ABOVEGROUND STORAGE PERMIT

WORKSHEET

Facility Name: Mount Desert Island Hospital | Facility City: Bar Harbor |

Tank Number	1		2								
Facility Tank Number	1		2								
Tank Capacity	8,000		150								
Tank Manufacturer	Newberry Tank		Pryco								
Tank Material	Steel		Steel								
Tank Orientation	Horizontal		Horizontal								
Tank Listing	UL 2080 Protected Tar		UL 142, Secondary Containment								
Use of Tank	Equipment Supply		Equipment Supply								
Flood Zone	No		No								
Vault	No		No								
Secondary Contain	Double Wall Tank		Double Wall Tank								
Weather Protection	Inside		Inside								
Security	Inside		Inside								
Collision Protection	Inside		Inside								
Distances	Met		Met								
Electrical Wiring	Yes		Yes								
Tank Leak Detection	ATGauge		El/Sec Con								
Chamber Number	1		1								
Chamber Capacity	8,000		150								
Product	Diesel Fuel		Diesel Fuel								
Product Heated?	No		No								
Product Under Press?	No		No								
Fill Pipe Termination	Yes		Yes								
90 Slow/95 Stop	Yes		Yes								
Overfill Protection	Mechanical/Electronic		Mechanical/Electronic								
Normal Vent	Met		Met								
E Vent, Chamber	Met		Met								
E Vent, Interstitial	Met		Met								
Marking of Tank	Met		Met								
Type of Pump	Suction		Suction								
Pressure Relief	N/A		Yes								
Anti-Siphon	Yes		Yes								
AG Pipe Material	Steel/Asphalt Coated		Steel/Asphalt Coated								
UG Piping?	No		No								
UG Piping Material	None		None								
Piping Leak Detection	None		None								

Need engineer's Certification
Need Site Plan and Building plan

ABOVEGROUND STORAGE PERMIT

WORKSHEET

Facility Name	Mount Desert Island Hospital	Facility City	Bar Harbor	Page	3

DEP TANKS DATABASE

DEP Registration #	14610				
Name	Mount Desert Island Hospital	Location			
Registration Date	12/22/87	Phone	266-1019		
Facility Use	Public Facility				
Facility Address	10 Wyman Lane				
Facility City	Bar Harbor				
Owner Name	Mount Desert Island Hospital	Owner Start Date	08/10/18		
Operator Name	Mount Desert Island Hospital	Operator Start Date	08/10/18		

TANK Information

Tank Number	1			Orientation	Horizontal
Info Source	FMO Permit Application	Warranty Expires		Secondary Containmer	Double Wall Tank
Tank Owner	Mount Desert Island Hospital	Date Installed	07/02/18	Weather Protecton	Inside
Leak Detection	ATGauge	Status Date	07/02/18	Grade	At Grade
Installer	Not Certified	Status	Planned For Installation		
Manufacturer	Newberry				
Material	Steel				

CHAMBER Information

		Chamber Number	1	Volume	8000
		Product Code	Diesel Fuel		
		Overfill Protection	Mechanical/Electronic		
Piping Detail					
Piping Status	Planned For Installation	Piping Installed	7/2/2018		
Material	Steel/Asphalt Coated	Status Date	7/2/2018		
Pump Type	Suction	Leak Detection	El/Sec Con		
Installer	Not Certified	Piping Below Grade	No		
Manifolds With Tank Number		Chamber Number			

CHAMBER Information

		Chamber Number		Volume	
		Product Code			
		Overfill Protection			
Piping Detail					
Piping Status		Piping Installed			
Material		Status Date			
Pump Type		Leak Detection			
Installer	Not Certified	Piping Below Grade			
Manifolds With Tank Number		Chamber Number			

ABOVEGROUND STORAGE PERMIT

WORKSHEET

Facility Name	Mount Desert Island Hospital	Facility City	Bar Harbor	Page	4

TANK Information

Tank Number	2			Orientation	Horizontal
Info Source	FMO Permit Application	Warranty Expires		Secondary Containmer	Double Wall Tank
Tank Owner	Mount Desert Island Hospital	Date Installed	7/2/2018	Weather Protecton	Inside
Leak Detection	EI/Sec Con	Status Date	7/2/2018	Grade	At Grade
Installer	Not Certified	Status			
Manufacturer	Pryco				
Material	Steel				

CHAMBER Information

		Chamber Number	1	Volume	150
		Product Code	Diesel Fuel		
		Overfill Protection	Mechanical/Electronic		
Piping Detail					
Piping Status	Planned For Installation	Piping Installed	7/2/2018		
Material	Steel/Asphalt Coated	Status Date	7/2/2018		
Pump Type	Suction	Leak Detection	EI/Sec Con		
Installer	Not Certified	Piping Below Grade	No		
Manifolds With Tank Number		Chamber Number			

CHAMBER Information

		Chamber Number		Volume	
		Product Code			
		Overfill Protection			
Piping Detail					
Piping Status		Piping Installed			
Material		Status Date			
Pump Type		Leak Detection			
Installer	Not Certified	Piping Below Grade			
Manifolds With Tank Number		Chamber Number			

Dixon, Stephen W

From: Dixon, Stephen W
Sent: Monday, July 02, 2018 5:44 PM
To: 'John Mahar'
Subject: RE: MDI HOSPITAL

I have reviewed the application.
I need the application to be stamped by an engineer.
I also need a site plan and building floor plan for the part of the building where the tanks will be located.

Stephen W. Dixon, Sr.
Inspector II
Office of the State Fire Marshal
52 State House Station
Augusta, ME 04333-0052
207 626-3890
http://www.maine.gov/dps/fmo/index.htm

From: John Mahar [mailto:jmahar@tanksunlimited.com]
Sent: Wednesday, June 13, 2018 10:40 AM
To: Dixon, Stephen W <Stephen.W.Dixon@maine.gov>
Subject: Re: MDI HOSPITAL

Thanks Steve,

I will notify them right now.

Regards,
John Mahar

Tanks Unlimited Inc.
36 Northwood Drive
Portland, ME 04103
800-378-0028
jmahar@tanksunlimited.com
www.tanksunlimited.com

From: Dixon, Stephen W
Sent: Wednesday, June 13, 2018 10:31 AM
To: John Mahar
Subject: RE: Belfast PWD

No

Stephen W. Dixon, Sr.
Inspector II
Office of the State Fire Marshal
52 State House Station
Augusta, ME 04333-0052
207 626-3890
http://www.maine.gov/dps/fmo/index.htm

From: John Mahar [mailto:jmahar@tanksunlimited.com]
Sent: Monday, June 11, 2018 3:09 PM
To: Dixon, Stephen W <Stephen.W.Dixon@maine.gov>
Subject: Re: Belfast PWD

HI Steve,

MDI Hospital was looking for their permit today. Did they ever send it in? I had it 95% filled out and sent it to them in April to sign and attach check and plot plan and assumed they sent it.

Thanks,
John

Tanks Unlimited Inc.
36 Northwood Drive
Portland, ME 04103
800-378-0028
jmahar@tanksunlimited.com

www.tanksunlimited.com

From: Dixon, Stephen W
Sent: Monday, June 11, 2018 2:42 PM
To: John Mahar
Subject: RE: Belfast PWD

For the City of Belfast I have:

Belfast Highway Department	2973	8/7/1997	Congress Street
City Of Belfast	1941	3/27/1989	Waterfront
City Of Belfast	3268	5/4/2001	Public Landing

I do not have the permit to get you the details right now. I will let you know when I do get them.

From: John Mahar [mailto:jmahar@tanksunlimited.com]
Sent: Monday, June 11, 2018 11:43 AM
To: Dixon, Stephen W <Stephen.W.Dixon@maine.gov>
Subject: Belfast PWD

HI Steve,

Do you have a permit registration for a 3,000 gallon diesel DW AST at the Belfast Public Works Department? They are going to relocate it and I was told it was installed in 2016.

Thanks Steve,
John

Tanks Unlimited Inc.
36 Northwood Drive
Portland, ME 04103
800-378-0028
jmahar@tanksunlimited.com
www.tanksunlimited.com

From: Dixon, Stephen W
Sent: Monday, June 11, 2018 11:27 AM
To: John Mahar
Subject: Read: FYI

Your message

To: Dixon, Stephen W
Subject: FYI
Sent: Tuesday, June 5, 2018 10:18:34 AM (UTC-05:00) Eastern Time (US & Canada)

was read on Monday, June 11, 2018 11:27:43 AM (UTC-05:00) Eastern Time (US & Canada).

RECEIVED

JUN 14 2018

BY: _____

Application for a Permit for Aboveground Storage of Flammable and Combustible Liquids

Maine Department of Public Safety
Office of the State Fire Marshal
52 State House Station
Augusta, Maine 04333-0052
207 626-3880 (Tel.)
207 287-6251 (Fax)
http ;//www.maine,gov/dps/fmo/index.htm

FMO Use Only	
DEP Siting: ☐ Complies ☐ Exempt ☐ Does Not Comply ☐ May Be Made To Comply ☐ Waiver Requested ☐ Waiver Granted	Permit # Issued:
Fee: Amount: $ 15 Received: 06 21 18 Check #: 146427	Action: ☐ Approved per Plan ☐ Approved per Plan and Inspection ☐ Denied ☐ By: _____ Date: _____

FACILITY:		
Facility Name: Mount Desert Island Hospital		
Facility Physical Address: 10 Wayman Lane		
Facility City: Bar Harbor	Facility County: Hancock	Facility Zip Code: 04609
Facility Telephone: 207-588-2081		
Facility Contact Person: Doug Springer	Facility Contact Telephone: 207-266-1019	Facility Contact Email: Doug.Springer@MDIHOSPITAL.ORG
Total Capacity of Facility: 8,150 U. S. Gallons	Fire Marshal's Office Permit: ☐ None Number: _____ Issued: _____ **Attach a copy to this application!**	
Facility DEP Registration Number: 14610	DEP Registration Date: December 22, 1987	
Owner Start Date: 8/10/2018	Operator Start Date: 8/10/2018	

DEP USE OF FACILITY:		
☐ Wholesale Oil	X Industrial	☐ Federal Facility
☐ Retail Oil	☐ Aggregate Mining	☐ State Facility
☐ Public Facilities	☐ Chemical Storage	☐ Town or School Facility
☐ Private Fueling	☐ Multiple Residence	
	☐ Single Residence	

APPLICANT: (Person submitting application and who should be contacted for additional information)			
Name: Doug Springer			
Mailing Address: P.O.Box 8	City: Bar Harbor	State: ME	Zip Code: 04609
Physical Address: 10 Wayman Lane	City: Bar Harbor	State: ME	Zip Code: 04609
Telephone, including extension: 207-288-5081	Email: Doug.Springer@MDIHOSPITAL.ORG		

ENGINEER'S CERTIFICATION:

Plans and specifications must be certified by a Maine registered Professional Engineer when the total capacity of the facility is 1320 gallons or more.

