



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 4/13/92, 19
 Receipt and Permit number 3106

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 6 Allen Ave. (Big Apple)
 OWNER'S NAME: Con Brown Co ADDRESS: _____

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) Incandescent <u>22</u> Fluorescent <u>11</u> (not strip) TOTAL <u>13</u> Strip Fluorescent _____ ft. _____	2.60
SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of) Fractional _____ 1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) _____ Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____ Oil or Gas (by separate units) _____ Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repaired after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 15.00

INSPECTION:
 Will be ready on _____, 19____; or Will Call
 CONTRACTOR'S NAME: Advanced Electric Co
 ADDRESS: Box 66- Norway, ME
 TEL: 743-7780
 MASTER LICENSE NO.: Renny Bailey #03106 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

913017 913017

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$39. Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: C N. Brown Co Phone # XXX 743-9212
 Address: P O Box 200 - South Paris, ME 04281 *attn*
 LOCATION OF CONSTRUCTION 6 Allen Ave.
 Contractor: owner Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: conv store w sign
 Past Use: conv store
 # of Existing Res. Units: _____ # of New Res. Units: _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Erect sign - 10'x7' & restore canopy

For Official Use Only

Date: 9/3/91 Subdivision: _____
 Name: SEP 18 1991
 Inside Fire Limits: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: _____
 Ownership: _____
 City of Portland

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

Ceiling:

- Ceiling Joists Size: _____ *Not in District or Landmark*
- Ceiling Strapping Size _____ Spacing _____ *Does not require review*
- Type Ceilings: _____ *Requires Review*
- Insulation Type _____ Size _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____ Action: Approved
- Sheathing Type _____ Size _____ *Approved with conditions*
- Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

- Approval of soil test if required Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Stephen Lawrence Date 9/3/91

CEO's District 6

CONTINUE TO REVERSE SIDE
Larry Tag - CEO MR. MITCHELL

White - Tax Assessor

913017

Permit # 913017 City of Portland BUILDING PERMIT APPLICATION Fee 39. Zone 39 Map # Lot #

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: C. H. Brown Co Phone # 743-9212

Address: P O Box 200 - South Par, NE 04291 *City*

LOCATION OF CONSTRUCTION 5 Allen Ave.

Contractor: OWNER Sub:

Address: Phone #

Est. Construction Cost: Proposed Use: conv store & sign

Past Use: conv store

of Existing Res. Units # of New Res. Units

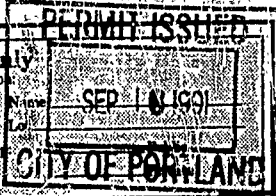
Building Dimensions: L W Total Sq. Ft.

Stories: # Bedrooms Lot Size:

Is Proposed Use: Seasonal Condominium Conversion

Explain Conversion: Erect sign - 10'x7' & restore canopy

For Official Use Only	
Date: <u>9/2/91</u>	Subdivision: <u> </u>
Inside Fire Limits: <u> </u>	Name: <u>SEP 14 1991</u>
Blgd Code: <u> </u>	Lot: <u> </u>
Time Limit: <u> </u>	Ownership: <u> </u>
Estimated Cost: <u> </u>	



Zoning: B-2
Street Frontage Provided:
Provided Setbacks: Front Back Side Side

Review Required:
Zoning Board Approval: Yes No Date:
Planning Board Approval: Yes No Date:
Conditional Use: Variance Site Plan Subdivision
Shoreland Zoning: Yes No Floodplain: Yes No
Special Exception:
Other: (Explain) 9-13-91

Foundation:
1. Type of Soil:
2. Set Backs - Front Rear Side(s)
3. Footing Size:
4. Foundation Size:
5. Other:

Floor:
1. Sills Size: Sills must be anchored.
2. Girder Size:
3. Lally Column Spacing: Size:
4. Joist Size: Spacing 16" O.C.
5. Bridging Type: Size:
6. Floor Sheathing Type: Size:
7. Other Material:

Exterior Walls:
1. Studding Size Spacing
2. No. windows
3. No. Doors
4. Header Sizes Span(s)
5. Bracing: Yes No
6. Corner Posts Size
7. Insulation Type Size
8. Sheathing Type Size
9. Siding Type Weather Exposure
10. Masonry Materials
11. Metal Materials

Interior Walls:
1. Studding Size Spacing
2. Header Sizes Span(s)
3. Wall Covering Type
4. Fire Wall if required
5. Other Materials

