

132-E-001

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

Location of Construction: 370 Stevens Ave		Owner: City of Portland		Phone:		Permit No: 951112	
Owner Address:		Leasee/Buyer's Name: Deering High School		Phone:		BusinessName:	
Contractor Name: Les Wilson & Sons		Address: P.O. Box 1028 Westbrook, ME		Phone: 04098 854-4583		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED OCT 24 1995 CITY OF PORTLAND </div>	
Past Use: School		Proposed Use: Same		COST OF WORK: \$ FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: <input checked="" type="checkbox"/> Typet Use Group:			
Proposed Project Description: Remove 1 - 15,000 gallon tank Installing 1 - 10,000 gallon tank				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Zone: CBL:132-E-001 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"/>	
Permit Taken By: Mary Grenik		Date Applied For: 20 October 1995					

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..

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] 20 October 1995
SIGNATURE OF APPLICANT Ron Wilson 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

- 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: *[Signature]*

CEO DISTRICT 4
[Signature]

BUILDING PERMIT REPORT

Date: 10/23/55

Address: 370 Stevens Ave

Type of Permit: Remove + install tanks

Owner: City of Portland

Contractor: L & S Wilson + Son

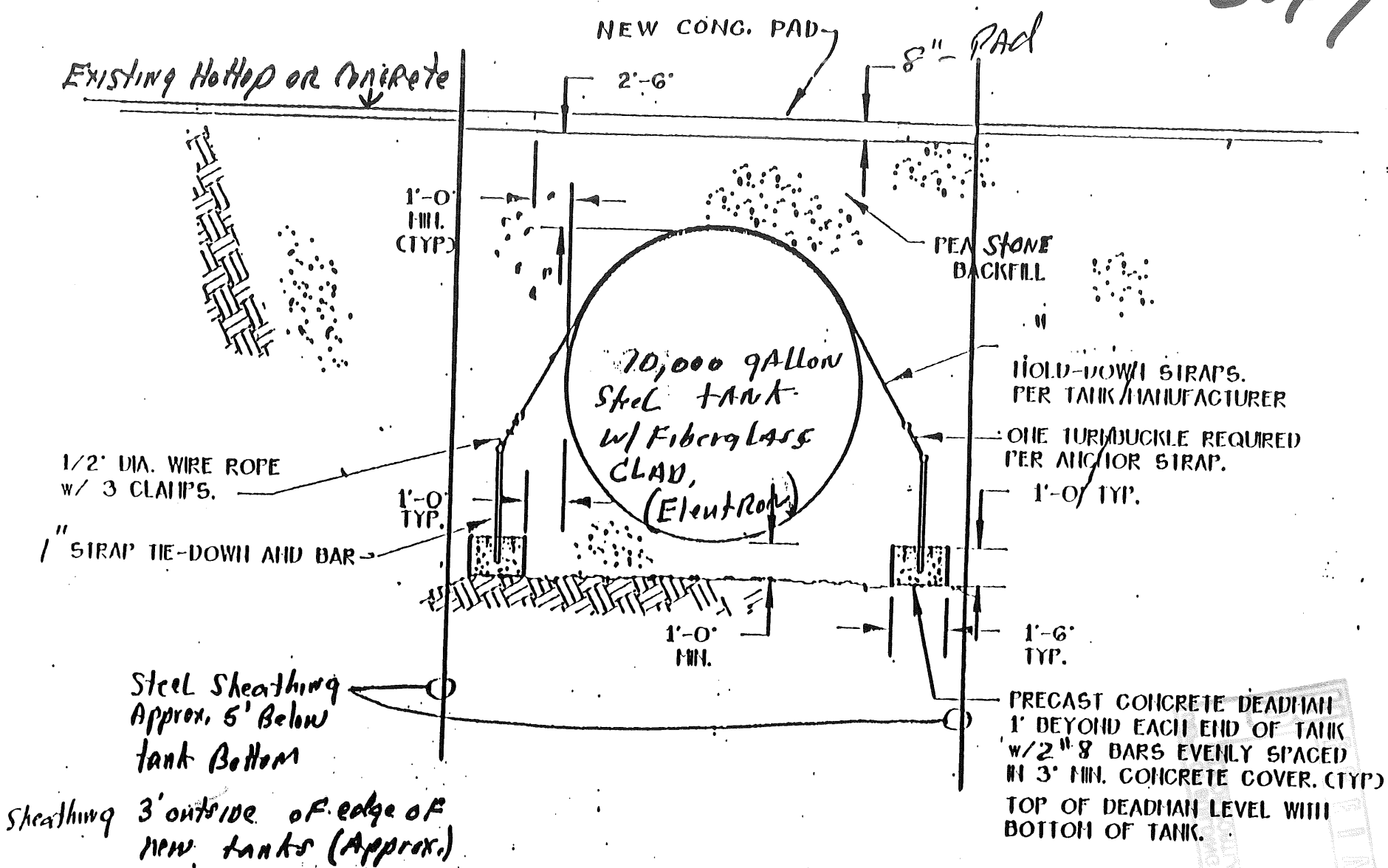
Applicant: Ren Wilson

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.

COPY



END ELEVATION

10,000 GAL. TANK

(typical)
no scale

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: Portland Public Schools
(last) (first) (middle initial)
- B. Mail Address: 331 VERANDA ST
- C. Town/City: Portland D. State: ME
- E. Zip Code: 04103 F Phone: 874 8100

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: Richard Jones B. Phone: 874 8100

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 Ground-water
- 2 = Continuous Electronic Monitoring of Vapors
- 3 = Secondary Containment with Interstitial space monitoring
- 4 = Manual Groundwater Sampling
- 5 = Continous 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 Detection/ New and Replacement Tanks

