



STATE OF MAINE
Department of Environmental Protection



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

Notifications: Maine DEP Local Fire Department
(Sent a copy of this notice) Certified Tank Installer (as required) Site Assessor (as required)

Facility Information

Facility Name: ME Mdical CTR Brighton Campus Registration #: 1031
335 Brighton Ave Portland
 Facility Address Town 602-3000
Maine Medical Center 335 Brighton Ave 207-879-8000
 Owner Name Owner Address Owner Phone

Identification of Tank / Piping to be removed

<input checked="" type="checkbox"/> Tank #	8-1	Tank Size:	10,000	Tank Age:	20
<input checked="" type="checkbox"/> Piping	Double wall flex	Product:	#2 Fuel	Piping Age:	20
<input checked="" type="checkbox"/> Tank #	9-1	Tank Size:	10,000	Tank Age:	20
<input checked="" type="checkbox"/> Piping	Double wall flex	Product:	Diesel	Piping Age:	20
<input type="checkbox"/> Tank #		Tank Size:		Tank Age:	
<input type="checkbox"/> Piping		Product:		Piping Age:	

Additional Removal Information

YES NO Did any tank or piping above store Class I liquids (e.g., gasoline, aviation fuel) 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: N/A Cleaning Location: Off Location
Scott Letellier # 274
 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): St Germain Collins 207-591-7000
 Site Assessor Phone Number
 Contractor who will remove the tank: Portland Pump Co 207-883-4317
 Contractor Phone Number
 Expected Date of Removal: 07/11/2016
 Month/Date/Year

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

RICHARD SPICER Richard Spicer 5/26/16
 Owner or Authorized Employee Name and Title Signature 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