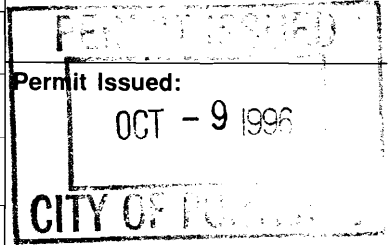


Location of Construction: 2 Park Ave		Owner: Brown, CN		Phone:	Permit No: 960999
Owner Address: C.N. Brown P.O. Box 200		Leasee/Buyer's Name: South Paris, ME 04281		Phone: 743-9212	
Contractor Name: Portland Pump		Address:		Business Name:	
Past Use: Gas Station		Proposed Use: Same		COST OF WORK: \$ PERMIT FEE: \$ 45.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <i>[Signature]</i> Signature:	
Proposed Project Description: Remove Underground Tank Install 20,000 Gallon Gasoline Tank				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:	
Permit Taken By: Mary Gresik		Date Applied For: 01 October 1996			



Zone: **B-2** CBL: 036-G-001

Zoning Approval: *[Signature]*

Special Zone or Reviews:

Shoreland *10/6/96*

Wetland

Flood Zone

Subdivision

Site Plan maj minor mm

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: *10/3/96*

D. Anderson

CEO DISTRICT 5

D. Jordan

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

Kevin Moore
SIGNATURE OF APPLICANT Kevin Moore ADDRESS: DATE: 01 October 1996 PHONE:

C.N. Brown Co
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: *804 743-9212*

COMMENTS

31 OCT 96 Tank removed -
Slab-in place. *[Signature]*

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

FIRE CODE PERMIT REPORT

DATE: 10/2/96 ADDRESS: 2 Park Ave
PERMIT TO: C N Brown
OWNER/CONTRACTOR: Portland Pump
APPROVED ✓ DENIED _____

CONDITIONS OF APPROVAL/DENIAL

1. The boiler or furnace shall be protected by enclosing with one hour fire rated construction including fire doors and ceiling or by providing automatic extinguishment and smoke protected enclosure. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide a 0.15 gpm, per square foot of floor throughout the entire area. An indicating shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
2. All required Fire Alarm Systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
3. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
4. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.
5. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is five feet above finished floor.
6. All Master Box locations are required to have a locked box (knobox).
7. A fire alarm acceptance report shall be submitted to the Portland Fire Department.
8. All underground tank removal(s) and/or installation(s) shall be done in accordance with the Department of Environmental Regulations (Chapter 691).
9. No cutting of tanks on site. Cutting of tanks is to be done at an approved tank disposal site.
10. Fire Dispatcher must be at least 48 hours in advance of removal and/or transportation of tanks.
11. All above ground L/P storage tanks shall be located in accordance with NFPA 58 Standards.
12. Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.

13. All piping shall be protected from possible mechanical damage and vandalism.
14. A 4" storz fire department connection is required.
15. Any new sprinkler construction over six sprinkler heads needs to have State Fire Marshal approval.
16. Any renovations of sprinkler systems over 20 sprinkler heads needs to have State Fire Marshal approval.
17. A sprinkler performance test shall be submitted to the Portland Fire Department after completion of sprinkler work.
18. State Fire Marshal approval is required for this project.

Lt. G. McDougall
Fire Prevention Officer
City of Portland



STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

ANGUS S. KING, JR.
GOVERNOR

EDWARD O. SULLIVAN
COMMISSIONER

September 16, 1996

KEVIN MOORE
C.N. BROWN
P.O. BOX 200
SOUTH PARIS, MAINE 04281

Dear MR. MOORE:

This letter is to acknowledge that on 13 SEPTEMBER 1996 this Department received your completed registration materials for a new or replacement underground oil storage facility or ancillary equipment located at PARK AVE. BIG APPLE. Maine statute dictates that the installation may take place five (5) business days after notification (38 M.R.S.A., Section 563.1.A). This installation may begin on 20 SEPTEMBER 1996. I have assigned your registration the following interim number INT 96-207. Have a copy of your registration and display this letter in a prominent place during construction.