I, _____ hereby certify that
(Name, typed or printed)
the facility described on this application is designed according to recognized engineering practices, industry standards, statutes, rules, codes, and standards.

_____
(Signature)

_____
(Engineer's Company)

_____
(Engineer's Telephone, including extension)

_____
(Engineer's Email) Engineer's Seal

TYPE OF PERMIT:

X New Aboveground Storage Facility **(No existing permit)**
☐ Change of facility **(Attach a copy of existing permit)**
- ☐ Add tank(s)
- ☐ Replace tank(s)
- ☐ Remove tank(s)
- ☐ Change Product(s)

☐ Change of Ownership **(Attach a copy of existing permit)**
- ☐ Note changes and corrections to a copy of the existing permit, and submit the corrected copy of the existing permit with the application.

☐ Corrections to Permit **(Attach a copy of existing permit)**
- ☐ Note changes and corrections to a copy of the existing permit and submit the corrected copy of the existing permit with the application.

FACILITY OWNER:

Name: Mount Desert Island Hospital			
Mailing Address: P.O. Box 8	City: Bar Harbor	State: ME	Zip Code: 04609
Physical Address: 10 Wayman Lane	City: Bar Harbor	State: ME	Zip Code: 04609
Contact: Doug Springer	Telephone: 207-266-1019	Email: Doug.Springer@MDIHOSPITAL.ORG	

☐ Yes ☐ No Is this a new owner?

Permit will be mailed to "Facility Owner" as shown above.

FACILITY OPERATOR: X Same as Facility Owner

Name:			
Mailing Address:	City:	State:	Zip Code:
Physical Address:	City:	State:	Zip Code:
Contact:	Telephone:	Email:	

☐ Yes X No Is this a new operator?

TANK INFORMATION:

Tank Number: (Consecutive Numbers starting at 1)	Facility Tank Number, if different from Tank Number:
1	1
Nominal Capacity of tank: 8,000 US Gallons	**Tank Manufacturer:** Newberry Tank
Tank Material: X Steel ☐Other (Specify):	**Tank Orientation:** X Horizontal ☐Vertical

Listing:
☐UL 80
☐UL 142
☐UL 142 with Secondary Containment
☐Other (Specify):
X UL 2080 Protected Tank
☐UL 2085 Fire Resistant Tank
☐UL 2245 Tank in a Vault

Use of Tank:
☐Public Fueling
☐Automotive ☐Aviation ☐Marina ☐Equipment ☐Other: ____
☐Private Fueling
☐Automotive ☐Aviation ☐Marina ☐Equipment ☐Other:
☐Bulk Storage
☐Equipment Supply (Specify):
☐Container Storage
X Other (Specify): Generator fuel supply

Flood Zone: ☐Yes X No — Is the tank in a Flood Zone? If "Yes", specify what means will be used to secure the tank against moving:

Vault: ☐Yes X No — Is the tank in a vault? (A concrete secondary containment dike is NOT a vault.) If the vault is listed, specify the listing: ____

Secondary Containment:
☐Dike, Concrete
☐Dike, Metal
☐Dike, Earth
X Double Wall Tank
☐Remote Impoundment
☐None

Weather Protection:
X Inside a building **Submit plans and specifications for the building with this application!**
(More than 50% of wall space is enclosed. Building must comply with NFPA 30, Chapter 24, NAPA 1, NFPA 101, and other referenced publications)
☐Roof with walls (Less than 50% of the total wall space, including dike walls, is enclosed.)
☐Roof or Canopy Only
☐None

Security:
☐Chain Link Fence Enclosure Fence is no less than 6 feet high, 10 feet from tank.
☐Entire property is fenced
☐Other (Specify): ____

Collision Protection:
☐Barricades
☐Bollards
☐Other (Specify): ____

Distances:
Distance of tank from:

Nearest Important Building	5 ft	Dispensers	____ ft
Nearest Property Line	142 ft	☐Public Fueling Minimum 50 feet	
Nearest side of a Public Way	184 ft	☐Private Fueling	
Other Tanks Minimum 3 feet	5 ft UST	☐Mounted on tank	
Propane Storage Minimum 20 feet	165 ft		

Electrical Wiring and Equipment:
X Yes ☐No ☐None Are electrical wiring and electrical equipment within the hazard area defined by the National Electrical Code, NFPA 70 and NFPA 30, installed in compliance with these codes?

Tank Leak Detection:
☐None
X Automatic Tank Gauge
X Electronic/Secondary Containment
☐Other (specify):
☐Electronic/Ground Water
☐Electronic/Vapor
☐Statistical Inventory Analysis
☐Manual Monitoring/Secondary Containment
☐Manual Groundwater Sampling

Facility: MDI Hospital City: Bar Harbor Application Date: 4/9/2018
Copy these pages as needed for additional tanks or chambers.

CHAMBER INFORMATION	Chamber 1	Chamber 2	Chamber 3
Capacity (US Gallons)	8,000		
Product Use generic name, not trade name.	☐Alcohol ☐Antifreeze ☐Asphalt ☐Biodiesel B1-B74 ☐Biodiesel B75-B99 ☐Biodiesel B100 ☐Crude Oil X Diesel Fuel ☐#2 Fuel ☐Gasoline, Aviation ☐Gasoline, E-85 ☐Gasoline, Leaded ☐Gasoline, Plus ☐Gasoline, Premium ☐Gasoline, Regular ☐Glycerol ☐Hydraulic Oil ☐Jet Fuel ☐Kerosene ☐Lube Oil ☐Methanol ☐Vegetable Oil ☐Waste Oil ☐Other (Specify):	☐Alcohol ☐Antifreeze ☐Asphalt ☐Biodiesel B1-B74 ☐Biodiesel B75-B99 ☐Biodiesel B-100 ☐Crude Oil ☐Diesel Fuel ☐#2 Fuel ☐Gasoline, Aviation ☐Gasoline, E-85 ☐Gasoline, Leaded ☐Gasoline, Plus ☐Gasoline, Premium ☐Gasoline, Regular ☐Glycerol ☐Hydraulic Oil ☐Jet Fuel ☐Kerosene ☐Lube Oil ☐Methanol ☐Vegetable Oil ☐Waste Oil ☐Other (Specify):	☐Alcohol ☐Antifreeze ☐Asphalt ☐Biodiesel B1-B74 ☐Biodiesel B75-B99 ☐Biodiesel B-100 ☐Crude Oil ☐Diesel Fuel ☐#2 Fuel ☐Gasoline, Aviation ☐Gasoline, E-85 ☐Gasoline, Leaded ☐Gasoline, Plus ☐Gasoline, Premium ☐Gasoline, Regular ☐Glycerol ☐Hydraulic Oil ☐Jet Fuel ☐Kerosene ☐Lube Oil ☐Methanol ☐Vegetable Oil ☐Waste Oil ☐Other (Specify):
Is Product Heated?	☐Yes X No	☐Yes ☐No	☐Yes ☐No
Is Product Under Pressure?	☐Yes X No	☐Yes ☐No	☐Yes ☐No
Does fill pipe Terminate within 6" of the bottom of the tank? Mandatory for tanks storing Class I liquids	X Yes No	☐Yes ☐No	☐Yes ☐No
Does filling slow at 90% and stop at 95% of tank capacity? Mandatory for Secondary Containment Tanks.	X Yes ☐No	☐Yes ☐No	☐Yes ☐No
Overfill Protection	☐Level Gauge X Vent Whistle ☐Drop Tube ☐Electronic ☐Mechanical X Mech + Elect ☐None	☐Level Gauge ☐Vent Whistle ☐Drop Tube ☐Electronic ☐Mechanical ☐Mech + Elect ☐None	☐Level Gauge ☐Vent Whistle ☐Drop Tube ☐Electronic ☐Mechanical ☐Mech + Elect ☐None
Normal Vent (Size & Type)	2"		
Normal Vent (Height Above Ground) Class I Liquids No less than 12 feet above ground	19'		
Emergency Vent for Primary Chamber (Size & Type)	8" 8oz. Clay Bailey		
Emergency Vent for Interstitial Space (Size & Type)	8" 8oz. Clay Bailey		
Marking of Tank: Product Name **Mandatory** "No Smoking" **Mandatory** NFPA 704 Hazard Identification System **Mandatory** (See Instructions, Page 3)	Diesel fuel X Yes ☐No Blue 1 Red 2 Yellow 0 White	☐Yes ☐No Blue Red Yellow White	☐Yes ☐No Blue Red Yellow White

TYPE OF PUMP:	☐Pressure X Suction ☐None	☐Pressure ☐Suction ☐None	☐Pressure ☐Suction ☐None
If pump is a pressure pump, is there pressure relief?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
If pump is a suction pump, is there an anti-siphon device?	X Yes ☐No	☐Yes ☐No	☐Yes ☐No

PIPING MATERIAL:
X Steel ☐Other **(Specify):**

UNDERGROUND PIPING:
☐Yes X No Is any of the piping underground?
If "Yes", Indicate the type of underground piping below:

☐Steel, Asphalt Coated	☐Steel, Cathodic Protected
☐Steel, Secondary Containment	☐Fiberglass, Single Walled
☐Fiberglass, Secondary Containment, Petro	☐Fiberglass, Petroleum
☐Fiberglass, Sec Cont, Petro, Alcohol	☐Composite Fiberglass with Bonded Steel
☐Composite with Cathodic Protection	☐Composite with Secondary Containment
☐Copper	☐Black Steel
☐PVC	☐Stainless Steel
☐Double Wall Cathode Protected Steel	☐Flexible Single Walled Piping
☐Flexible Double Walled Piping	☐Copper with Secondary Containment

PIPING LEAK DETECTION:

☐None	☐Manual Monitoring, Secondary Containment
☐Electronic, Secondary Containment	☐Manual Groundwater Sampling
☐Electronic, Groundwater	☐Statistical Inventory Analysis
☐Continuous Electronic Vapor Monitoring	

Facility: MDI Hospital City: Bar Harbor Application Date: 4/9/2018
Copy these pages as needed for additional tanks.
Page 4 of 4, Set 1 of 2

SIDE AND END VIEWS PLAN
(These are the plans to be used to construct the facility!)