- 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 minimum)

TANK 1:

A. N B. M C. 10,000 D. 3 E. 6 F. not installed / not G. new H. 1 I. 5 J. 1+3

Existing tank to be removed

TANK 2:

A. BARE B. single C. 15,000 D. NONE E. #6 F. 1 G. E H. 1 I. N/A J. N/A
Asphalt wall steel.

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 = \$ N/A

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: Robert Wilson JR. 017 Stern Redmond 321
Ronald Wilson 299

B. Installer ID Number: Aber Date to be Installed: week of Nov 1st

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: 10/20/95

Ronald M. Wilson
Owner or Authorized
Employee of the Owner

Agent For Owner
Title (Please print
or type)

Signature: Ronald Wilson

Title Agent For Owner

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 DRAWING! 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.

Staten's Ave

High School

Gym

Parking lot



*Existing 15000 tank
to be removed*

*Install new
12000 D.W
Electron tank
in same location*

COPY

**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: Portland Public Schools
Mailing Address: 331 VERANOVA ST Telephone #: 874 8100
City: PORTLAND, ME State: ME Zip Code: 04103
Contact Person (name, address & telephone #): RICHARD JONES
SAMU AJ ABER
Name of Facility: DEERING HIGH SCHOOL Registration #: 12156
Facility Location (town & street): 370 STEVENS AVE PORTLAND, ME 04103

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

<u>Tank #</u>	<u>Tank Age</u>	<u>Tank Size (gallons)</u>	<u>Type of Product Stored</u>
1	12	15,000	#6
2			
3			
4			

2. Directions to this facility (be specific):

CORNER OF LUDLOW ST + STEVENS AVE.

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: N/A 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):

ARCADIA ENVIRONMENTAL

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

LES WILSON & SONS 854 4583

6. Expected date of removal (month/day/year): WEEK OF NOV. 1 1995

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

Date: 10/19/95 Signature: Ronald Wilson

Printed Name and Title: RONALD WILSON / AGENT FOR OWNER

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