NOTE: Check with your tank installer to ensure that your installation is in conformance with all Federal Regulations that are in effect as of December 22, 1988. For questions concerning the Federal Regulations, call the E.P.A. Hot Line at 1-800-424-9346.

Sincerely,

WILLIAM V. VALENTINE
Division of Oil & Hazardous Waste Facilities Regulation
Bureau of Remediation and Waste Management

Serving Maine People & Protecting Their Environment

AUGUSTA
17 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0017
(207) 287-7688 FAX: (207) 287-7826
OFFICE LOCATED AT: RAY BUILDING, HOSPITAL STREET

PORTLAND
312 CANCO ROAD
PORTLAND, ME 04103
(207) 822-6300 FAX: (207) 822-6303

BANGOR
106 HOGAN ROAD
BANGOR, ME 04401
(207) 941-4570 FAX: (207) 941-4584

PRESQUE ISLE
1235 CENTRAL DRIVE, SKYWAY PARK
PRESQUE ISLE, ME 04769
(207) 764-0477 FAX: (207) 764-1507

DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND PETROLEUM PRODUCTS STORAGE TANKS
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

1. REGISTRATION NUMBER: 6518
(Complete only if a registration has been
previously assigned by the Department
of Environmental Protection.)

STATE USE ONLY DATE OF REGISTRATION <u> / / </u>

2. FACILITY INFORMATION:

- A. Name of Facility: BIG APPLE STORE
B. Street Address of Facility: 2 PARK AVE
C. Town/City where facility is located: PORTLAND
D. Mailing address: BIG APPLE STORE 2 PARK AVE
PORTLAND Maine 04101
E. F. Telephone: (207) 774-3389
G. Directions to Facility: 2 PARK AVE
PORTLAND, ME

- H. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes ___ No .
- I. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source? Yes ___ No .
- J. (Complete if the answer to (I) above is YES.) Is the water supply which is located within 300 feet of the tank(s) owned by someone other than the facility owner or operator? Yes ___ No ___.
- K. Is the facility located on a sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes ___ No .
- L. Is the facility located within 250 feet of a fresh or salt water body or wetland? Yes ___ No .
- M. Is the facility located within a 100 year flood plain? Maps are available at most municipal offices. Yes ___ No .

Note: If you wish assistance in answering items (K) or (L), please call the Department at (207) 289-2651. Sand and gravel aquifer maps can be reviewed at any of the Department's offices or purchased for a nominal fee from the Maine Geological Survey, State House Station #22, Augusta, Maine 04333, (207) 289-2801.

1996

RECEIVED

If the answer to item (H), (I) or (K) above is yes, the facility is in a sensitive geologic area.

STATE USE ONLY

Reviewer: _____ Date: ___/___/___ Map Number: _____
Comments: _____

N. Facility is now or will be used for (check one):

- Wholesale Distribution of Oil
- Retail Distribution of Oil
- Oil storage at a Commercial Establishment for on-site consumption
- Oil storage at an Industrial Establishment for on-site consumption
- Oil storage at a single family residence
- Oil storage at a multi-family residence
- Oil storage/farm
- Oil storage/Public Facility (state or local)
- Oil Storage/Federal Facility

3. TANK OWNER:

A. Name: Brown C. N.
(last) (first) (middle initial)

B. Mail Address: P.O. Box 200

C. Town/City: SOUTH PARIS D. State: ME

E. Zip Code: 04281 F Phone: (207) 743-9212

4. TANK OPERATOR: (if different from owner.)

A. Name: _____
(last) (first) (middle initial)

B. Mail Address: SAME

C. Town/City: _____ D. State: _____

E. Zip Code: _____ F Phone: _____

5. CONTACT PERSON:

A. Name: KEVIN MOORE B. Phone: (207) 743-9212

6. INDIVIDUAL TANK DATA: Complete for each tank.

A. TANK TYPE:

- C = Cathodically Protected Steel - Single Wall with Excavation Liner.
- W = Cathodically Protected Steel - Double Walled
- E = Fiberglass - Single wall with Liner.
- G = Fiberglass - Double Walled
- N = Other - Please specify.

