

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716.

Location of Construction: 12 Pine St		Owner: Allen, Katherine		Phone:		Permit No: 980001	
Owner Address: SAA Pctd, ME 04102		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Pollution Control Services		Address: P.O. Box 117 Gorham, ME		Phone: 04038 892-0884		Permit Issued: JAN - 5 1998	
Past Use: Multi Fam		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 10.00	
Proposed Project Description: Remove underground Tank				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R2 Type: 3B BOCA 46 sll Signature: [Signature]	
				Signature: [Signature]		Signature: [Signature]	
Permit Taken By: Mary Grubb		Date Applied For: 29 December 1997		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 045-C-033	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

PERMIT ISSUED WITH REQUIREMENTS

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 is 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

29 December 1997

SIGNATURE OF APPLICANT Leslie Guerin ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED
JAN - 5 1998
CITY OF PORTLAND

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: _____

CEO DISTRICT

3

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		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval: <i>[Signature]</i> 12/30/97	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 29 December 1997		Signature:		Date:	

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Leslie Samuel Guerin
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED
JAN - 5 1997
CITY OF PORTLAND

Zone: CBL: 045-C-033
Zoning Approval: *[Signature]* 12/30/97
Special Zone or Reviews:
 Shoreland
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Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: *Condition: No other alterations involved.*
 Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT **3**
T. M...

FIRE CODE PERMIT REPORT

DATE: 1/5/98 ADDRESS: 12 Pine StPERMIT TO: Pollution Control ServicesOWNER/CONTRACTOR: SigmaAPPROVED 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 or 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 (knoxbox).
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 53 Standards.
12. Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.

Maine Department of Environmental Protection
Bureau of Remediation and Waste Management
17 State House Station
Augusta, Maine 04333-0017
Attention: Tank Removal Notice
Telephone: (207) 287-2651

Expires after 6 (six) months if the
Department does not receive notice that
removal was completed.

Mette

**NOTICE OF INTENT TO ABANDON (REMOVE)
AN UNDERGROUND OIL STORAGE FACILITY**

45-C-33

**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: KATIE ALLEN
Mailing Address: 12 Pine St. Telephone #: 207-774-9311
City: Portland State: MAINE Zip Code: 04101
Contact Person (name, address & telephone #): Same

Name of Facility: Same Registration #: Applied For
Facility Location (town & street): _____

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

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1			
2			
3			

2. Directions to this facility (be specific): 1/2 mile north of Congress St. + State St. in
Portland - Main St. Hospital - Pine St. is corner of West Congress - #12
1st Floor 2nd floor is 1st

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: _____ Certification Number: _____ 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):
N/A

5. Name and telephone number of contractor who will do the tank removal:
Pellenc Contract Services, 50 Main St, 207-899-1111

6. Expected date of removal (month/day/year): _____

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

Date: 12-1-97 Signature of owner or operator: Maria A. Allen *Printed Name and Title: Maria A. Allen, Operations Manager*

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

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)

* UNKNOWN TANK OF UNKNOWN SIZE, AGE
AND CONDITION -
Most Likely F.O. @ A RESIDENCE

STATE USE ONLY
DATE OF REGISTRATION ____/____/____

1. REGISTRATION NUMBER: _____
(Complete Only If A Registration Has Been Previously Assigned By
The Department Of Environmental Protection.)

2. FACILITY INFORMATION:

A. Name of Facility: 12 PINE STREET (RESIDENCE)

B. Street Address of Facility: _____

C. Town/City where facility is located: PORTLAND, MAINE 04101

D. Mailing Address: KATIE ALLEN 12 PINE STREET

PORTLAND Maine 04101

E. Telephone: 207-772-5511

F. Directions to Facility: AT THE JUNCTION OF CONGRESS ST + STATE ST.
PROCEED TOWARD MERCY HOSPITAL - PINE ST IS FIRST RIGHT AFTER CONGRESS
- #12 PINE IS FIRST BLDG ON LEFT

G. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes _____ No

H. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source? Yes _____ No

I. (Complete if the answer to (H) 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

J. Is the facility located on a sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes _____ No

K. Is the facility located within 250 feet of a fresh or salt water body or wetland? Yes _____ No

L. Is the facility located within a 100 year floor plain? Maps are available at most municipal offices. Yes _____ No

Note: If you wish assistance in answering items (J) or (K), please call the Department at (207) 287-2651. 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, 22 State House Station, Augusta, Maine 04333-0022 or (207) 287-2801.