Show All of the Following on this Diagram:

>Base Material
>Ground and Foundation
>Type of Secondary Containment
>Dike
>Construction Material
>Inside Dimensions
>Capacity
>Drain and Valve
>Remote Impounding
>Tanks
>Tank Supports
>Normal Vents
>Type and Size
>Height Above Ground

>Emergency Vents
>Primary Chamber
>Type and Size
>Interstitial Space
>Type and Size

>Electrical Equipment
>Emergency Disconnects

>Loading Docks
>Vehicle Containment
>Bonding Connection
>Self Closing Valves

>Piping
>Routing of Piping
>Piping Connections
>Valves
>Anti-Siphon
>Pressure Relief
>Break-away
>Piping Supports
>Spill Bucket

>Color Code
>On Tanks
>On Piping

>Protection
>Fire Extinguishing
>From Flooding
>From Collision
>From Tampering

>Tank Marking
>"No Smoking"
>Product Name
>NFPA 704 Placard

>Buildings and Dimensions
>Building Construction Type
>Building Materials
>Floor Plan
>Exit Routes and Exit Signs
>Alarm System
>Emergency Lights
>Sprinkler System Specs
>Secondary Containment
>Tank Fill and Vent

>Roofs and Canopies
>Construction Plans
>Height Above Top of Tank
>Vent Termination

SEE ATTACHED

Facility: MDI Hospital City: Bar harbor Application Date: 4/9/2018
Copy these pages as needed for additional tanks.

TANK INFORMATION:

Tank Number: (Consecutive Numbers starting at 1)	Facility Tank Number, if different from Tank Number:
2	2
Nominal Capacity of tank: 150 US Gallons	Tank Manufacturer: Pryco

Tank Material:
X Steel ☐Other (Specify):

Tank Orientation:
X Horizontal ☐Vertical

Listing:
☐UL 80
☐UL 142
X UL 142 with Secondary Containment
☐Other (Specify):
☐UL 2080 Protected Tank
☐UL 2085 Fire Resistant Tank
☐UL 2245 Tank in a Vault

Use of Tank:
☐Public Fueling
☐Automotive ☐Aviation ☐Marina ☐Equipment ☐Other: _____
☐Private Fueling
☐Automotive ☐Aviation ☐Marina ☐Equipment ☐Other:
☐Bulk Storage
☐Equipment Supply (Specify):
☐Container Storage
X Other (Specify): Generator day tank

Flood Zone: ☐Yes X No
Is the tank in a Flood Zone? If "Yes", specify what means will be used to secure the tank against moving:

Vault: ☐Yes X No
Is the tank in a vault? (A concrete secondary containment dike is NOT a vault.) If the vault is listed, specify the listing:

Secondary Containment:
☐Dike, Concrete
☐Dike, Metal
☐Dike, Earth
X Double Wall Tank
☐Remote Impoundment
☐None

Weather Protection:
X Inside a building **Submit plans and specifications for the building with this application!**
(More than 50% of wall space is enclosed. Building must comply with NFPA 30, Chapter 24, NAPA 1, NFPA 101, and other referenced publications)
☐Roof with walls (Less than 50% of the total wall space, including dike walls, is enclosed.)
☐Roof or Canopy Only
☐None

Security:
☐Chain Link Fence Enclosure Fence is no less than 6 feet high, 10 feet from tank.
☐Entire property is fenced
☐Other (Specify):

Collision Protection:
☐Barricades
☐Bollards
☐Other (Specify):

Distances:
Distance of tank from:

Nearest Important Building	10 ft	Dispensers	____ ft
Nearest Property Line	142 ft	☐Public Fueling Minimum 50 feet	
Nearest side of a Public Way	184 ft	☐Private Fueling	
Other Tanks Minimum 3 feet	7 ft	☐Mounted on tank	
Propane Storage Minimum 20 feet	165 ft		

Electrical Wiring and Equipment:
X Yes ☐No ☐None
Are electrical wiring and electrical equipment within the hazard area defined by the National Electrical Code, NFPA 70 and NFPA 30, installed in compliance with these codes?

Tank Leak Detection:
☐None
☐Automatic Tank Gauge
X Electronic/Secondary Containment
☐Other (specify):
☐Electronic/Ground Water
☐Electronic/Vapor
☐Statistical Inventory Analysis
☐Manual Monitoring/Secondary Containment
☐Manual Groundwater Sampling

Facility: MDI Hospital City: Bar Harbor Application Date: 4/9/2018
Copy these pages as needed for additional tanks or chambers.

CHAMBER INFORMATION	Chamber 1	Chamber 2	Chamber 3
Capacity (US Gallons)	150		
Product Use generic name, not trade name.	☐Alcohol ☐Antifreeze ☐Asphalt ☐Biodiesel B1-B74 ☐Biodiesel B75-B99 ☐Biodiesel B100 ☐Crude Oil X Diesel Fuel ☐#2 Fuel ☐Gasoline, Aviation ☐Gasoline, E-85 ☐Gasoline, Leaded ☐Gasoline, Plus ☐Gasoline, Premium ☐Gasoline, Regular ☐Glycerol ☐Hydraulic Oil ☐Jet Fuel ☐Kerosene ☐Lube Oil ☐Methanol ☐Vegetable Oil ☐Waste Oil ☐Other (Specify):	☐Alcohol ☐Antifreeze ☐Asphalt ☐Biodiesel B1-B74 ☐Biodiesel B75-B99 ☐Biodiesel B-100 ☐Crude Oil ☐Diesel Fuel ☐#2 Fuel ☐Gasoline, Aviation ☐Gasoline, E-85 ☐Gasoline, Leaded ☐Gasoline, Plus ☐Gasoline, Premium ☐Gasoline, Regular ☐Glycerol ☐Hydraulic Oil ☐Jet Fuel ☐Kerosene ☐Lube Oil ☐Methanol ☐Vegetable Oil ☐Waste Oil ☐Other (Specify):	☐Alcohol ☐Antifreeze ☐Asphalt ☐Biodiesel B1-B74 ☐Biodiesel B75-B99 ☐Biodiesel B-100 ☐Crude Oil ☐Diesel Fuel ☐#2 Fuel ☐Gasoline, Aviation ☐Gasoline, E-85 ☐Gasoline, Leaded ☐Gasoline, Plus ☐Gasoline, Premium ☐Gasoline, Regular ☐Glycerol ☐Hydraulic Oil ☐Jet Fuel ☐Kerosene ☐Lube Oil ☐Methanol ☐Vegetable Oil ☐Waste Oil ☐Other (Specify):
Is Product Heated?	☐Yes X No	☐Yes ☐No	☐Yes ☐No
Is Product Under Pressure?	☐Yes X No	☐Yes ☐No	☐Yes ☐No
Does fill pipe Terminate within 6" of the bottom of the tank? Mandatory for tanks storing Class I liquids	X Yes ☐No	☐Yes ☐No	☐Yes ☐No
Does filling slow at 90% and stop at 95% of tank capacity? Mandatory for Secondary Containment Tanks.	X Yes ☐No	☐Yes ☐No	☐Yes ☐No
Overfill Protection	☐Level Gauge ☐Vent Whistle ☐Drop Tube X Electronic X Mechanical ☐Mech + Elect ☐None	☐Level Gauge ☐Vent Whistle ☐Drop Tube ☐Electronic ☐Mechanical ☐Mech + Elect ☐None	☐Level Gauge ☐Vent Whistle ☐Drop Tube ☐Electronic ☐Mechanical ☐Mech + Elect ☐None
Normal Vent (Size & Type)	2"		
Normal Vent (Height Above Ground) Class I Liquids No less than 12 feet above ground	8'		
Emergency Vent for Primary Chamber (Size & Type)	3"		
Emergency Vent for Interstitial Space (Size & Type)	3"		
Marking of Tank: Product Name **Mandatory** "No Smoking" **Mandatory** NFPA 704 Hazard Identification System **Mandatory** (See Instructions, Page 3)	Diesel X Yes ☐No Blue 1 Red 2 Yellow 0 White	☐Yes ☐No Blue Red Yellow White	☐Yes ☐No Blue Red Yellow White

TYPE OF PUMP: 4 GPM **2 GPM**	X Pressure-Reverse Flow to main tank X Suction ☐None	☐Pressure ☐Suction ☐None	☐Pressure ☐Suction ☐None
If pump is a pressure pump, is there pressure relief?	X Yes ☐No	☐Yes ☐No	☐Yes ☐No
If pump is a suction pump, is there an anti-siphon device?	X Yes ☐No Electric solenoid	☐Yes ☐No	☐Yes ☐No

PIPING MATERIAL:
X Steel ☐Other **(Specify):**

UNDERGROUND PIPING:
☐Yes ☐No Is any of the piping underground?
If "Yes", Indicate the type of underground piping below:

☐Steel, Asphalt Coated	☐Steel, Cathodic Protected
☐Steel, Secondary Containment	☐Fiberglass, Single Walled
☐Fiberglass, Secondary Containment, Petro	☐Fiberglass, Petroleum
☐Fiberglass, Sec Cont, Petro, Alcohol	☐Composite Fiberglass with Bonded Steel
☐Composite with Cathodic Protection	☐Composite with Secondary Containment
☐Copper	☐Black Steel
☐PVC	☐Stainless Steel
☐Double Wall Cathode Protected Steel	☐Flexible Single Walled Piping
☐Flexible Double Walled Piping	☐Copper with Secondary Containment

PIPING LEAK DETECTION:

☐None	☐Manual Monitoring, Secondary Containment
☐Electronic, Secondary Containment	☐Manual Groundwater Sampling
☐Electronic, Groundwater	☐Statistical Inventory Analysis
☐Continuous Electronic Vapor Monitoring	

Facility: MDI Hospital City: Bar Harbor Application Date: 4/9/2018

SITE PLAN
(This is the plan to be used to construct the facility!)