*DOUBLE WALL
TOTAL CONTAINMENT*

B. Piping Type:

- E = Single Walled Fiberglass with liner
- * G = Double Walled Fiberglass
- M = Single Walled Steel with Liner.
- O = Copper with Secondary Containment
- W = Cathodically Protected Steel

TOTAL CONTAINMENT

D. Form of Leak Detection/Retrofitted Tank:

- 1 = Continuous Electronic Monitoring of Groundwater
- 2 = Continuous Electronic Monitoring of Vapors
- 3 = Secondary Containment with Interstitial space monitoring
- 4 = Manual Groundwater Sampling
- 5 = Continuous In-Tank Gauging
- 6 = In-Line Leak Detector

E. Product Stored:

- 1 = Kerosene 2 = #2 Fuel Oil 4 = #4 Fuel Oil
- 5 = #5 Fuel Oil 6 = #6 Fuel Oil 20 = Unleaded-Plus
- 22 = Premium 23 = Unleaded 28 = Premium unlead
- 29 = Diesel 81 = Waste Oil 99 = Other-Please Specify

G. Tank Status:

- B = Active
- C = Out of Service
- D = Abandoned in Place-Filled
- E = Planned for Removal

H. System Type:

- 1 = Suction 2 = Pressurized

I. Form of Interstitial Tank Leak Detection/ New and Replacement Tanks

- 1 = Continuous Groundwater in Liner
- 2 = Manual Groundwater in Liner
- 3 = Continuous Vapor Monitoring
- 4 = Continuous Hydrostatic
- 5 = Continuous Free Product
- 6 = Continuous Vacuum or Pressure
- 7 = Other-Please Specify

C. Tank Size:

Fill in with the Size of the Tank in gallons.

F. Date Installed:

Fill in Month and Year of Installation.

J. Overfill Spill/Leak Detection:

- 1 = Automatic Shutoff (95% Tank Capacity)
- 2 = Automatic Alarm (95% Tank Capacity)
- 3 = Overfill Spill Container (3-gallon minimum)

TANK 1:

A. N B. * G C. 20,000 D. 3 E. 23/28 F. 10 196 G. NEW H. 2 I. 5 J. 1#3

TANK 2:

A. _____ B. _____ C. _____ D. _____ E. _____ F. / G. _____ H. _____ I. _____ J. _____

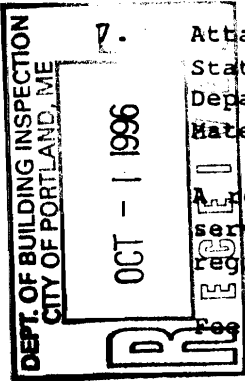
TANK 3:

A. _____ B. _____ C. _____ D. _____ E. _____ F. / G. _____ H. _____ I. _____ J. _____

TANK 4:

A. _____ B. _____ C. _____ D. _____ E. _____ F. / G. _____ H. _____ I. _____ J. _____

1001



7. Attach a check for the applicable registration fee made payable to the State of Maine Groundwater Fund and return with this form to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control-State House Station #17, Augusta, Maine 04333).

A registration fee of \$35.00 is required for all tanks except for tanks serving single family residences. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY.

Fee Computation: _____ # tanks at \$35.00 per tank = \$ _____

Motor fuel stored in a non-conforming tank is subject to an additional annual fee payable to the Third Party Commercial Risk Pool.

8. MAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control-State House Station #17, Augusta, Maine 04333). SEND ONE (1) COPY TO THE LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN THE THIRD COPY FOR YOUR RECORDS. For new and replacement tanks, registrations are due at least five (5) business days prior to installation.
9. Your registration shall not be considered complete and will be returned to you if all 5 pages are not completed.
10. IF NEW, REPLACEMENT OR RETROFITING EXISTING TANKS OR PIPING ARE INCLUDED WITH THIS REGISTRATION, PLEASE PROVIDE:

A. Name of Installer: ARTHUR GRANT

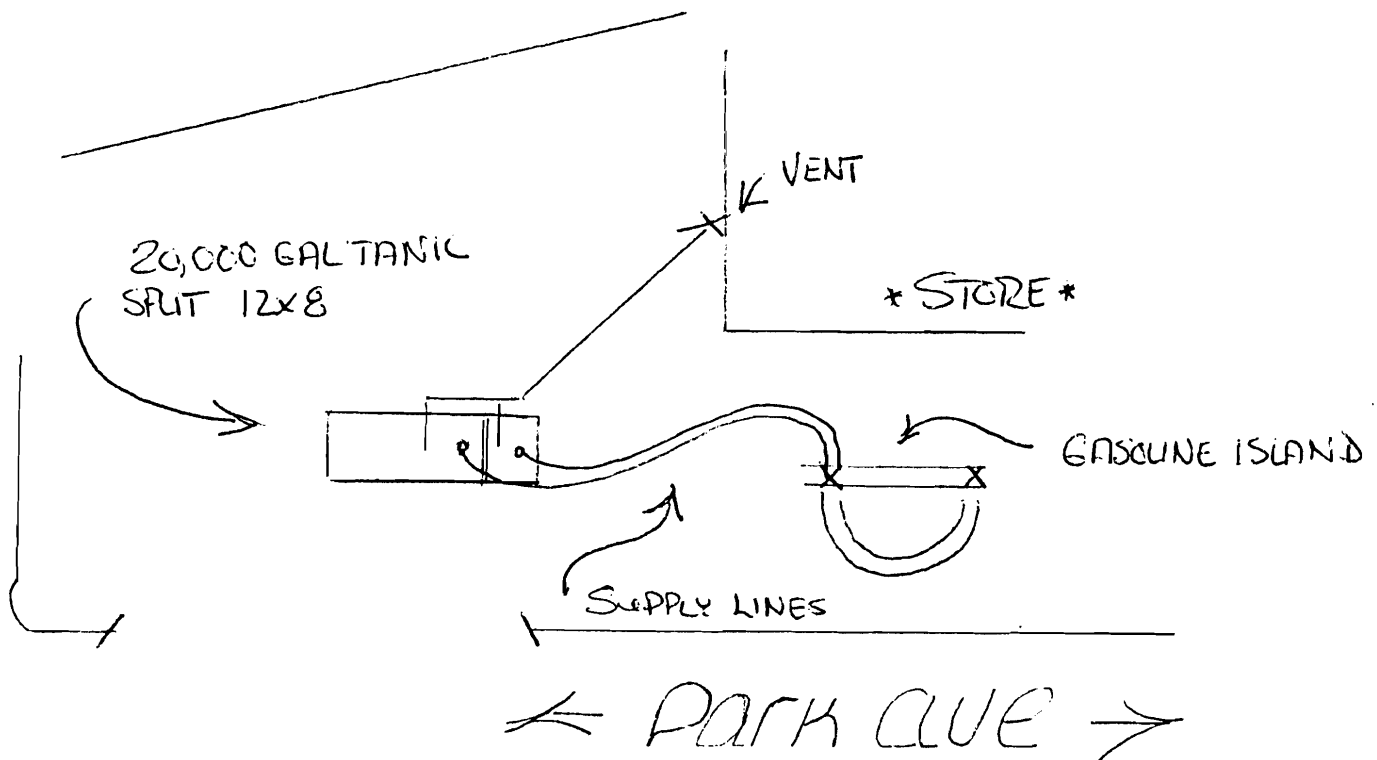
B. Installer ID Number: 021 Date to be Installed: 10-2-96

