

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 050361

PERMIT ISSUED

APR 7 2005

CITY OF PORTLAND

This is to certify that Penobscot Bay Medical/Guerin Associates

has permission to Remove 1000 gal. Underground tank

AT 331 Veranda St

City of Portland 434 0001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. 48 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Jay Kelly P.F.D. 4/6/05

Health Dept. _____

Appeal Board _____

Other _____

Department Name _____

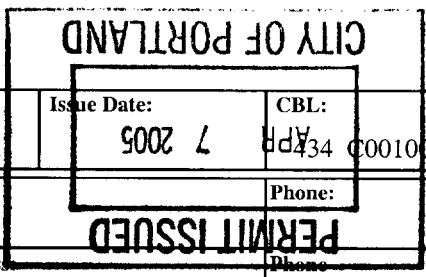
[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0361	Issue Date: 7 2005	CBL: 434 C001001
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Location of Construction: 331 Veranda St	Owner Name: Penobscot Bay Medical	Owner Address: Po Box 9746	Phone:
Business Name:	Contractor Name: Guerin Associates	Contractor Address: 332 New Portland Rd Portland	Phone: 12078548942
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	Zone:

Past Use: Commercial	Proposed Use: Commrcial remove 1000 gal underground tank	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 4
Proposed Project Description: Remove 1000 gal. Underground tank		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION Use Group: <i>N/A</i> Type: <i>TANK REMOVAL</i> <i>4/6/05</i>	

Signature: *JL* 4/6/05

Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 04/06/2005	Zoning Approval
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Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: _____	Date: _____	Date: _____

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>434</u> Block# <u>C</u> Lot# <u>001</u>		Owner: <u>City of Portland</u>	Telephone: <u>874-8127</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:		cost Of Work: \$ _____ Fee: \$ _____

Current use: School

If the location is currently vacant, what was prior use: N/A

Approximately how long has it been vacant: N/A

Proposed use: REMOVAL OF 1000-gallon UST.

Project description: EXCAVATE TANK - BACK FILL TANK GRAVE LOAM. SECT.

Contractor's name, address & telephone: GUERIN ASSOCIATES 332 NEW PORTLAND RD
GORHAM ME 04038
854-8542

Who should we contact when the permit is ready: JOHN BANKIN,

Mailing address: SAME

We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: [Signature] Date: 4-6-05

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 APR - 6 2005
RECEIVED

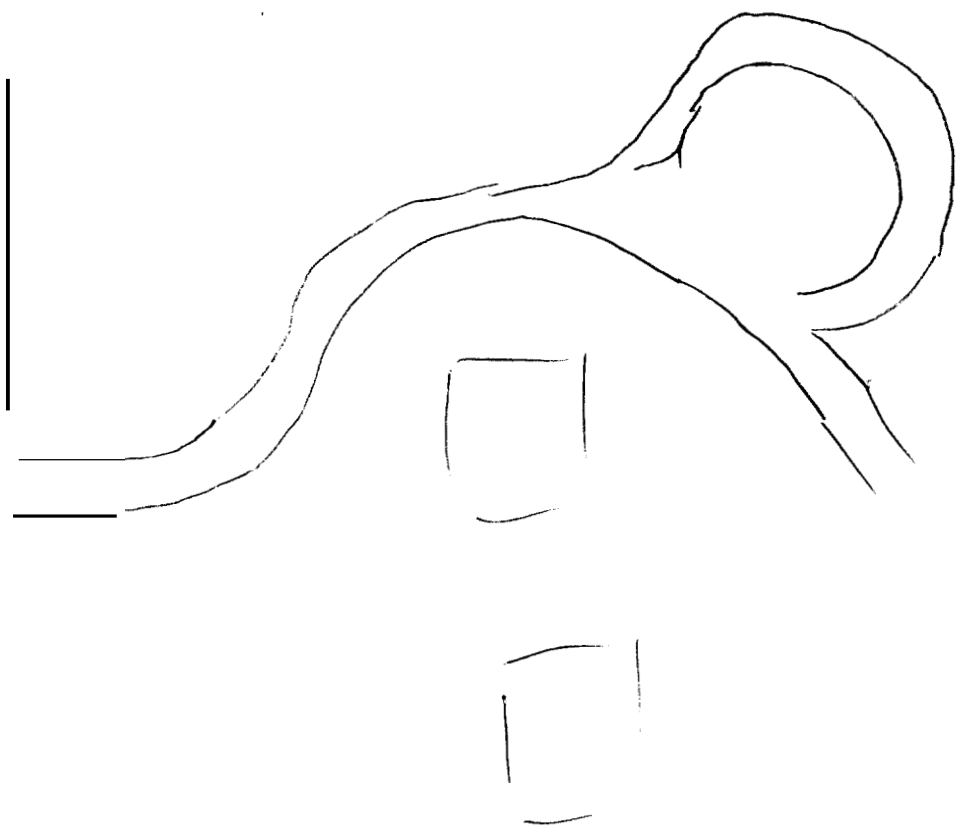
This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

