

Location of Construction: 1585 Forest Ave	Owner: C N Brown CO	Phone: 743-9212
Owner Address: Box 200 South Paris ME 04281	Lessee/Buyer's Name: Box 1180 Scarborough ME 04074	Business Name: 883-4317
Contractor Name: Portland Pump Co	Address: Box 1180 Scarborough ME 04074	Phone: 883-4317
Past Use: gas station & convenience store	Proposed Use: remove/install tanks	COST OF WORK: \$
		PERMIT FEE: \$ 75
Proposed Project Description: remove four separate u/g gas tanks & install one 3-part tank- 20,000 glns	Signature: <i>[Signature]</i>	INSPECTION: Use Group: Type: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Permit Taken By: L Chase	Date Applied For: 5/21/97	Date:

Zone: **B-1** CBL: **33P-H-023**

Zoning Approval: *can not increase the*

Special Zone or Reviews:  
 Shoreland *number of pump*  
 Wetland  
 Flood Zone *hrs 5/21/97*  
 Subdivision  
 Site Plan maj  minor  mm

**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: *5/21/97*

**PERMIT ISSUED**

Permit Issued:  
**MAY 28 1997**

**CITY OF PORTLAND**

**CEO DISTRICT** 7

*[Signature]*

*K. Carroll*

PERMIT ISSUED WITH REQUIREMENTS

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: \_\_\_\_\_ DATE: *5/21/97* PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Permit No: **970503**  
**PERMIT ISSUED**  
 Permit issued: **MAY 28 1997**  
**CITY OF PORTLAND**

Location of Construction: 1585 Forest Ave	Owner: C N Brown CO	Phone: 743-9212
Owner Address: Box 200 South Paris ME 04281	Lessee/Buyer's Name:	Business Name:
Contractor Name: Portland Pump Co	Address: Box 1180 Scarborough ME 04074	Phone: 843-4317
Past Use: gas stations convenience store	Proposed Use: remove/install tanks	<b>COST OF WORK:</b> \$
<b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>PERMIT FEE:</b> \$ 75
Signature: _____ PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group: _____ Type: _____
Signature: _____ Date: _____ Date Applied For: 5/21/97		

**Zone:** CBL: 33P-H-023  
**Zoning Approval:**  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm   
**Special Zone or Reviews:**  
 Variance  
 Miscellaneous  
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 Interpretation  
 Approved  
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**Zoning Appeal**

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review  
**Action:**  
 Approved  
 Approved with Conditions  
 Denied  
 Date: 5/21/97

**PERMIT ISSUED WITH REQUIREMENTS**

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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

**SIGNATURE OF APPLICANT**  
 \_\_\_\_\_  
**RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE**  
 \_\_\_\_\_  
**White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector**

**CEO DISTRICT**  
 7



FIRE CODE PERMIT REPORT

DATE: 5/22/97 ADDRESS: 1585 Forest Ave  
 PERMIT TO: Portland Pump  
 OWNER/CONTRACTOR: CN Brown  
 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 58 Standards.
12. Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.

13. All piping shall be protected from possible mechanical damage and vandalism.
14. A 4" storz fire 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 Marshal 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. G. McDougall  
 Fire Prevention Officer  
 City of Portland

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)

1. REGISTRATION NUMBER: 1124  
(Complete only if a registration has been  
previously assigned by the Department  
of Environmental Protection.)

STATE USE ONLY  DATE OF REGISTRATION ___/___/___
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2. FACILITY INFORMATION:

- A. Name of Facility: Big Apple Store
- B. Street Address of Facility: 1585 FOREST AVE
- C. Town/City where facility is located: PORTLAND
- D. Mailing address: Big Apple Store 1585 F.A.  
PORTLAND Maine 04103
- E. F. Telephone: 207-878-0532
- G. Directions to Facility: 1585 FOREST AVE  
PORTLAND, ME
- H. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes \_\_\_ No .
- I. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source? Yes \_\_\_ No .
- J. (Complete if the answer to (I) 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 \_\_\_.
- K. Is the facility located on a sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes \_\_\_ No .
- L. Is the facility located within 250 feet of a fresh or salt water body or wetland? Yes \_\_\_ No .
- M. Is the facility located within a 100 year flood plain? Maps are available at most municipal offices. Yes \_\_\_ No .

Note: If you wish assistance in answering items (K) or (L), please call the Department at (207) 289-2651. 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, State House Station #22, Augusta, Maine 04333, (207) 289-2801.

