137-A-008 /38-D-2

				A. 4 (C. )			•				•	
City	y of Portland, Maine	e - Building	or Use Permit A	Application	389 Congres	s Street, (	04101, Tel	l: (207) 8°	74-8703,	FAX:	874-87	/16

Power   Powe	——————————————————————————————————————	or obe a crimit 12pp atention	30) Congress Street, 0 (101, 101. (207) 0	
Owner Address: Perthand School Bept.  Lassec Blayer's Name: Phone: Phone: Signature: Proposed Use: P	Location of Construction:			Permit No:
Past Use:    Proposed Use:   COST OF WORK:   \$ 35.00				9/1248
Past Use:    Proposed Use:   COST OF WORK:   PREMITYEE:   35.000     5.000	Owner Address: Portland School Dept.	Lessee/Buyer's Name:	Phone: Businessivaine:	*
FIRE DEPT.	Contractor Name:	Address: P.O. Box 1028 Vestbrook		PERMIT ISSUED
FIRE DEPT.   Approved   Use Group: Type:   Zone:   CEL:   Zone:   Zone:   CEL:   Zone:   Zone	Past Use:	Proposed Use:		Great State
Proposed Project Description:    Install #2 fact 10,000 gal tank			<u> </u>	NUN 1 8 1997
Proposed Project Description:    Install #2 fact 16,000 get tank			1	man value of the contraction of
Proposed Project Description:   Install #2 fuel 10,000 gal tank				Zone: CBL:
Action: Approved with Conditions:   Special Zone or Reviews:   Shoreland   Pennit Taken By:   Date   Applied For:   Storeland   Pennit Taken By:   Shoreland   Pennit Taken By:   Shoreland   Pennit Taken By:   Date   Stignature:   Date   D			Signature:   Signature:	
Approved with Conditions: Denied    Denied   Den	Proposed Project Description:			
Permit Taken By: Sherry Placed  Date Applied For: November 17, 1997  1. This permit application does not 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  Thereby certify that I am the owner of record of the named property, or that the proposed work is 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 is issued, I certify that the code official's authorized sentant and areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit  SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:  CEO DISTRICT  Conditions  Defined  Date:  Defined	Install #2 fuel 10,000 gal tank	<u> </u>	1 **	Special Zolle of Izeviews.
Permit Taken By:   Date   Date   Applied For:   Roversher 17, 1997			1	_   _ 0
Permit Taken By: Sherry Pinard  Date Applied For: Bowestber 17, 1997  In This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.  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 is 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  RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE  Date:  Date:  Date:  PHONE:  CEO DISTRICT  CEO DISTRICT	1			☐ Flood Zone
Carrier   Sherry   Pinard			Signature: Date:	
Zoning Appeal   Variance   Varian	Permit Taken By:	Date Applied For:	1997	Li olte i iaii iliaj Lililioi Lililii L
Miscellaneous   Conditional Use   Conditional	*			
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tion may invalidate a building permit and stop all work    Approved   Denied		•		1
Historic Preservation   Does Not Require Review			ance. False informa-	
Not in District or Landmark   Does Not Require Review   Requires Review   Review   Requires Review   Requires Review	tion may invalidate a building permit and stop	o all work		
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE  PHONE:  CEO DISTRICT	It he tole lace?			and the second second
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE  PHONE:  CEO DISTRICT	SIGNATURE OF APPLICANT	ADDRESS:	DATE: PHONE:	
	Ron Wilson			
	RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE	PHONE:	- CEO DISTRICT
	White-Pe	rmit Desk Green–Assessor's Canai	ry–D.P.W. Pink–Public File Ivory Card–Inspector	

#### COMMENTS

12-1-97	Vanh Ras	bles	installed			
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						TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE
TOTAL					<del>77</del>	
						TO THE PERSON OF
Name ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (						
					Inspection Record	
				Туре		Date
			Foundation:			

## FIRE CODE PERMIT REPORT

DATE: 11/17/97	ADDRESS: 1500(e)	
PERMIT TO: Las Cuils	in tsom	
OWNER/CONTRACTOR:	hes Wilsont Son	
APPROVED	DENIED_	