Show the Location of All of the Following on this Plan:			**Show the Distance from the Tanks to the following on this plan:**		Indicate **NORTH** With Arrow
>Tanks and Dikes	>Electrical Controls	>Loading & Unloading Piping	>Buildings	>Other Tanks	
>Buildings	>Emergency Disconnects		>Property Lines	>Dispensers	
>Property Lines	>Fire Extinguishing Equipment	>Sump Leak Detection	>Public Ways	>Propane Storage	
>Public Ways		>Remote Impounding			
>Dispensers	>Security Features	>Designated Smoking Area			
>Propane Storage	>Collision Protection				

SEE ATTACHED

Section A-1

If you answer "Yes" to any of the following questions, your facility is exempt from the siting restrictions.

Yes	No	
☐	X	1. Was the tank facility installed before September 30, 2008?
☐	X	2. Will the facility be used solely to store heating oil that is consumed on site, not resold?
☐	X	3. Is the facility replacing an aboveground oil storage facility that was installed before September 30, 2008 that is on the same property?
X	☐	4. Is the facility replacing or expanding an underground oil storage facility that was registered on or before September 30, 2008 and is presently on the same property? If "Yes" enter the DEP Registration Number: 14610

Section A-2

If you answered "No" to all the questions in A-1, complete this section.

X	☐	1. Will any portion of the facility be installed after September 30, 2008? (If "No", Section A-2 does not apply to the tank(s) you are installing.)
☐	X	2. Will any portion of the facility be located within 300 feet of a private well or water supply? (This does not include a private well located on the same lot as the facility and serving only users living on that property.)
☐	X	3. Will any portion of the facility be located within the source water protection area of a public drinking water well mapped by the Department of Human Services or within 1000 feet of a public water well, whichever is greater? Maps of source water protection areas are available on the internet at **www.maine.gov/dhs/eng/water/index.htm**. Public water supplies are defined as any well or water supply where water is obtained, sold, furnished, or distributed to the public for human consumption. The well or water supply must meet one or more of the following requirements to be a public water supply: • Serves more than 15 connections, OR • Regularly Serves at least 25 individuals daily for at least 60 days of the year, OR • Provides bottled water for sale where the water is pumped from on site.
☐	☐	4. Does the well or water supply serve a school or community water supply system? (A school is an institution for the formal classroom instruction of children in grades k-12. A community water system is a public water system that serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents.)
☐	X	5. Will any portion of the facility be located within a mapped significant sand and gravel aquifer? As of July 1, 2010, Maine law prohibits installation of ASTs within significant sand and gravel aquifers mapped by the Maine Geological Survey unless a variance is obtained from the Department of Environmental Protection (DEP).

If the answer to #2 or #4 above is "Yes", a new aboveground oil storage facility may not be installed unless the applicant proves there is no hydrogeologic connection between the proposed facility and the water supply at issue. Contact DEP at (207) 287-7688 to obtain information on the procedures to follow to determine if a hydrogeologic connection exists.

If the answer to #3 is "Yes" and the answer to #4 is "No", then a variance from the siting restriction may be granted upon written application to DEP if DEP determines that the proposed installation is designed to exceed minimum regulatory requirements and will effectively minimize releases of oil and the likelihood of drinking water contamination.

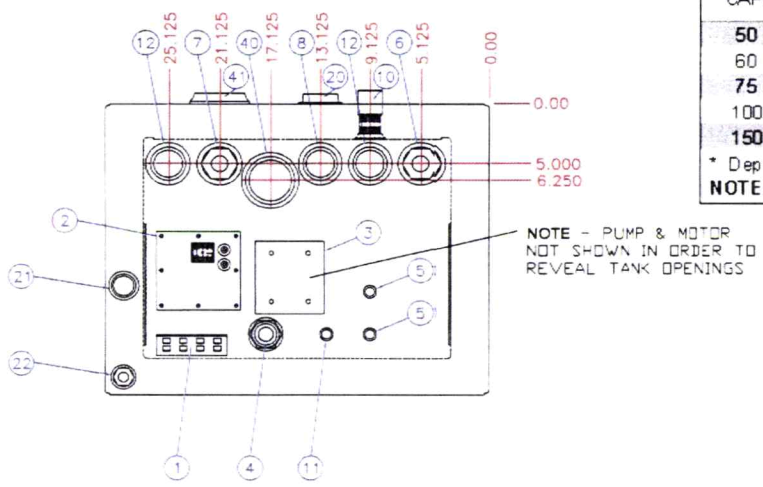
If the answer to #5 is "YES", Please review Chapter 692, Section (4)-(B) through (E) to determine if a variance may be applicable for the proposed site. Contact DEP for an application for a variance.

For questions about the siting law, please call (207) 287-7688 or visit the DEP Drinking Water Protection website: www.maine.gov/dep/rwm/drinkingwater/index.htm

Standard Double Wall Day Tank - PY50DW thru PY150DW

P.O. Box 108, Mechanicsburg, IL 62545 DT-13 Phone - 217 / 364-4467 Fax - 217 / 364-4494

PLAN VIEW
(SCALE: 2X)



TANK DIMENSION REFERENCE CHART (SHOWN IN INCHES)

TANK RATED CAPACITY	A - HEIGHT (TANK)	D - DEPTH * (OVERALL)	E - MTG HOLES (CTR-TO-CTR)	F - DEPTH * (INNER TANK)	U/L VENT NPT SIZE (See Note)
50 GAL	**35.00**	**24.00**	**22.50**	**18.00**	**2.00**
60 GAL	43.00	24.00	22.50	18.00	3.00
75 GAL	**48.00**	**24.00**	**22.50**	**18.00**	**3.00**
100 GAL	48.00	30.00	28.50	24.00	3.00
150 GAL	**48.00**	**42.00**	**40.50**	**36.00**	**3.00**

* Depth dimension - Front-to-Back

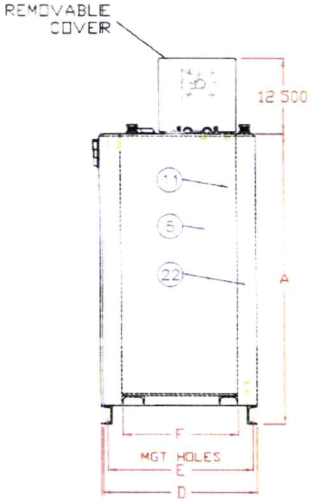
NOTE - Both Day Tank & Double Wall Secondary Containment Area are vented

REF#	DESCRIPTION OF STANDARD EQUIPMENT
1	CONTROL PANEL
2	**6-1/2" X 6-1/2" INSPECTION PLATE**
3	6" x 6" MOTOR MOUNTING PLATE
4	**1-1/2" NPT - FUEL LEVEL GAUGE**
5	FUEL INLET/OUTLET TO/FROM TANK w/DROP TUBES
6	**2" x 1" NPT - ENGINE FUEL SUPPLY w/DROP TUBE**
7	2" x 1" NPT - ENGINE FUEL RETURN w/DROP TUBE
8	**2" NPT - TANK VENT TO ATMOSPHERE**
9	1" NPT - DROP TUBES for ENGINE SUPPLY & RETURN
10	**1" NPT - OVERFLOW TO MAIN STORAGE TANK**
11	1/2" NPT - TANK DRAIN w/DROP TUBE (PLUGGED)
12	**2" NPT - EXTRA CONNECTION**
20	2" NPT - VENT TO ATMOSPHERE for DOUBLE WALL SECONDARY CONTAINMENT AREA
21	**1-14" NPT - INSPECTION PORT for DOUBLE WALL SECONDARY CONTAINMENT AREA**
22	1/2" NPT - For OPTIONAL LEAK DETECTOR (NOT SUPPLIED) for DOUBLE WALL SECONDARY CONTAINMENT AREA
	ADDITIONAL EQUIPMENT IF TANK IS U/L LISTED
40	NPT CONNECTION FOR U/L EMERGENCY RELIEF VENT (See Above Chart For Size)
41	**NPT CONNECTION FOR U/L EMERGENCY RELIEF VENT for DOUBLE WALL SECONDARY CONTAINMENT AREA**

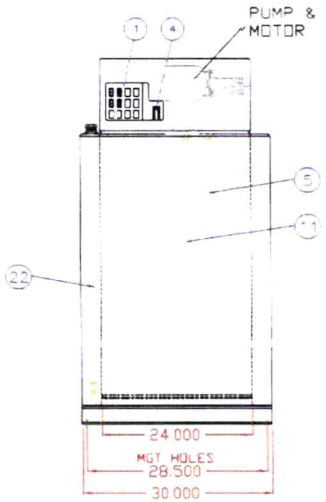
CONSTRUCTION NOTES

1 - TANK TOP, BOTTOM, & SHELL - 12 GAUGE STEEL

2 - DIMENSIONS SUBJECT TO CHANGE WITHOUT NOTICE



LEFT SIDE VIEW



FRONT VIEW

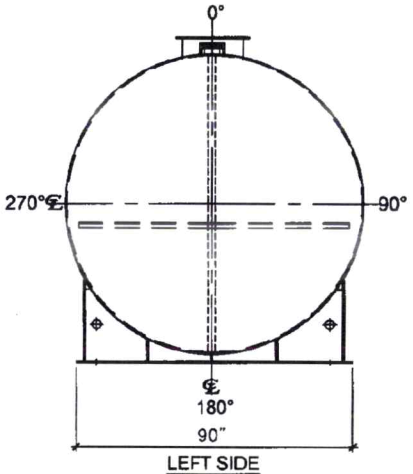
STANDARD DOUBLE WALL DAY TANK
PY50DW - PY150DW
PY50ULDW - PY150ULDW (U/L Listed Version)