White - Tax Assessor

Ceiling:
1. Ceiling Joists Size: Spacing
2. Ceiling Strapping Size Spacing
3. Type Ceilings: Size: Requires Review
4. Insulation Type
5. Ceiling Height:

Roof:
1. Truss or Rafter Size Span Action: Approved
2. Sheathing Type Size
3. Roof Covering Type Size

Chimneys:
Type: Number of Fire Places Size

Heating:
Type of Heat:

Electrical:
Service Entrance Size: Smoke Detector Required: Yes No

Plumbing:
1. Approval of soil test if required: Yes No
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:
1. Type:
2. Pool Size: x Square Footage
3. Must conform to National Electrical Code and State Law

Permit Received By: Ernie E. Chase

Signature of Applicant: Stephen Lawrence Date: 9/3/91

CEO's District:

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO
Kevin Carroll
Ruth MacI

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 39 -

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Type	Inspection Record	Date
<u>FINAL(LY)</u>		<u>2 / 21 / 92</u>
_____		_____
_____		_____
_____		_____
_____		_____

COMMENTS

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter 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

PHONE NO. 743-9212

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

901006

Permit # 901006 City of Portland BUILDING PERMIT APPLICATION Fee \$45.00 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: C. N. Brown Co. Phone # 743-9212

Address: Box 200, So. Paris, ME 04281

LOCATION OF CONSTRUCTION 6 Allen Avenue - The Big Apple

Contractor: Stewart & Son Sub: _____

Address: Congress St., Portland Phone # 772-9479

Est. Construction Cost: _____ Proposed Use: Convenience store

Past Use: same

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Remove 3 gasoline tank, one 4,000 gal, two 6,000 gal. and install one 8,000 gal. and one 6,000 gal., as

per two sets of plans.

Foundation:

- 1. Type of Soil: _____
- 2. Set Backs - Front _____ Rear _____ Side(s) _____
- 3. Footings Size: _____
- 4. Foundation Size: _____
- 5. Other _____

Floor:

- 1. Sills Size: _____ Sills must be anchored.
- 2. Girder Size: _____
- 3. Lally Column Spacing: _____ Size: _____
- 4. Joists Size: _____ Spacing 16" O.C.
- 5. B. Aging Type: _____ Size: _____
- 6. Floor Sheathing Type: _____ Size: _____
- 7. Other Material: _____

Exterior Walls:

- 1. Studding Size _____ Spacing _____
- 2. No. windows _____
- 3. No. Doors _____
- 4. Header Sizes _____ Span(s) _____
- 5. Bracing: Yes _____ No _____
- 6. Corner Posts Size _____
- 7. Insulation Type _____ Size _____
- 8. Sheathing Type _____ Size _____
- 9. Siding Type _____ Weather Exposure _____
- 10. Masonry Materials _____
- 11. Metal Materials _____

Interior Walls:

- 1. Studding Size _____ Spacing _____
- 2. Header Sizes _____ Span(s) _____
- 3. Wall Covering Type _____
- 4. Fire Wall if required _____
- 5. Other Materials _____

For Official Use Only PERMIT ISSUED

Date: August 2, 1990 Name: _____
 Inside Fire Limits: _____ Lot: AUG 8 1990
 Bldg Code: _____ Ownership: _____ Public _____
 Time Limit: _____ City Of Portland
 Estimated Cost: _____

Zoning:

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK JPD

Ceiling:

- 1. Ceiling Joists Size: Historic Preservation
- 2. Ceiling Strapping Size: Not Spacing distinct, A Hamilton
- 3. Type Ceilings: _____
- 4. Insulation Type _____ Size _____
- 5. Ceiling Height: _____

Roof:

- 1. Truss or Rafter Size _____ OC 2x
- 2. Sheathing Type _____ Size _____
- 3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

- 1. Approval of soil test if required Yes _____ No _____
- 2. No. of Tubs or Showers _____
- 3. No. of Flushes _____
- 4. No. of Lavatories _____
- 5. No. of Other Fixtures _____

Swimming Pools:

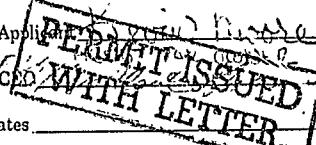
- 1. Type: _____
- 2. Pool Size: _____ x _____ Square Footage _____
- 3. Must conform to National Electrical Code and State Law.