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

STATE USE ONLY		
Reviewer: _____	Date: ___/___/___	Map Number: _____
Comment: _____		

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

- | | |
|---|---|
| <input type="checkbox"/> Wholesale Distribution of Oil | <input type="checkbox"/> storage at a single family residence |
| <input type="checkbox"/> Retail Distribution of Oil | <input type="checkbox"/> Oil storage/farm |
| <input type="checkbox"/> Oil ^{STORAGE} Discharge at a Commercial Establishment for on-site consumption | <input checked="" type="checkbox"/> Oil storage at a multi-family residence |
| <input type="checkbox"/> Oil storage at an Industrial Establishment for on-site consumption | <input type="checkbox"/> Oil storage/Public Facility (state or local) |
| | <input type="checkbox"/> Oil Storage/Federal Facility |

3. TANK OWNER:

A. Name: ALLEN KATIE
(last) (first) (middle initial)

B. Mail Address: 12 PINE Street

C. Town/City: PORTLAND D. State: MAINE

E. Zip Code: 04101 F. Phone: 207-772-5511

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

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

B. Mail Address: _____

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

E. Zip Code: _____ F. Phone: _____

CONTACT PERSON:

A. Name: KATIE ALLEN B. Phone: 207-772-5511

TANK DATA: Complete for each tank

<p>A. Tank Type A. = Steel bare or Asphalt Coated C. = Cathodic - Single Wall E. = Fiberglass - Single Wall G. = Fiberglass - Double Wall J. = Composite w/Cathodic Double Wall K. = Composite w/Secondary Containment V. = Jacketed Double Wall W. = Cathodic Steel Double Wall N. = Other</p>	<p>D. Form of Leak Detection Tank 0. = Unknown 1. = Continuous Electronic GroundWater 2. = Continuous Electronic Vapors 3. = Secondary Containment 4. = Manual Groundwater Sampling 5. = Automatic Tank Gauge 6. = Inline Leak Detector 7. = Secondary Containment - Continuous Electronic 8. = Secondary Containment - Manual Monitoring 9. = SIA Statistical Inventory Analysis 10. = None</p>	<p>G. Tank Status A. = Planned B. = Active C. = Out of Service D. = Abandon in Place (Filled) E. = Planned for Removal F. = Removed (Date)</p>
<p>B. Piping Type (same code as tank) or D. = Steel w/secondary O. = Copper X. = Flexible Single Wall Y. = Flexible - Double Wall Z. = Copper w/secondary</p>	<p>E. Product Stored 1. = Kerosene 2. = #2 Fuel Oil 5. = #5 Fuel Oil 19. = Unleaded Plus 23. = Unleaded 24. = Aviation 25. = Jet Fuel 28. = Unleaded Premium 29. = Diesel 81. = Waste Oil 99. = Other (Please specify)</p>	<p>H. = System Type: (1) Suction (2) Pressure (3) Suction & Return</p> <p>I. Pipe Leak Detection (Use same Code as Tank except): 9. = Annual Tightness Test</p> <p>J. Overfill & Spill 1. = Automatic Shutoff (95% capacity) 2. = Automatic Alarm 90% Capacity 3. = Overfill Spill Container (3 gallon)</p>
<p>C. Tank Size Size of Tank in gallons</p>		

TANK 1:

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

TANK 2:

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

TANK 3:

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

* All UNKNOWN EXCEPT G

Expires after 6 (six) months. Please advise notice that

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 Remediation and Waste Management, 17 State House Station, Augusta, Maine 04333-0017).

A registration fee of #35.00 is required for all tank(s) except for tank(s) serving single family residences. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY.

Fee Computation: _____ # tank(s) at \$35.00 per tank = \$ _____

Motor fuel stored in a non-conforming tank is subject to an additional annual fee.

8. MAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Remediation and Waste Management, 17 State House Station, Augusta, Maine 04333-0017). Send one (1) copy to the local Fire Department having jurisdiction. Retain the third copy for your records. For new and replacement tank(s), registration(s) 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 RETROFITTING EXISTING TANKS OR PIPING ARE INCLUDED WITH THIS REGISTRATION, PLEASE PROVIDE:

A. Name of Installer: _____

B. Installer ID Number: _____ Date to be Installed: _____

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 statues to file an amendment tot his registration with the Department of Environmental Protection immediately upon any change of information contained in this form.

12-17-97
Date

Owner or Authorized
Employee of the Owner

Title (Please print or type)

Signature

Title

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 DRAWINGS!** 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.