11. CERTIFY THIS FORM BY SIGNING. By signing this form, I, the tank registrant, certify that all information is accurate and complete to the best of my knowledge, and that I will comply with all applicable federal, state, and local laws and regulations concerning the underground storage of petroleum products. The owner or operator is required by Maine statutes to file an amendment to this registration with the Department of Environmental Protection immediately upon any change of information contained in this form.

Date: 9-12-96 KEVIN MOORE MAINT SUPERVISOR
Owner or Authorized Employee of the Owner Title (Please print or type)

Signature: Kevin Moore Title Maint. Supervisor

12. If this registration involves the replacing or installing of tanks or piping, the following information must be attached:
- (a) A map, plotted on the most current 1:24,000 scale (7 1/2 minute) USGS topographical quadrangle, showing the location of the facility. If a 7 1/2 minute map is not available, a 1:62,500 scale (15 minute) map may be used.
 - (b) Attach a DETAILED drawing of the facility showing the exact location of TANKS AND PIPING to be installed and any existing tanks. THE FORM OF ADDITIONAL PROTECTION FOR TANKS MUST BE DETAILED ON THE DRAWING! If new tanks are not installed as indicated on this drawing, the registration must be amended within 10 days!
 - (c) Attach a copy of the tank manufacturers warranty showing the expiration date for each tank being installed or replaced.



Maine Department of Environmental Protection
 Bureau of Hazardous Materials & Solid Waste Co
 State House Station #17
 Augusta, Maine 04333-0017
 Attention: Tank Removal Notice
 Telephone: (207) 287-2651

**NOT
 TO ABANDON
 UNDERGROUND**

Fax #	883-1418
Dept.	
Co.	RRT-PUMP
From	DAVID C
	KEVIN M
# of pages	1

THIS FORM MUST BE FILED WITH THE D.E.P. AND YOUR LOCAL FIRE DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: C.N. Brown Company
 Mailing Address: P.O. Box 200 Telephone #: 207-743-7212
 City: SOUTH PARIS State: ME Zip Code: 04281
 Contact Person (name, address & telephone #): KEVIN MOORE
P.O. Box 200 SOUTH PARIS, ME 04281 207-743-7212
 Name of Facility: BIG APPLE FERTILIZER Registration #: 1518
 Facility Location (town & street): 2 PARK AVE PORTLAND, ME 04101

1. Identify the tanks at this location which are going to be removed:

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	10 years	4000	UNLEADED
2	10 years	4000	UNLEADED
3	10 years	4000	UNLEADED FELS
4	10 years	4000	UNLEADED BURET

2. Directions to this facility (be specific):

2 PARK AVE PORTLAND

3. Is or was the tank(s) used to store Class I liquids (e.g. gasoline, jet fuel)? Yes ___ No ___
IF YES, REMOVAL OF THE TANK(S) MUST BE DONE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER.

Tank Installer's Name: DEBS WILHELM Certification Number: 2285 Signature: [Signature]

4. Environmental site assessments are required for all tanks except those used for storing heating oil, not for resale, or for farm or residential motor fuel tanks under 1,100 gallons where the product is used on site. Site Assessor's Name and Address (if applicable):

EMERY J. GIBRETT 872-0613

5. Name and telephone number of contractor who will do the tank removal:

ACE CONSTRUCTION 663-2113

6. Expected date of removal (month/day/year): Sept 10, 1996

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 8-14-96 Signature: Kevin Moore

Printed Name and Title: _____

**Mail original and yellow copy to DEP; pink copy to fire department; retain gold copy.
 RETURN POSTCARD AFTER TANK(S) HAS BEEN REMOVED**