#### CONDITIONS OF APPROVAL/DENIAL

- 1. The boiler or furnace shall be protected by enclosing with one hour fire rated construction including fire doors and ceiling or by providing automatic extinguishment and smoke protected enclosure. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide a 0.15 gpm, per square foot of floor throughout the entire area. An indicating shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- 2. All required Fire Alarm Systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
- 3. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
- 4. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.
- 5. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is five feet above finished floor.
- 6. All Master Box locations are required to have a locked box (knoxbox).
- 7. A fire alarm acceptance report shall be submitted to the Portland Fire Department.
- 8. All underground tank removal(s) and/or installation(s) shall be done in accordance with the Department of Environmental Regulations (Chapter 691).
- 9. No cutting of tanks on site. Cutting of tanks is to be done at an approved tank disposal site.
- 10. Fire Dispatcher must be at least 48 hours in advance of removal and/or transportation of tanks.
- 11. All above ground L/P storage tanks shall be located in accordance with NFPA 53 Standards.
- 12. Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.

- .3. piping shall be protected from possible mechanical samage and vandalism
- 14. A Stort dre department connection is required.
- 15. Any new sprinkler construction over six sprinkler heads needs to have State Fire Marshal approval.
- 16. Any renovations of sprinkler systems over 20 sprinkler heads needs to have State Fire Marshai approval.
- 17. A sprinkler performance test shall be submitted to the Portland Fire Department after completion of sprinkler work.
- 18. State Fire Marshal approval is required for this project.

Lt. 3 McDougail
Fire Prevention Officer
City of Portland

Tak 1997.

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)

137-A-08

2.

City of Portland

STATE USE ONLY

DATE OF REGISTRATION

RI	(Complete Only If A Registration Has Been Previously Assigned By The Department Of Environmental Protection.)
FA	ACILITY INFORMATION:
A.	Name of Facility: BAXter School (City of Portland)
В.	Street Address of Facility: 150 ocean Are
C.	Town/City where facility is located: Portland, Me
D.	Mailing Address: 331 Veranda St
	Portland Maine 64103
E.	Telephone: 874 8100
F.	Directions to Facility: Corner of WALTON ST + OCEAN Are, School
	sets ontback.
G.	Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source?  Yes No
Н.	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

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.

STATE USE ONLY				
Reviewer: Date:/ Map	Number:			
Comment:				
M. Facility is now or will be used for (check one):				
Retail Distribution of Oil Oil stora Oil Discharge at a Commercial Establishment for on-site consumption Oil stora Oil stora Oil stora	ge at a multi-family residence ge/Public Facility			
TANK OWNER:				
A. Name: Portland School Dept.				
(IIISt)	(middle initial)			
B. Mail Address: 331 VeRANda Ft				
B. Mail Address: 331 VeRANDA FF  C. Town/City: Portland, Me D. S	tate: MAIRE			
E. Zip Code: 64103 F. Phone: FM	8100			
TANK OPERATOR: (if different from owner.)				
A. Name: Same As Ahore (last) (first)	(:171 : ::: 1)			
(last) (first)  B. Mail Address:	(middle initial)			
	tate:			
CONTACT PERSON:				
A. Name: Richard Jones B. Phone: 87	748100			

3.