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

3. TANK OWNER:

- A. Name: BROWN C. N. COMPANY  
(last) (first) (middle initial)
- B. Mail Address: P.O. Box 200
- C. Town/City: SOUTH PARIS D. State: ME
- E. Zip Code: 04281 F Phone: 207-743-9212

4. TANK OPERATOR: (if different from owner.)

- A. Name: \_\_\_\_\_  
(last) (first) (middle initial)
- B. Mail Address: SAME
- C. Town/City: \_\_\_\_\_ D. State: \_\_\_\_\_
- E. Zip Code: \_\_\_\_\_ F Phone: \_\_\_\_\_

5. CONTACT PERSON:

- A. Name: KEVIN MOORE B. Phone: 207-743-9212

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: SCOTT LETTELIER

B. Installer ID Number: 274 Date to be Installed: 6/6/97

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: 5-5-97 KEVIN MOORE MAINTENANCE SUPERVISOR  
Owner or Authorized Title (Please print  
Employee of the Owner or type)

Signature: Kevin Moore Title Maintenance Supervisor



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~~ **FIBERGLASS COVERED STEEL (CELYTRON)**

B. Piping Type:

- E = Single Walled Fiberglass with liner
- G = Double Walled ~~Fiberglass~~ **APT FLEX**
- M = Single Walled Steel with Liner. **PIPE**
- () = Copper with Secondary Containment
- W = Cathodically Protected Steel

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

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 = Continuous In-Tank Gauging
- 6 = In-Line Leak Detector

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

F. Date Installed:

Fill in Month and Year of Installation.

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** **\*G** c. 20,000 D. 3 E. 29/23/28 F. 6/97 G. New H. 1/2 I. 5 J. 143

DIESEL/GAS

TANK 2:

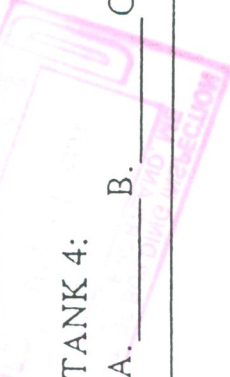
A. B. C. D. E. F. / G. H. I. J.

TANK 3:

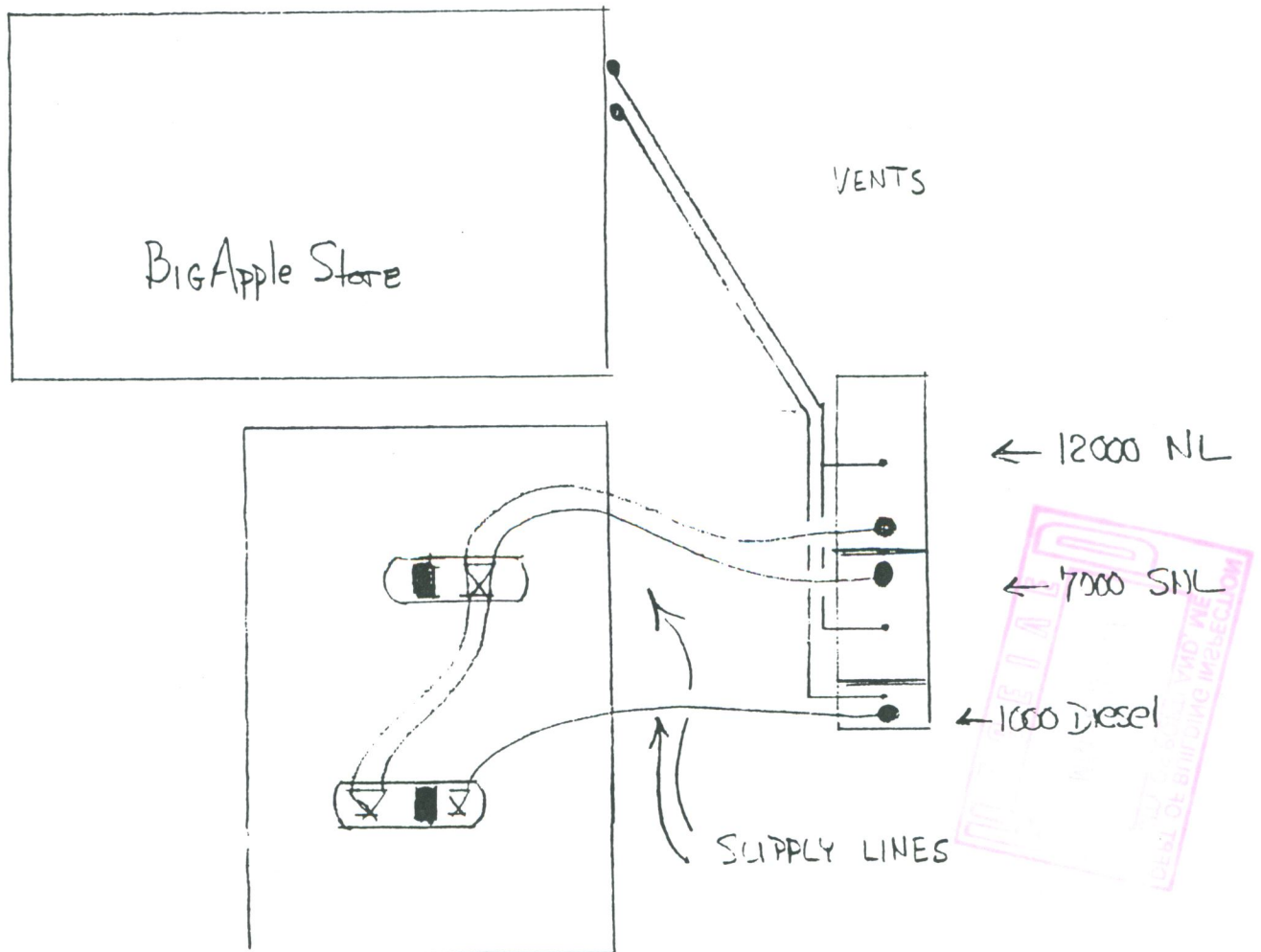
A. B. C. D. E. F. / G. H. I. J.

