

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

Location of Construction: 335 Brighton Ave		Owner: Brighton Medical Center		Phone:		Permit No: 960827			
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:			
Contractor Name: Precision Tanks, Inc.		Address: P.O. Box 359 Jay, ME 04139		Phone: 645-9549		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: AUG 22 1996 CITY OF PORTLAND </div>			
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ _____ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____				PERMIT FEE: \$ 55.00 INSPECTION: Use Group: _____ Type: _____ Signature: _____	
Proposed Project Description: Remove 2-10,000 gallon underground tanks Install 2-10,000 gallon underground tanks				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____				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"/> Zoning Appeal: <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 Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 21 August 1996							

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..

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 <i>Tony Couture</i>		ADDRESS:		DATE: 21 August 1996		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE <i>PRECISION TANKS, INC VICE PRESIDENT</i>						PHONE:	

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

CEO DISTRICT 6
A. Boud

COMMENTS

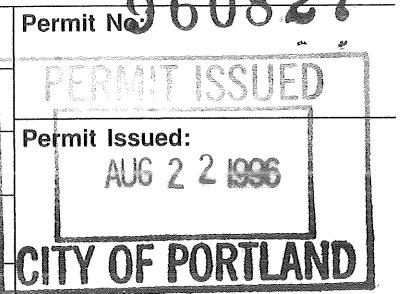
10-2-86 Sinks have been removed

Inspection Record

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

960827

Location of Construction: 335 Brighton Ave		Owner: Brighton Medical Center		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name: Precision Tanks, Inc.		Address: P.O. Box 359 Jay, ME 04239		Phone: 645-9549	
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ PERMIT FEE: \$ 55.00	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: Signature: <i>[Signature]</i>	
Proposed Project Description: Remove 2-10,000 gallon underground tanks Install 2-10,000 gallon underground tanks		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 21 August 1996			



Zone: *R3* CBL: 121-C-006

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

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[Signature] 21 August 1996

SIGNATURE OF APPLICANT Tony Couture ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE *PRECISION TANKS, INC VICE PRESIDENT* PHONE:

Date: *8/21/96*

[Signature]

CEO DISTRICT *[Signature]*

A. Rowe

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: BRIGHTON MEDICAL CENTER
Mailing Address: 255 BRIGHTON AVE Telephone #: 779-7009
City: PORTLAND State: ME Zip Code: 04102
Contact Person (name, address & telephone #): RICHARD SHICER 779-7009

Name of Facility: BRIGHTON MEDICAL CENTER Registration #: 1031
Facility Location (town & street): 255 BRIGHTON AVE, PORTLAND, ME.

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

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	20 YRS.	10,000	FUEL OIL
2	20 YRS.	10,000	FUEL OIL
3			

2. Directions to this facility (be specific):

255 BRIGHTON AVE, 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):

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): 7/21/96

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

Date: 7/22/96 Signature: _____

Printed Name and Title: TOMY CONTIENE - 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**



STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

ANGUS S. KING, JR.
GOVERNOR

EDWARD O. SULLIVAN
COMMISSIONER

August 14, 1996

RICHARD SPICER
BRIGHTON MEDICAL CENTER
335 BRIGHTON AVENUE
PORTLAND, MAINE 04102

Dear MR. SPICER:

This letter is to acknowledge that on 13 AUGUST 1996 this Department received your completed registration materials for a new or replacement underground oil storage facility or ancillary equipment located at BRIGHTON MEDICAL CENTER. 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 AUGUST 1996. I have assigned your registration the following interim number INT 96-162. 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) 784-0477 FAX: (207) 784-1507

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: _____
Comment: _____

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

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

3. TANK OWNER:

- A. Name: BRIGHTON MEDICAL CENTER
(last) (first) (middle initial)
- B. Mail Address: 335 BRIGHTON AVE.
- C. Town/City: PORTLAND D. State: ME
- E. Zip Code: 04102 F Phone: 879-8009

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: _____

5. CONTACT PERSON:

- A. Name: RICHARD SPICER B. Phone: 879-8009

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.

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

C. Tank Size:

Fill in with the Size of the Tank in gallons.

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

F. Date Installed:

Fill in Month and Year of Installation.

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 Location/ New and Replacement Tank:

- 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

J. Overfill Spill/Leak Detection:

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

TANK 1:

A. ELUTRON B. 0 C. 10,000 D. 3 E. 2 F. 8 196 G. NEW H. 1 I. 5 J. 283

TANK 2:

A. ELUTRON B. 0 C. 10,000 D. 3 E. 2 F. 8 196 G. NEW H. 1 I. 5 J. 283

TANK 3:

A. _____ B. _____ C. _____ D. _____ E. _____ F. 1 G. _____ H. _____ I. _____ J. _____

TANK 4:

A. _____ B. _____ C. _____ D. _____ E. _____ F. 1 G. _____ H. _____ I. _____ J. _____

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 RETROFITTING EXISTING TANKS OR PIPING ARE INCLUDED WITH THIS REGISTRATION, PLEASE PROVIDE:

A. Name of Installer: TONY COUTURE

B. Installer ID Number: 289 Date to be Installed: 8/23/96

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: 8/13/96

Owner or Authorized
Employee of the Owner

Title (Please print
or type)

Signature: _____

Title VICE PRES.

TONY COUTURE - U.P. PRECISION TANKS, INC.

BRIGHTON MEDICAL CENTER - 10,000 G. TANK DRAWING