### 6. INDIVIDUAL TANK DATA: Complete for each tank

A. Tank Type

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	<ul> <li>0. = Unknown</li> <li>1. = Continuos Electronic GroundWater</li> <li>2. = Continuos Electronic Vapors</li> <li>3. = Secondary Containment</li> <li>4. = Manual Groundwater Sampling</li> <li>5. = Automatic Tank Gauge</li> <li>6. = Inline Leak Detector</li> <li>7. = Secondary Containment - Continuous Electronic</li> <li>8. = Secondary Containment - Manual Monitoring</li> <li>9. = SIA Statistical Inventory Analysis</li> <li>10. = None</li> </ul>	A. = Planned B. = Active C. = Out of Service D. = Abandon in Place (Filled) E. = Planned for Removal F. = Removed (Date)  H. = System Type: (1) Suction (2) Pressure (3) Suction & Return
B. Piping Type (same code as tank) or D. = Steel w/secondary O. = Copper X. = Flexable Single Wall Y. = Flexable - Double Wall Z. = Copper w/secondary  C. Tank Size Size of Tank in gallons	E. Product Stored  1. = Kerosene 2. = #2 Fuel Oil 5. = #5 Fuel Oil 19. = Unleaded Plus 23. = Unleaded 24. = A viation 25. = Jet Fuel 28. = Unleaded Premium 29. = Diesel 81. = Waste Oil 99. = Other (Please specify)	<ol> <li>Pipe Leak Detection (Use same Code as Tank except):</li> <li>9. = Annual Tightness Test</li> <li>Overfill &amp; Spill</li> <li>1. = Automatic Shutoff (95% capacity)</li> <li>2. = Automatic Alarm 90% Capacity)</li> <li>3. = Overfill Spill Container (3 gallon)</li> </ol>
TANK I:  A. A B. O C. 10000 D. O	E. Z. F. G. B+E	3 H. / I. N/A J. N/A.
	E. 2 F. G. A	H. / I. J. / +3 new tank
TANK 3: A B C D	E F G	HIJ

D. Form of Leak Detection Tank

G. Tank Status

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 = \$_	WM
Motor fuel stored in a non-conforming t	ank is subject to an	additional ann	ual 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.
- II IF NEW, REPLACEMENT OR RETROFITTING EXISTING TANKS OR PIPING ARE INCLUDED WITH THIS REGISTRATION, PLEASE PROVIDE:

A.	Name of Installer: Room   Milson	
B.	Installer ID Number: 299	Date to be Installed: Week of 11/24/97

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 statues to file an amendment tot his registration with the Department of Environmental Protection immediately upon any change of information contained in this form.

	Carple Oseland Owner or Authorized	Title (Please print or type)
Date	Employee of the Owner	title (trouse hims as Aba)

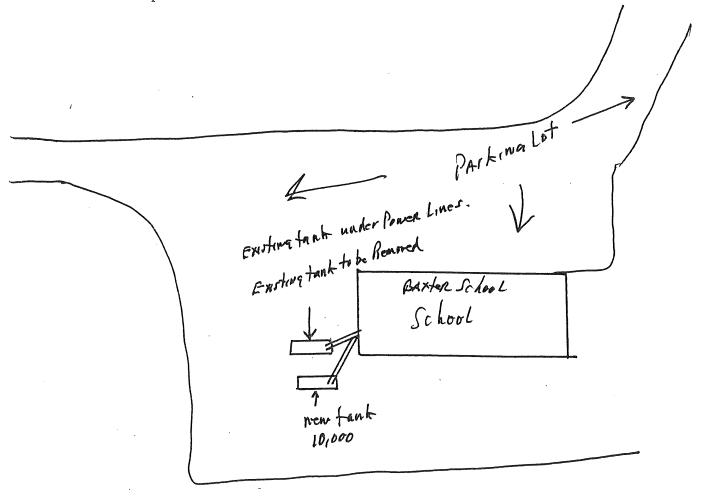
Cando Incland

Signature

11-17-97

Title

- 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 (71/2 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 DRAWINGS! 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.



Baxten School 150 ocean Are Pertland, Me. 04103 NEW CONG. PAD-Existing Hottop on Conspete 6. 2'-6' 1'-0' 1111. CTYP: PEN SYONE BACKFILL 10,000 JALLON HOLD-DOWN STRAPS. Stel tANK PER TAHK MAHUFACTURER W/Fibriglass OHE TURYBUCKLE REQUIRED 1/2' DIA. WIRE ROPE PER ANGLIOR STRAP. CLAU, w/ 3 CLAMPS. 1'-0' TYP. 1'-0/ TYP. (Flent Rot / STRAP HE-DOWN AND DAR-1'-O' 1-1111. TYP. Steel Sheathing Approx. 5' Below PRECAST CONCRETE DEADMAN 1' BEYOND EACH END OF TANK tank Bottom W/2 " 8 DARS EVEHLY SPACED IN 3' MIN. CONCRETE COVER. (TYP) thing 3'outside of edge of 1100 tanks (Approx.) TOP OF DEADHAN LEVEL WITH BOTTOM OF TANK.

# END ELEVATION OF NON Gallon tank

(lypical) no scale

Mename UHS\TAHKS