



STATE OF MAINE  
Department of Environmental Protection



Notice of Intent to Remove an Underground Oil Storage  
Tank Facility and/or Underground Product Piping

Notifications:  
(Sent a copy  
of this notice)

Maine DEP

Certified Tank Installer (as required)

Local Fire Department

Site Assessor (as required)

Facility Information

Facility Name: West School

Registration #: 10080

57 Douglass Street

Portland

Facility Address

Town

City of Portland

389 Congress Street

874-8892

Owner Name

Owner Address

Owner Phone

Identification of Tank / Piping to be removed

<input checked="" type="checkbox"/> Tank #	2	Tank Size:	8,000	Tank Age:	26 yrs
<input checked="" type="checkbox"/> Piping		Product:	#4 Oil	Piping Age:	26 yrs
<input type="checkbox"/> Tank #		Tank Size:		Tank Age:	
<input type="checkbox"/> Piping		Product:		Piping Age:	
<input type="checkbox"/> Tank #		Tank Size:		Tank Age:	
<input type="checkbox"/> Piping		Product:		Piping Age:	

Additional Removal Information

YES Did any tank or piping above store Class I liquids (e.g., gasoline, aviation fuel)  
 NO within the last 12 months?

IF YES, REMOVAL OF THE TANK(S) OR PRODUCT PIPING MUST BE DONE UNDER THE DIRECTION OF A MAINE CERTIFIED TANK INSTALLER AND THE INERTING METHOD AND CLEANING LOCATION MUST BE IDENTIFIED.

Inerting Method: \_\_\_\_\_ Cleaning Location: \_\_\_\_\_

Chris Wilson, 365

Maine Certified Tank Installer Name and ID Number

Installer Signature

Date

**Note:** Site assessments must be conducted in accordance with Chapter 691(11)(A)(1)(d) and Appendix P.

Site Assessor (if applicable):

Site Assessor

Phone Number

Contractor who will remove the tank:

Les Wilson & Sons

854-4583

Contractor

Phone Number

Expected Date of Removal:

08/17/2015

Month/Date/Year

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

Kathy Alves

Owner or Authorized Employee Name and Title

Kathy Alves

Signature

8/10/15

Date

NOTE: WHEN TANK AND/OR PIPING HAS BEEN REMOVED, PLEASE FILL OUT AND SEND IN THE REMOVAL CONFIRMATION. EXPIRES AFTER SIX (6) MONTHS IF DEPARTMENT DOES NOT RECEIVE REMOVAL CONFIRMATION