

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

Location of Construction: 22 Bramhall St		Owner: Maine Medical Center	Phone:	Permit No: <b>960898</b>
Owner Address: 22 Bramhall St Ptld ME 04102	Leasee/Buyer's Name:	Phone:	Business Name:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:                  SEP 10 1996  <b>CITY OF PORTLAND</b> </div>
Contractor Name: Precision Tanks Inc	Address: Box 359- Jay ME 04239	Phone: 645-9549		
Past Use:	Proposed Use: hospital - rem/inst 3 tanks	<b>COST OF WORK:</b> \$	<b>PERMIT FEE:</b> \$ 45	Zone: <b>R-3</b> CBL: <b>053-D-007</b> Zoning Approval: <b>OK - 8/21/96</b> <b>Special Zone or Reviews:</b> <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"/>
		<b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type:	
Proposed Project Description: remove u/g oil tanks - 3 in one site & install u/g oil tanks - 3 in one site (total 75,000 gals)		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied  <b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review  <b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <u>9/6/96</u> <u>D. Archibald</u>
Permit Taken By: <b>L Chase</b>	Date Applied For: <b>9/6/96</b>	Signature: <u>[Signature]</u>	Date:	

1. This permit application doesn't 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..

SCANNED

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

SIGNATURE OF APPLICANT: <u>[Signature]</u>	ADDRESS: <u>22 Bramhall St</u>	DATE: <u>9/6/96</u>	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT 3  
T. Hanson

COMMENTS

Oct 96 - Tanks removed per Lt. Mac

Inspection Record

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

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)

STATE USE ONLY
DATE OF REGISTRATION ____/____/____

1. REGISTRATION NUMBER: 12076  
(Complete Only If A Registration Has Been Previously Assigned By  
The Department Of Environmental Protection.)

2. FACILITY INFORMATION:

A. Name of Facility: MAINE MEDICAL CENTER

B. Street Address of Facility: 22 BRAMHALL ST.

C. Town/City where facility is located: PORTLAND, ME 04102-3175

D. Mailing Address: SAME

PORTLAND Maine 04102

E. Telephone: 871-6149

F. Directions to Facility: \_\_\_\_\_

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

BUILDING PERMIT REPORT

Date: 9/10/94  
Address: 22 Bramhill St  
Type of Permit: remove + install 3 tanks  
Owner: mmz  
Contractor: Precision tank  
Applicant: Tony Cantura  
Approved: ✓ Denied: \_\_\_\_\_

Conditions:

1. All underground tank removal(s) and/or installation(s) shall be done in accordance with Department of Environmental Protection Regulations (Chapter 691).
2. No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
3. Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

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.

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

**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: MAINE MEDICAL CENTER  
Mailing Address: 22 BRAMHALL ST. Telephone #: 871-6149  
City: PORTLAND State: ME Zip Code: 04102-3175  
Contact Person (name, address & telephone #): NANCY INNES 871-6149

Name of Facility: MAINE MEDICAL CENTER Registration #: 12076  
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	12	20,000	#6 OIL
2	12	20,000	#6 OIL
3	12	20,000	#6 OIL

2. Directions to this facility (be specific):

22 BRAMHALL ST., PORTLAND ME,

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):

DAMESY MOORE, AUGUSTA, ME

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

PRECISION TANKS, INC. 645-9549

6. Expected date of removal (month/day/year): WEEK OF SEPT. 9<sup>TH</sup> PER FLANNERY <sup>STEVE</sup>

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

Date: 8/22/96 Signature: [Signature]  
Printed Name and Title: TONY COURE - VICE PRES. PRECISION TANKS, INC.

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

**WAIVER FROM THE REQUIREMENT THAT A NOTICE OF ABANDONMENT BY REMOVAL OF AN UNDERGROUND OIL TANK BE FILED THIRTY DAYS PRIOR TO REMOVAL**

Due to Exceptional circumstances the Department of Environmental Protection grants a waiver to the thirty day filing period for abandonment by removal of the listed underground tanks, provided that the owner or operator meets the following conditions:

1. A written notice of removal is filed with the Department and the local fire department within one day of receiving this waiver.
2. The Department is kept advised of removal plans and schedule so that a department representative can observe the removal of the tank(s) and the excavation from which the tank(s) was/were removed.

