/97      ☐ 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      ☐ No      ☐ 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.

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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)			X	
INTERIM ACTION			X	
REMEDIAL INVESTIGATION			X	
FEASIBILITY STUDY				X
CLEANUP ACTION			X	

### 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.

	TITLE	AUTHOR	DATE	SUBMITTED TO ECOLOGY	
				Y/N?	DATE
EX:	John Doe's Site: Remedial Investigation Work Plan	Mom's Consulting Firm	02/20/05	NO	N/A
1.	UST Closure and Site Assessment Report	AEG	6/2014	Y	7/22/2014
2.	Phase II ESA	AEG	12/9/16	Y w/ VCP	2/7/2017
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: Scott Rose

Title: Senior Hydrogeologist

Signature:



Date: 2/6/17

Organization: Associated Environmental Group

Mailing address: 605 11<sup>th</sup> Ave SE, Suite 201

City: Olympia

State: WA

Zip code: 98501-2363

Phone: (360)352-9835

Fax: (360) 352-8164

E-mail: srose@aegwa.com

### B. Affiliation.

What is the signatory's involvement at the Site? Please check all that apply.

- ☐ Customer
- ☐ Property Owner
- ☒ Consultant
- ☐ Attorney
- ☐ Other – please specify: \_\_\_\_\_

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.