TANK 4:

A. B. C. D. E. F. / G. H. I. J.



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.



**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: C. N. BROWN COMPANY  
Mailing Address: P.O. Box 200 Telephone #: 207-743-9212  
City: SOUTH PARIS State: MAINE Zip Code: 04281  
Contact Person (name, address & telephone #): KEVIN MOORE  
P.O. Box 200 SOUTH PARIS MAINE 04281  
Name of Facility: BIG APPLE STORE Registration #: 1124  
Facility Location (town & street): 1585 FOREST AVE PORTLAND, ME 04103


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

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1-1	6-1-79	8000	UNLEADED
2-1	6-1-79	8000	PREMIUM UNLEADED
3-1	6-1-79	550	DIESEL
4-1	4-1-89	4000	UNLEADED

2. Directions to this facility (be specific):

1585 FOREST AVE PORTLAND

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: SCOTT LETTELLER Certification Number: 274 Signature: Scott Lettelier 

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):

EMERY & GARRETT WATERVILLE, ME

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

PORTLAND PUMP COMPANY

6. Expected date of removal (month/day/year): 6-6-97

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

Date: 5-5-97 Signature: Kevin Moore

Printed Name and Title: KEVIN MOORE / MAINTENANCE SUPERVISOR

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

May 13, 1997

KEVIN MOORE  
C.N.BROWN CO.  
P.O. BOX 200  
SOUTH PARIS, MAINE 04281

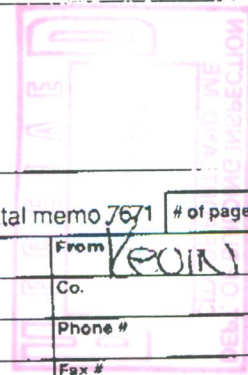
Dear MR. MOORE:

This letter is to acknowledge that on 8 MAY 1997 this Department received your completed registration materials for a new or replacement underground oil storage facility or ancillary equipment located at BIG APPLE FOREST AVE.. 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 15 MAY 1997. I have assigned your registration the following interim number INT 97-110. 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



Post-It™ brand fax transmittal memo 7671		# of pages ▶ 1
To Dave C	From KEVIN	
Co.	Co.	
Dept.	Phone #	
Fax # 883-1418	Fax #	

AUGUSTA  
17 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0017  
(207) 287-7608  
RAY BLDG., HOSPITAL ST.

BANGOR  
106 HOGAN ROAD  
BANGOR, MAINE 04401  
(207) 941-4970 FAX: (207) 941-4564

PORTLAND  
312 CANCO ROAD  
PORTLAND, MAINE 04103  
(207) 822-6300 FAX: (207) 822-6303

PRESQUE ISLE  
1235 CENTRAL DRIVE, SKYWAY PARK  
PRESQUE ISLE, MAINE 04769-2094  
(207) 764-0477 FAX: (207) 764-1507