PRYCO, INC.
MECHANICSBURG, ILLINOIS

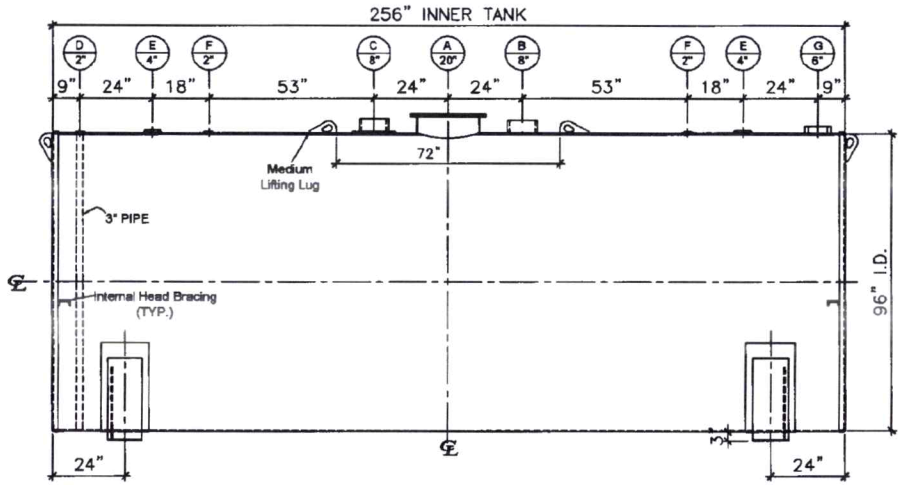
DRAWN BY: RSS	DATE: 03/01/2008
CHECKED BY: DdW	REV: 03/01/2008
SHEET NO. 1 of 1	DWG #: STD_DW_B

NOZZLE SCHEDULE

ITEM	SIZE	RATING	TYPE	MATL	PROJ. IN	PROJ. OUT	REMARKS	NOTES
A	20"	U.L.	MANWAY	C.S.	STD.	STD.	SINGLE PUNCHED	TIGHT BOLTED
B	8"	N.P.T.	H. CPL.	C.S.	STD.	STD.	PRIMARY	EMERGENCY VENT OPENING
C	8"	N.P.T.	H. CPL.	C.S.	STD.	STD.	SECONDARY	EMERGENCY VENT OPENING
D	2"	N.P.T.	M.F.	C.S.	STD.	STD.	-	MONITORING PORT
E	4"	N.P.T.	W.F.	C.S.	STD.	STD.	-	-
F	2"	N.P.T.	W.F.	C.S.	STD.	STD.	-	-
G	6"	N.P.T.	H.CPL.	C.S.	STD.	STD.	-	-



LEFT SIDE



FRONT VIEW

NOTES:

A. Quantity:
B. Material: H.R. Carbon Steel.
C. Design Pressure: Atmospheric.
D. Design Temperature: Ambient.
E. Built & labeled per U.L. #142 & SwRI 97-04 specifications.
F. Exterior: Blast & apply one shop coat WHITE enamel.
G. All fittings to be protected for shipment.
H. Customer to verify nozzle sizes, locations and quantities.
I. Saddles/skids may require shimming or grouting during installation.

"All pages of this Schedule A are incorporated by reference and are a part of the additional terms of the Master Terms & Conditions of Sale. www.newberrytanks.com/masterterms.pdf

APPROVAL FOR CONSTRUCTION
SCHEDULE A - MASTER TERMS & CONDITIONS OF SALE"

☐ APPROVED AS DRAWN.

☐ APPROVED WITH NOTED CHANGES, CONSTRUCTION WILL BE SCHEDULED WHEN SIGNED DRAWING AND CONFIRMED ORDER ARE RECEIVED.

SIGNATURE:_____
DATE:_____

SALES ORDER#

Newberry Tanks
Phone: 870-735-4473 Fax: 870-735-3982

VESSEL DESCRIPTION:
8000 Gallon 96" I.D. x 21'-4" O.A.L. Double Wall Flameshield Tank

CUSTOMER: - | P.O.#

DATE:	SCALE:	DWG.#	DRAWN BY: TC
-		NB08000FSD096250	CHKD. BY:

Newberry Tanks & Equipment, LLC 205 North Walker West Memphis, AR. 72301 870-735-4473 www.newberrytanks.com

X:_NTC_Autocad_STANDARD DRAWINGS_Website Drawings\Flameshield\NB08000FSD096250.dwg, 7/10/2017 12:07:56 PM

OMNTEC®

PROTEUS®
Automatic Tank Gauging and Leak Detection System

Part Number: OEL8000IIIX

Description

A brighter future in tank gauging and leak detection has arrived with the PROTEUS Series. Featuring advanced technology, versatility, scalability, and enhanced features like our 7-inch color touch screen. The PROTEUS-X Series can simultaneously monitor product levels, water levels, temperature, leaks, and much more in up to 16 tanks. The flexibility of PROTEUS makes it ideal for a variety of gauging and leak detection applications.

The OEL8000IIIX accepts up to 64 of OMNTEC's Bright Eye (BX Series) sensors for distinguishing product from water or for simply detecting the presence of liquid. A distinct advantage of Bright Eye sensors is they are networked and utilize 4 wire bus technology.

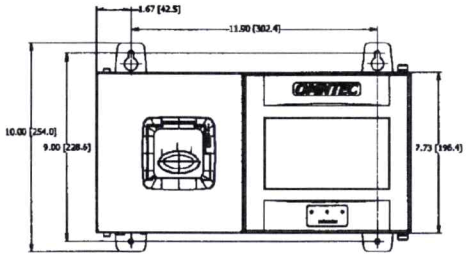
PROTEUS does not require sensor or probe input modules, bringing ease to ordering and installation. A built in microprocessor gives each sensor the ability to identify itself and its location, which is displayed along with alarm conditions on the PROTEUS's 7-inch color touch screen graphic display.

With OMNTEC's proven reliability, the PROTEUS offers an attractive, comprehensive, and user-friendly system that can open doors to endless possibilities.

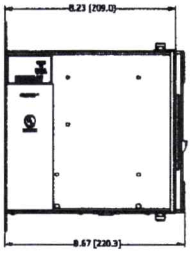
Features

- Accepts up to 16 magnetostrictive probes
- Accepts up to 64 Bright Eye sensors
- Sensors networked using state of the art 4 wire bus technology
- (1) RS-232 port
- (1) RS-485 port
- 7-inch color touch screen graphic display
- Large user friendly icons
- Easy to read leak and level alarms
- SD memory card slot (for extended logging)
- CITLD upgradeable
- Modbus RTU & TCP upgradeable
- Ethernet / TCP/IP standard
- Built in web server
- E-mail / Text capability standard
- SIL rated operating system
- Remote display option
- Thermal printer option
- VLD Standard
- 3 built in programmable relays
- Up to 32 additional dry contact relays
- Flash based non-volatile memory for program storage (does not require a battery)
- Compatible with OMNTEC PC remote tank inventory monitoring

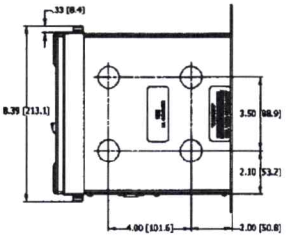
PROTEUS®
Automatic Tank Gauging and Leak Detection System
Part No. OEL8000IIIX



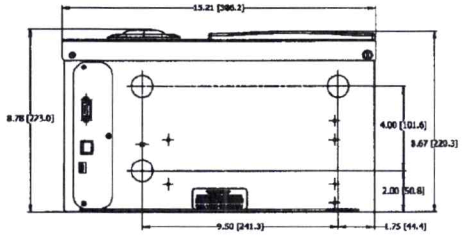
FRONT VIEW



LEFT VIEW



RIGHT VIEW

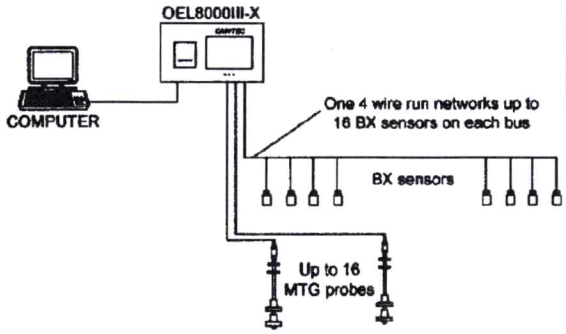


BOTTOM VIEW

Specifications	
Optional Features:	36-character thermal printer Modbus RTU and TCP CITLD upgradeable OMNTEC PC software
Input Power:	100-240 VAC +/- 10% 50/60 Hz 50 watts (optional 12 VDC power)
Power to Sensors:	12 VDC @ 125 mA max
Power to Probe:	28 VDC
Audio Visual Controls: **Display:** **Audible alarm:** **Printer:** **System status:**	 Color 7-inch graphic display with touch screen 85 dB piezoelectric horn 36-character thermal 3 LED's (OK, fault, alarm)
Built In Relay Outputs:	120 VAC @ 0.6 amp resistive 3 SPST Failsafe
Low-voltage Output:	12 VDC @ 150 mA
Operating Temperature:	20 to 140° F (-7° to 60° C)
Compatible Sensors:	BX-Series sensors *(refer to document no. 900106)*
BX-Series Sensor Cable:	Shielded 22 AWG with drain wire (OMNTEC EC-4) *Maximum length 2,000 feet (610m)*
Compatible Probes:	**Rigid Gauging Probe** *(refer to document no. 900194)* MTG-4* (1219mm) MTG-6* (1829mm) MTG-8* (2438mm) MTG-10* (3048mm) **Flexible Fixed Top Probe** *(refer to document no. 900166)* MTG-F-* Series **Flexible Fixed Bottom Probe** *(refer to document no. 900162)* MTG-FB-* Series **Number signifies shaft length and corresponds to tank diameter. Contact representative for additional lengths.*
MTG Probe Cable:	OMNTEC EC-2 (Shielded Belden #8761) Low Inductance: equal or less than 0.2 microhenries per ft. Maximum length 1,000 feet (305m) Consult representative for longer wire runs.
Accessories:	RD7CTS Mini-Me remote display RAS Series Remote annunciators PS-103 Thermal printer DPU-C Thermal paper XB-416 4 probe 16 leak sensor output board XB-400 4 probe output board XB-RB8 8 relay output board rated at 5 amps 120 VAC
Weight:	20 lb. (9kg)
Dimensions:	(h) 7.75" (w) 15.25" (d) 8.78" *Depth dimension includes printer and bezel*
Approvals:	UL-listed & CUL-listed c UL us LISTED 5L04 IECEx UL 13.0057X [Ex ia Ga] IIB CE 0539 Ex II (1) G [Ex ia] IIB DEMKO 13 ATEX 1341071X

Specifications subject to change without notice, verify with manufacturer.