Permit Received By Joyce M. Rinaldi

Signature of Applicant Joyce M. Rinaldi Date 8-2-90

Signature of CEO [Signature] Date 8-2-90

Inspection Dates _____



White-Tax Assesor

Yellow-GPCOG

White Tag -CEO

Copyright CPCOG 1988

BUILDING PERMIT REPORT

DATE: 8-2-90

ADDRESS: 6 Allen Ave - The Big Apple

REASON FOR PERMIT: Underground Tank Removal & Installation

Remove 7, 4000 gal 2-6000 gal gasoline tanks 1-8000 + 1-6000 gasoline

BUILDING OWNER: C.N. Brown Co.

CONTRACTOR: Stewart & Son

PERMIT APPLICANT: Kevin Moore

APPROVED: XXX ~~DENIED~~

CONDITION OF APPROVAL OR DENIAL:

- ✓ (1) All underground tank removal and/or installation 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.

PLOT PLAN

N
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FEEES (Breakdown From Front)

Base Fee \$ 45.00 _____

St. division Fee \$ _____

ite Plan Review Fee \$ _____

er Fees \$ _____

Explain) _____

Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS 8-10-90 *Blk tanks removed*

Signature of Applicant *Kewin Meade* AGENT FOR OWNER

Date 8-2-90



STATE OF MAINE

Department of Environmental Protection

MAIN OFFICE: FAY BUILDING, HOSPITAL STREET, AUGUSTA
MAIL ADDRESS: State House Station 17, Augusta, 04333
207-289-7688

JOHN R. McKERNAN, JR.
GOVERNOR

DEAN C. MARRIOTT
COMMISSIONER

DATE: 20 July 1990

TO: KEVIN MOORE
C. N. BROWN
Box 200
SOUTH PARIS, ME. 04281

Dear Mr. Moore:

This letter is to acknowledge that on 17 July, 1990 this Department received your completed registration materials for a new or replacement underground oil storage facility or ancillary equipment located at Big Apple 6 Allen Ave.. Maine statute dictates that the installation may take place five (5) business days after notification (38 M.R.S.A.) Section 563(a)(1), this installation may begin on 26 July 1990. I have assigned your registration the following interim number INT 90-257. Have a copy of your registration and display this letter in a prominent place during construction.

NOTE: Check with your tank installer to insure 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

WILLIAM V. VALENTINE
Division of Licensing & Enforcement
Bureau of Oil & Hazardous Materials Control

WVW:

WVFORMLET

RECEIVED

AUG 03 1990

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

REGIONAL OFFICES

• Portland •

• Bangor •

• Presque Isle •

Maine Department of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17
Augusta, Maine 04333
Telephone: 207-289-2651
Attn: Tank Removal Notice

7/88

NOTICE OF INTENT
TO ABANDON (REMOVE) AN
UNDERGROUND OIL STORAGE FACILITY

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: C.N. BROWN CO.
Mailing Address: Box 200 Telephone No.: 743-4212
City: So. Paris State: ME Zip Code: 04281
Contact Person (name, address & telephone no.):
KEVIN MOORE
Name of Facility: Bla Store Registration No.: 3943
Facility Location: ALLEN & FOREST AVE, PORTLAND, ME

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

Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A. 1		6000	NL
B. 2		6000	SNL
C. 3		4000	NLP
D.			

2. Directions to Facility (be specific):

CORNER OF FOREST & ALLEN AVE PORTLAND, ME

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes No (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: STEWARTS 772-9479

Certified Tank Installer Certification Number & Name (if applicable):
TODD LAVALLIE 251

Professional Firefighter Yes No (Affiliation: _____)

5. Expected date of removal: JULY 30, 1990

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

Date: JULY 16, 1990

Kevin Moore
Signature of Tank Owner or Operator

KEVIN MOORE MAINT. SUPERVISOR
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS
PRIOR TO REMOVAL

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

(1)

DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

1. REGISTRATION NUMBER: 8943 STATE USE ONLY
(Complete only if a registration has been previously assigned by the Department of Environmental Protection.) DATE OF REGISTRATION: / /

2. FACILITY INFORMATION

- A. Name of Facility: BIA STORE
B. Street Address of Facility: FOREST & ALLEN AVE
C. Town/City where facility is located: PORTLAND
D. Mailing address: SAME
E. Zip Code: 04101 F. Telephone: ()
G. Directions to Facility: CORNER OF ALLEN & FOREST AVE
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

(If you wish assistance in answering item (K), 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 at a nominal fee from the Maine Geological Survey, State House Station #22, Augusta, Maine 04333, (207)289-2801.)