#9017

N
↑
US Route 1

UST ← Tank
| Parking |

○ snow
→ Area



Guerin Associates, LLC

332 New Portland Road
Gorham, Maine 04038
207-854-8942 Phone
207-854-5827 Fax

Send to: <i>City of Portland</i>	From: <i>John Rankin</i>
Attention: <i>Mike Niant</i>	Date: <i>4-6-05</i>
Office Location: <i>Portland</i>	Office Location:
Fax Number: <i>874-8716</i>	Phone Number:

- Urgent
- Reply ASAP
- Please comment
- Please Review
- For your Information

Total pages, including cover:

Comments:

<i>MIKE, HOPE IS THE NOTICE OF INTENT TO ABANDON + DEP REGISTRATION FOR THE 1000 GALLON UST INTENDED TO BE REMOVED. THANK YOU FOR YOUR ASSISTANCE JOHN RANKIN</i>

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

REG NO. 20966

Expires after 6 (six) months if the
Department does not receive notice that
removal was completed.

DIBLATE
2005140854
>10:30 @ WEDS 4/6

**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: CITY OF PORTLAND SCHOOL DEPARTMENT
Mailing Address: 331 VERANDA ST Telephone #: 874-8127 (MAINT.)
City: PORTLAND State: ME Zip Code: 04103
Contact Person (name, address & telephone #): THOMAS HAMILTON, MAINT. SUPERVISOR, 331 VERANDA
Name of Facility: PORTLAND SCHOOL DEPT. Registration #: UNREGISTERED
Facility Location (town & street): MARTIN'S POINT, 331 VERANDA ST, PORT 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	1970s	1,000	FORMERLY DIESEL, NOW OIL AND WATER
2			
3			

2. Directions to this facility (be specific): DRIVING SOUTH ON ROUTE 1 FROM FACILITY TO PORTLAND, TAKE FIRST DRIVEWAY ON LEFT IN MARTIN'S POINT COMPLEX AFTER CROSSING MARTIN PT. BRIDGE.
3. Is or was the tank(s) used to store Class I liquids (e.g., gasoline, jet fuel)? Yes No X
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):

IF APPLICABLE JOHN TEWHEY OF TEWHEY ASSOCIATES

5. Name and telephone number of contractor who will do the tank removal:
UNDETERMINED, EITHER ENPAC OR GUERIN. JOHN TEWHEY IS CONTACT.

6. Expected date of removal (month/day/year): APRIL 4, 2005

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

Date: MARCH 1, 2005 Signature of owner or operator: John Tewhey
Printed Name and Title: JOHN TEWHEY, AGENT AGENT IN CHARGE CITY OF PORTLAND

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

DEP

STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL I

FACILITY REGISTRATION CERTIFI

Underground Storage Tank

Please display this certificate in a visible location at the registered facility.

Facility:

PORTLAND SCHOOL DEPT OFFICES
331 VERANDA ST
PORTLAND

Facility Registration Number: 20966
Date of Registration: March 08, 2005
Facility Phone: 207-874-8127

Operator:

PORTLAND CITY OF
1001 WESTBROOK ST
PORTLAND
ME 04102
207-772-0466

Sensitive Area Status:

Facility Use:

Town "&" School

Owner:

PORTLAND CITY OF
1001 WESTBROOK ST
PORTLAND
ME 04102
207-772-0466

USTs ONLY

Number of Active Tanks:

If the information on this form is accurate and complete, please retain for your records.

The Maine Department of Environmental Protection must be notified of any errors or changes in the information on this form. To accomplish this, please draw a line through the incorrect or outdated information, insert the correct information, and return this form to:

Department of Environmental Protection
Bureau of Remediation and Waste Management
State House Station # 17
Augusta, ME 04333

Attn: Underground Tanks Program

If you have any questions concerning this process, please call (207)267-2651 and ask for the administrator of the Underground Storage Tanks program.

INDIVIDUAL TANK DATA FOR SITE NUMBER: 20966

Tank	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Status Date
1	Steel - bare or asphalt coated.	1000	None	03/07/2005	Planned for Removal	03/08/2006
Chamber	Chamber Size	Product Stored	Pipe Monitoring	Piping Type	Overfill Protection	
1	1000	Diesel	None	Steel - bare or asphalt coated.	None	

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Permit No: 05-0361	Date Applied For: 04/06/2005	CBL: 434 C001001
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Business Name:	Contractor Name: Guerin Associates	Contractor Address: 332 New Portland Rd Portland	Phone: (207) 854-8942
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	

Proposed Use: Commrcial remove 1000 gal underground tank	Proposed Project Description: Remove 1000 gal. Underground tank
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Dept: Zoning	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 04/06/2005	Ok to Issue: <input checked="" type="checkbox"/>
Note:				