Tank(s) owned by:

Name MAINE MEDICAL CENTER Phone # 871-6149

Mailing Address 22 BRANHALL ST Town PORTLAND

Located at:

Name SAME AS Phone # \_\_\_\_\_

Address ABOVE Town \_\_\_\_\_

Reason for Waiver: CONSTRUCTION

List tank(s) below:

Registration #	Size	Location on Site (Describe or Diagram)
12076	20,000	BEHIND BUILDING BY O <sub>2</sub> TANKS
	20,000	
	20,000	

Planned Date of Removal: WEEK OF SEPT 9, 1996

This waiver is granted on (date) AUG. 23, 1996 by  
STEPHEN L. FLANNERY, a copy of which is presented to  
TONY COURTOUR, PTJ FOR TANK OWNER  
(Name of individual receiving the copy)

White - Enforcement Copy

Canary - Investigator's Copy

Pink - Tank Owner's Copy

**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.

<b>STATE USE ONLY</b>		
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 Discharge at a Commercial Establishment for on-site consumption | <input type="checkbox"/> Oil storage at a multi-family residence                         |
| <input type="checkbox"/> Oil storage at an Industrial Establishment for on-site consumption  | <input checked="" type="checkbox"/> Oil storage/Public Facility (state or <u>local</u> ) |
|  | <input type="checkbox"/> Oil Storage/Federal Facility                                    |

**3. TANK OWNER:**

A. Name: MAINE MEDICAL CENTER  
(last) (first) (middle initial)

B. Mail Address: 22 BRAMHALL ST.

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

E. Zip Code: 04102-3175 F. Phone: 871-6149

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

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

B. Mail Address: \_\_\_\_\_

C. Town/City: \_\_\_\_\_ D. State: \_\_\_\_\_

E. Zip Code: \_\_\_\_\_ F. Phone: \_\_\_\_\_

**5. CONTACT PERSON:**

A. Name: JOHN FLINK B. Phone: 871-6149

6. INDIVIDUAL TANK DATA: Complete for each tank

<p><b>A. Tank Type</b>                  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><b>D. Form of Leak Detection Tank</b>                  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><b>G. Tank Status</b>                  A. = Planned                  B. = Active                  C. = Out of Service                  D. = Abandon in Place (Filled)                  E. = Planned for Removal                  F. = Removed (Date)</p> <p><b>H. = System Type:</b>                  (1) Suction                  (2) Pressure                  (3) Suction &amp; Return</p>
<p><b>B. Piping Type (same code as tank) or</b>                  D. = Steel w/secondary                  O. = Copper                  X. = Flexible Single Wall                  Y. = Flexible - Double Wall                  Z. = Copper w/secondary</p>	<p><b>E. Product Stored</b>                  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><b>I. Pipe Leak Detection (Use same Code as Tank except):</b>                  9. = Annual Tightness Test</p> <p><b>J. Overfill &amp; Spill</b>                  1. = Automatic Shutoff (95% capacity)                  2. = Automatic Alarm 90% Capacity                  3. = Overfill Spill Container (3 gallon)</p>
<p><b>C. Tank Size</b>                  Size of Tank in gallons</p>		

TANK 1:

A. V B. D C. 25000 D. 7 E. 5 F. 9/96 G. NEW H. 1 I. 7 J. 2+3

TANK 2:

A. V B. D C. 25000 D. 7 E. 5 F. 9/96 G. NEW H. 1 I. 7 J. 2+3

TANK 3:

A. V B. D C. 25000 D. 7 E. 5 F. 9/96 G. NEW H. 1 I. 7 J. 2+3



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 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: TONY COUTURE

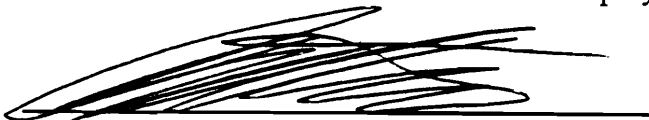
B. Installer ID Number: 287 Date to be Installed: 9/25/96

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 his registration with the Department of Environmental Protection immediately upon any change of information contained in this form.

9/11/96  
Date

\_\_\_\_\_  
Owner or Authorized  
Employee of the Owner

\_\_\_\_\_  
Title (Please print or type)

  
Signature

TONY COUTURE - VICE PRESIDENT  
Title

PRECISION TANKS, INC

22 BRIMHALL ST.