OEL8000IIIX Application

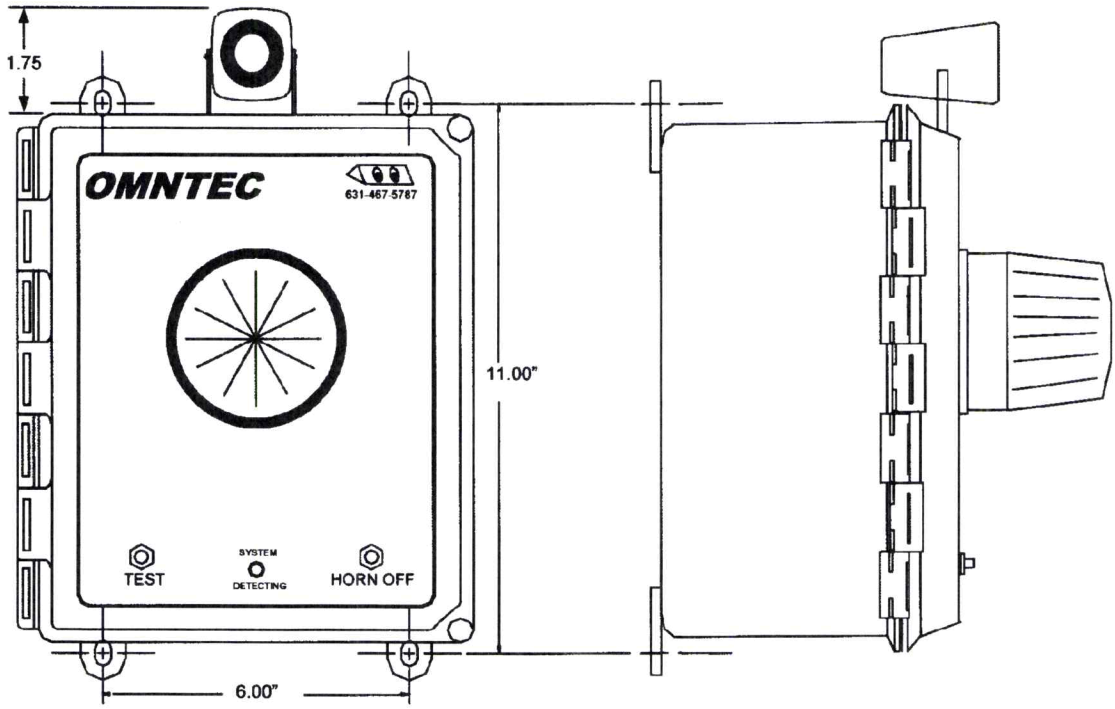


OMNTEC®
1993 Pond Road
Ronkonkoma, NY 11779
Phone: (631) 981-2001
Fax: (631) 981-2007
E-mail: omntec@omntec.com
Website: www.omntec.com

Document No. DS00020 rev1631.doc
Rev Date: 8-2-2016

OMNTEC RA-LU1-NYS

SPECIFICATIONS



POWER INPUT
85-125 VAC, 47-440 Hz
16 Watts maximum

POWER TO CONTACTS
2 VDC @ 13 ma

WEIGHT	DIMENSIONS
6 LBS.	(W) 9" x (H) 10.5"

SENSOR CABLE
Shielded 22 AWG UL-E118830 CM
Maximum length 2000 feet

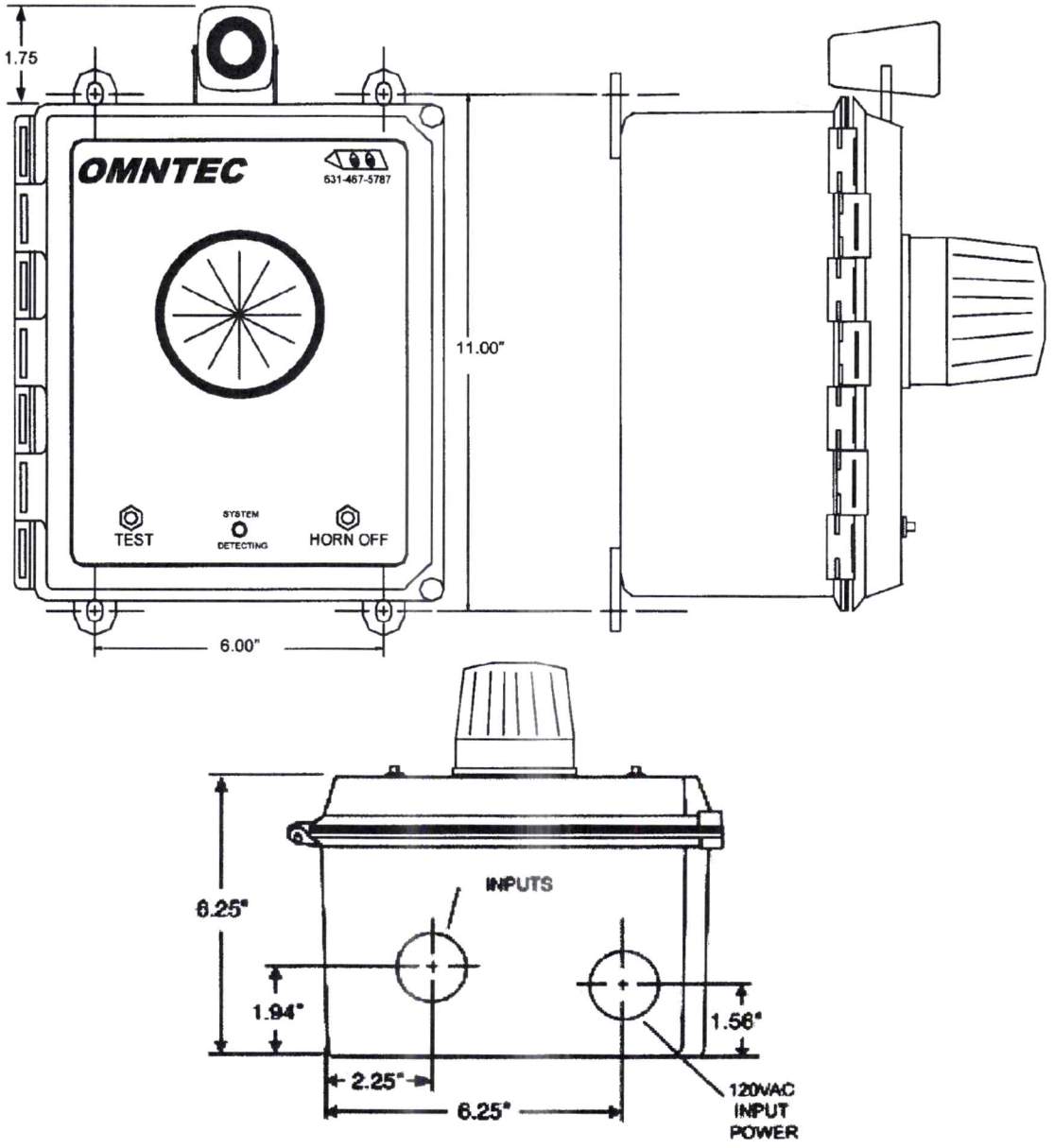
ENCLOSURE	OPERATING TEMPERATURE
NEMA 4X	-40° to 140° F

AUDIO/VISUAL REMOTE
AUDIBLE ALARM - 110 dB multi-frequency horn with 30 second timeout
RED HIGH INTENSITY STROBE LIGHT -Indicates open contact
TEST BUTTON- When pressed will test audible alarm and lights
HORN OFF BUTTON - Silences the audible alarm when pressed

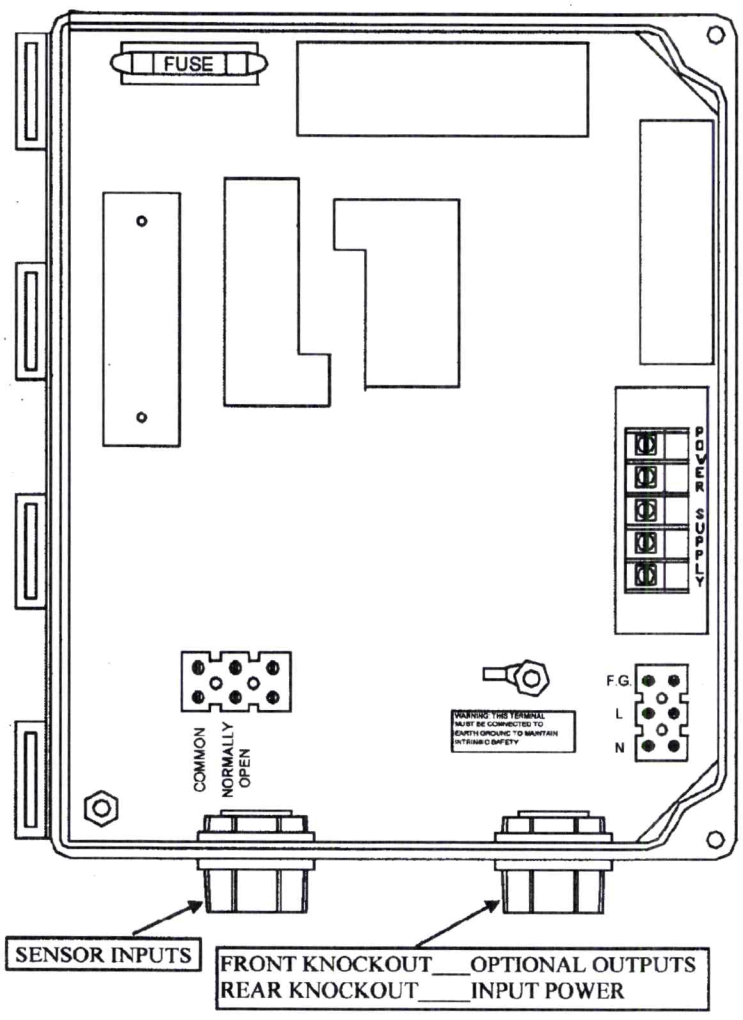
DRY CONTACT INPUT
Normally open

LABELS
Provided with controller

Dimensions for mounting and knockouts



RA-LU1-NYS REMOTE CONNECTION DIAGRAM



120VAC

WIRES TO POWER SUPPLY

F.G.	FIELD GROUND
L	LINE
N	NEUTRAL

NOTE: To maintain proper shielding, BLACK **sensor** wires and SHIELD DRAINS should **not** be connected together at sensors.