If the answer to item (H), (J) or (K) above is yes, the facility is in a sensitive geologic area requiring certain conditions for tank installation. A new or replacement tank used for marketing and distribution of oil in such an area requires secondary containment or ground water monitoring.

NOTE: The installation of 21,000 gallons or greater combined tank capacity, on a significant sand and gravel aquifer requires the installation of 360° double containment tanks and piping with interstitial monitoring.

STATE USE ONLY

Reviewer: _____ Date: _____ Map Number: _____ Comment: _____

L. 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 checked="" 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 type="checkbox"/> Oil storage/Public Facility (state or local) |
| | <input type="checkbox"/> Oil storage/Federal Facility |
| | <input type="checkbox"/> Chemical (hazardous substance) storage |

(2)

3. TANK OWNER: A. Name: BROWN C. N.
(last) (first) (middle initial)
B. Mail Address: Box 200
C. Town/City: SOPRIS D. State: ME
E. Zip Code: 04781 F. Phone: 743-9212
4. TANK OPERATOR:
(If different from owner) A. Name: _____
B. Mail Address: SAME
C. Town/City: _____ D. State: _____
E. Zip Code: _____ F. Phone: _____
5. CONTACT PERSON: A. Name: KEVIN MOORE B. Phone: 743-9212

6. 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).

Registration fees are applicable ONLY to active, new, or replacement tanks used for the MARKETING AND DISTRIBUTION OF OIL. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY. Fees are as follows:

Number of Tanks 1 6,000 gallons or under in size at \$25.00 per tank = \$ 25.00

Number of Tanks 1 over 6,000 gallons in size at \$50.00 per tank = \$ 50.00

Fee Computation Worksheet:

a. 1 # tanks 6,000 gallons or under in size at \$25.00 per tank = \$ 25.00

b. 1 # tanks over 6,000 gallons at \$50.00 per tank = \$ 50.00

c. Total Annual Fee due — add a & b = \$ 75.00

7. 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.

8. Complete the next two (2) pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility.

9. 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 or other hazardous materials. 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: 7/16/90 KEVIN MOORE MAINT. SUPERVISOR
Owner or Authorized Employee of the Owner Title
(Please print or type)

Signature: Kevin Moore _____
Title

10. IF NEW OR REPLACEMENT TANKS ARE INCLUDED WITH THIS REGISTRATION, PROVIDE:

(3) A. Name of Installer: Tommy Chavely
 B. Installer ID Number: 251

11. INDIVIDUAL TANK DATA (Complete one [L] line for each tank at the facility, including tanks planned for installation or replacement).

Date of Planned Installation 8/90

A. Tank Number	B. Tank Type	C. Piping Type	D. Tank Size	E. Form of Additional Protection for New and Replacement Wholesale or Retail Tanks in Seismic Geologic Areas (Tanks and Piping)	F. Product Stored	G. Tank Age	H. Status	I. Date removed from active service (if applicable)	J. System Type
1	<input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled	<input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<u>6000</u> Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input checked="" type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input checked="" type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	<u>11/6/90</u> Mo/Yr	<input checked="" type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
2	<input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled	<input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<u>8000</u> Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input checked="" type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input checked="" type="checkbox"/> Premium #2 <input checked="" type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	<u>11/6/90</u> Mo/Yr	<input checked="" type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input type="checkbox"/> Suction <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input type="checkbox"/> Suction <input type="checkbox"/> Pressurized
	<input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled	<input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input type="checkbox"/> Suction <input type="checkbox"/> Pressurized

(4)

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 (7½ minute) USGS topographical quadrangle, showing the location of the facility. If a 7½ minute map is not available, a 1:62,500 scale (15 minute) map may be used.

(b) Attach a drawing of the facility, showing the location of TANKS AND PIPING to be installed and any existing tanks. THE FORM OF ADDITIONAL PROTECTION for tanks used for marketing and distribution of oil in sensitive areas MUST BE DETAILED ON THE DRAWING. Monitoring well locations must be provided for all tanks greater than 1,100 gallons used for on-site consumption of oil.