Warranty

The seller OMNTEC Mfg., Inc. warrants to buyer defects when properly installed, and maintained by user. The sellers sole obligation is to repair or replace parts found to be defective, or non-conforming for one year and only after evaluation by factory. The liability of the seller shall not exceed the price paid for the components found to be defective. The above warranty is exclusive of all other warrantees whether implied or expressed. Seller assumes no obligation for special or, indirect damages incurred by user.

All standard tank gauging systems are free of defects when properly installed and maintained by user. Warranty on tank gauging systems will only be effective after proper documentation has been submitted by the buyer to OMNTEC Mfg., Inc. The sellers sole obligation is to repair or replace parts found to be defective, or non-conforming for one year and only after evaluation by factory. The liability of the seller shall not exceed the price paid for the components found to be defective. The above warranty is exclusive of all other warrantees whether implied or expressed. Seller assumes no obligation for special or indirect damages incurred by user.

All standard replacement parts, "add-ons", or spare parts are free of defects when properly installed and maintained by user. The sellers sole obligation is to repair or replace parts found to be defective or non-conforming for 90 days and only after evaluation by factory. The liability of the seller shall not exceed the price paid for the components found to be defective. The above warranty is exclusive of all other warrantees whether implied or expressed. Seller assumes no obligation for special or indirect damages incurred by user.

Equipment not covered by this warranty includes, but is not limited to: MTG-F flexible magnetostrictive probes, custom equipment, pressure transducers, and control systems.

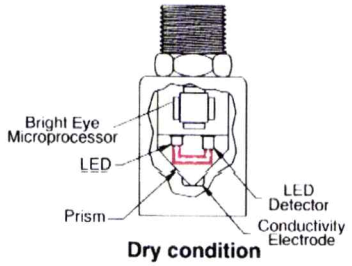
OMNTEC®

Bright Eye Sensors BX-Series

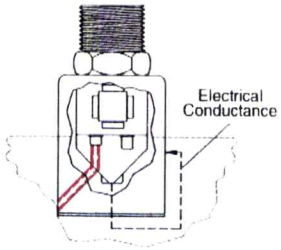
Sensor for Double-Wall Steel Tanks & Xerxes 4'-Diameter Dry Double-Wall Fiberglass Tanks

Part Numbers: BX-PDWS

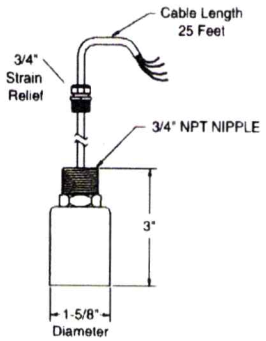
Principles of Operation



Dry condition



Wet Condition



OMNTEC®

OMNTEC Mfg., Inc.
1993 Pond Road
Ronkonkoma, New York 11779
Phone 631-981-2001
Fax 631-981-2007
Email omntec@omntec.com
Web Site www.omntec.com

Doc 900180 rev1438 Date 9-23-2014

Description

OMNTEC sensors are most known for their ease of installation, reliability, cost effectiveness and their ability to be tested remotely. Bright Eye sensors (BX-series) are self diagnostic, and programmed to identify themselves and their location, providing the user with critical information.

Each sensor can recognize its unique serial number, part number and function. It accomplishes this via an internal microprocessor that enables it to distinguish itself from the other sensors on the system. This information is then relayed back to the OEL8000II controller, eliminating the need to guess where a leak condition is occurring.

Built with four wire buss technology, up to 22 Bright Eye (BX-series) sensors can be networked along a common cable. (A total of 44 Bright Eye sensors can be used with the OEL8000II.) This eliminates the need to run separate lines for every sensor, which results in fewer conduits, and a quicker, less expensive and easier installation. In addition, systems already installed can be easily retrofitted without the need to run new cable.

A major feature of these sensors is that they can be tested from a remote location with the press of a single button, which has been third party certified.

The OMNTEC BX-series product distinguishing sensors employ proven optic technology for leak detection coupled with the principle of conductivity to distinguish between product and water. An internal microprocessor enables the BX-series sensors to be self diagnostic and self identifying. Each sensor can recognize its serial number, part number and function. This allows the controller to differentiate one sensor from another on the network and relay critical information to the user.

The BX-PDWS was designed to fit into the annular space of steel double-wall tanks. It can distinguish liquid hydrocarbons from water, and, like all BX-series sensors, can be remotely tested without removal.

Specifications for BX-Series Sensors

Power Consumption:	12 VDC @ 14 mA
Sensor Cable:	Shielded 22 AWG with drain wire (OMNTEC EC-4) Maximum length 2,000 feet
Principles of Operation:	
Normal Condition:	Normally closed beam of light
Alarm Condition:	Normally closed beam of light opens (refracts)
Water Condition (BX-PDS, BX-PDWS and BX-PDWF only):	Conductivity electrode
Response Time:	Immediate
Operating Temperature:	-15 to 140° F
***Compatible System:**	OEL8000II
Approvals:	UL listed, CUL listed, CE listed

*Note: Current published specifications are subject to change without notification. Verify specifications with manufacturer. *Please consult factory for additional compatible controllers.*

Features

- Self identifying by part number, serial number and function
- Self diagnostic
- Easily installed
- Minimal conduit needed
- Minimal programming required
- Product distinguishing
- Easily tested without removal
- Corrosion resistant
- Not affected by hydrocarbon vapors or condensation
- Intrinsically safe
- Detects liquids at any angle
- No moving parts
- Modified sensors available
- Cost effective
- Third party certified
- UL listed, CUL listed, CE listed

NAME:: NMV DATE: 12/3/18

DESCRIPTION OF WHY CHANGE (Or attach Documentation:

see attached (screenshots from hospital website & Google Earth)

TANKS :: Main Menu - [TANKS]

File Edit Maintenance Reports Admin Window Help

Facility Info
Facility a
Address a
Owner a
Location a
Sensitive? a
USTs a ASTs a

Quick Look Up
Reg # 14610

Facility Info | Tank - Chamber | Vapor Recovery System | Enforcement | Inspections | Evidence of a Leak | View Owner History

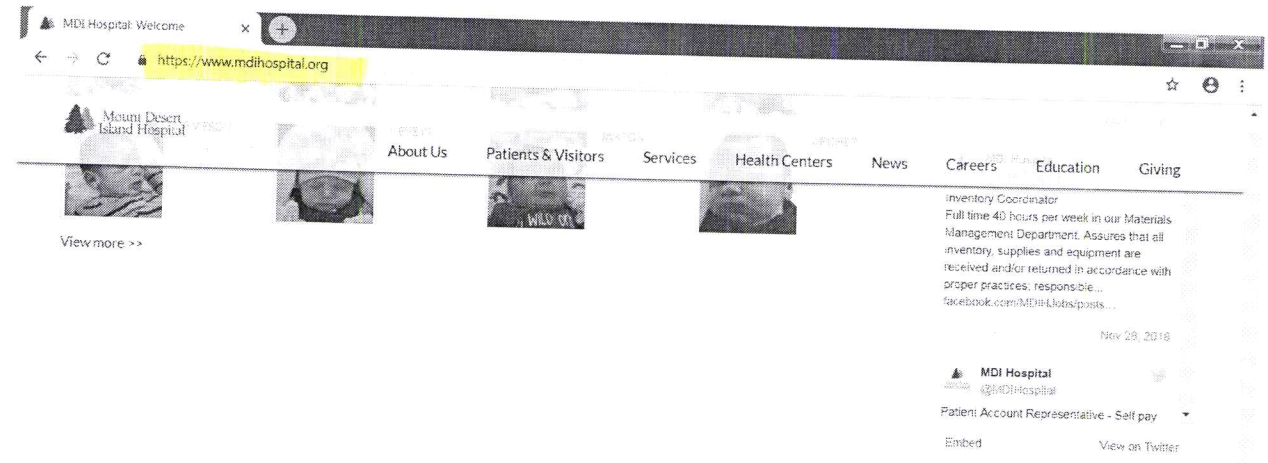
General Info
Reg Num To be assign Last Updated a
Facility Name
Reg Date
Facility Use
Address 10 Wayman Lane
City (MCD)
Location
Phone (___)___-____
Directions to Site

Facility Siting Information
- [ ] Near Public Water
- [ ] Near Private Water
- [ ] Near Other Owner Water
- [ ] On Aquifer
- [ ] Approved Under Siting Law
- [ ] Near Water or Wetland
- [ ] In 100 Year Flood Plain

New Facility | Save | Edit | Cancel

Spills
Spill Number

Owner/Operator
Owner Name
Owner Start Date
Operator Name
Operator Start Date



from hospital website

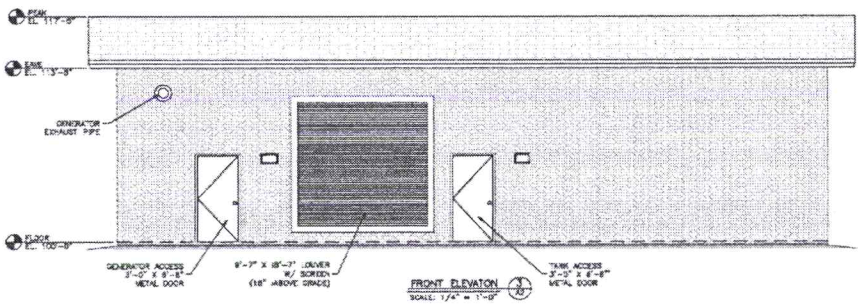
MDI Hospital - General Hospital
10 Wayman Ln
Bar Harbor, ME 04609

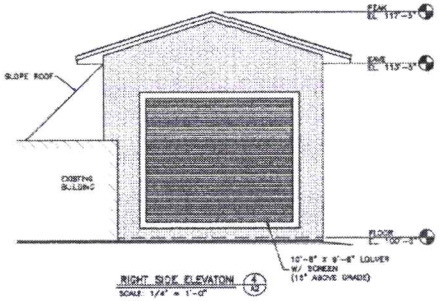
(207) 288-5081
mdihospital.org

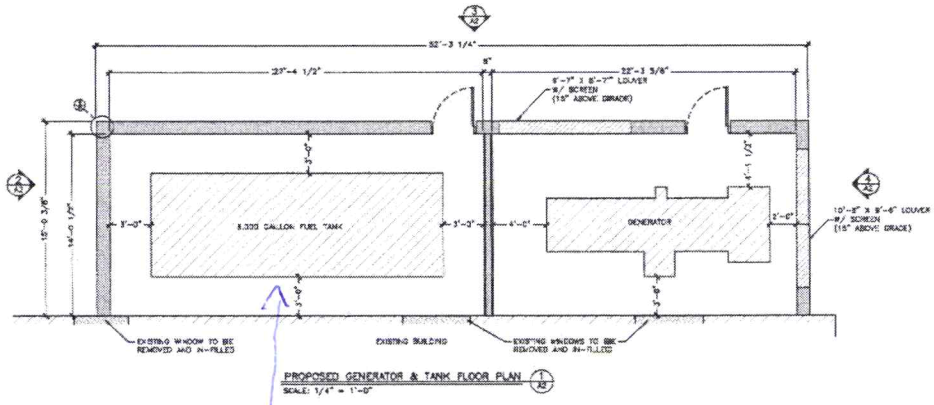
3.9 ★ ★ ★ ★ ★ 7 reviews

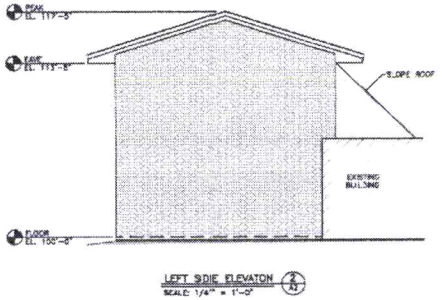
← from Google Earth

Mt. Desert Island Hospital (Reg. # 14610)
AST (2018)









REPRODUCTION SCALE
0" 1/2" 1" 2" 3" 4"
NOT PRINTED TO SCALE UNLESS CORRECT

GENERATOR BUILDING
MDI GENERATOR
BAR HARBOR
MAINE
PROPOSED GENERATOR & TANK PLAN AND ELEVATION PLANS

Pinnacle Engineering, Inc.

PRELIMINARY

A1

(10 Wayman Lane, Bar Harbor)

Tank #4
(8,000 gallon horizontal indoor AST)

State of Maine
Department of Environmental Protection

CERTIFICATE OF PROPER INSTALLATION FORM
for Underground Oil Storage Facilities

FACILITY NAME	FACILITY REGISTRATION #
Mt Desert Island Hospital	14610

CERTIFICATION

By signing the appropriate section(s), the Certified Tank Installer(s) certifies that:

- **The information provided herein is true and accurate, and**
- **The materials, design, and installation are in accordance with the *Rules for Underground Storage Facilities*, 06-096 CMR 691 (amended January 7, 2014).**

	CTI Name	CTI #	CTI Signature	Installation Completion Date
Single Installer Certification:	Josh Biskupiak	423		

TANKS

Tank # - Chamber #				
Volume				
Manufacturer/Model/Type (include interstice type: dry, brine, etc.)				
Warranty Expiration Date				

	CTI Name	CTI #	CTI Signature	Installation Completion Date
Tank Certification:				

PIPING

Manufacturer/Model & type	Ameron – TEMPORARY rent line only. Owner intends to install permanent by 9/18/18. Owner is responsible for retaining CTI to perform the work. Discussed with Ted Scharff			

	CTI Name	CTI #	CTI Signature	Installation Completion Date
Piping Certification:	Joshua Biskupiak	423		7-12-18

LEAK DETECTION

Manufacturer/Model (include probes & sensors)				

	CTI Name	CTI #	CTI Signature	Installation Completion Date
Leak Detection Certification:				

OVERFILL/SPILL PREVENTION

Manufacturer/Model				

	CTI Name	CTI #	CTI Signature	Installation Completion Date
Overfill/Spill Prevention Certification:				

CONCRETE PAD & PAVING

Please check box(es)				

	CTI Name	CTI #	CTI Signature	Installation Completion Date
Concrete Pad & Paving Certification:				

ADDITIONAL COMMENTS & INFORMATION

7/12/18
DJW

STATE OF MAINE
Department of Environmental Protection

Underground Oil Storage Facility
UPGRADE REGISTRATION

The purpose of this registration form is to provide the tank owner and installer with an efficient way of notifying the DEP of equipment upgrades at least ten (10) business days before the work begins. If you are registering new and/or replacement tanks or piping you must use the Tank Registration Form.[1]

Facility Information

Facility Name: MT DESERT ISLAND HOSPITAL Registration #: 14610

Street Address: WAYMAN LANE (Street Address) BAR HARBOR (Town)

Underground Oil Storage Tank Owner Information

Owner Name: MT DESERT ISLAND HOSPITAL Phone Number: 207-288-5081

E-mail (Optional):

Mailing Address: PO BOX 8 (Address) BAR HARBOR (Town) ME (State) 04609-0008 (Zip Code)

Contact Person: Phone Number: 207-288-5081

Installer Information

Installer Name: DUSTY BISKUPIAK Installer ID #: 423

Phone #: 207-745-0723

TANK Owner Certification & Signature

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.

DW

Signature of Owner or Authorized Employee

D.W. SPRINGER DIRECTOR, PHYS PLANT 11 JULY 18

Name and Title (Please Print or Type) *Date*

Complete the Tank & Piping Upgrade Registration Form on the next page

Send completed form to:

Attn: Tanks Registration Staff
Maine Department of Environmental Protection
17 State House Station
Augusta, Maine 04333-0017

[1] See *Oil Storage Facilities and Groundwater Protection law* 38 M.R.S.A. § 563 and *Rules for Underground Oil Storage Facilities* 06-096 CMR 691(4) (amended September 12, 2010)

Tank & Piping Upgrade Registration Form

For tank systems proposed to be upgraded, please complete the information below (A-D)

A. Tank Type

- C Single Walled Steel, Cathodically Protected
- E Single Walled Fiberglass
- G Double Walled Fiberglass
- I Composite Fiberglass bonded to Steel
- J Composite, Cathodically Protected
- K Composite w/ Secondary Containment
- N Other: _____
- V Double Walled Jacketed
- W Double Walled Steel, Cathodically Protected

B. Tank Volume (gallons)

C. Product Type

- 1 #1 Fuel Oil (kerosene)
- 2 #2 Fuel Oil
- 4 #4 Fuel Oil
- 5 #5 Fuel Oil
- 6 #6 Fuel Oil
- 10 Lube Oil
- 11 Chemical: _____
- 19 Unleaded Plus Gasoline
- 23 Unleaded Gasoline
- 24 Aviation Gas (100LL)
- 25 Jet Fuel
- 26 JP4
- 27 JP1
- 28 Premium Unleaded Gas
- 29 Diesel Fuel
- 81 Waste Oil
- 99 Other: _____

D. Repairs & Upgrades

- 2 Interstitial Monitoring (repair or replace)
- 3 Interstitial Monitoring System (Install)
- 6 ATG (Replace)
- 7 ATG (Install)
- 10 Tank Primary (Repair)
- 12 Tank Secondary (Repair)
- 13 Probe, Tank Interstitial (Install)
- 14 Probe, Tank Interstitial (Replace)
- 15 Tank Anode (Repair or Replace)
- 16 Tank Interstitial Sump (repair)
- 17 Tank Interstitial Riser (Repair or Replace)
- 19 Stage II Vapor Recovery (Install)
- 20 Stage II Vapor Recovery (Repair/Replace)
- 21 Stage I Vapor Recovery (Install)
- 22 Stage I Vapor Recovery (Repair/Replace)
- 33 Piping Sump Probe (Install)
- 34 Piping Sump Probe (Replace)
- 35 Piping Sump (Install)
- 36 Piping Sump (Repair or Replace)
- 37 Piping Flex Connector (Repair/Replace)
- 40 Vent Pipe (Repair or Replace)
- 42 Fill Pipe (Repair or Replace)
- 51 Overfill (Install)
- 52 Overfill (Repair or Replace)
- 53 Spill Bucket (Install)
- 54 Spill Bucket (Repair or Replace)
- 60 Probe, Dispenser Sump (Install)
- 61 Probe, Dispenser Sump (Replace)
- 62 Dispenser Sump (Install)
- 63 Dispenser sump (Repair or Replace)
- 99 Other: _____

NOTE: FOR TANK AND PIPING REPLACEMENT YOU MUST USE THE TANK REGISTRATION FORM

(The information below will be used to identify which tanks are being repaired or upgraded.)

Tank / Chamber #'s	A. Tank Type	B. Volume	C. Product Type	D. Repairs/Upgrades	NOTES:
3 1 1	DW STEEL	10000	2	40	
1					
1					
1					
1					
1					

NAME:: Ted DATE: 7/12/18

DESCRIPTION OF WHY CHANGE (Or attach Documentation:

Map Match product to # 2 per Josh Biskupak Reg 14610

TANKS :: Main Menu - [TANKS]

File Edit Maintenance Reports Admin Window Help

Facility Info
Facility a
Address a
Owner a
Location a
Sensitive? a
USTs a ASTs a

Quick Look Up
Reg #

Facility Info | Tank - Chamber | Vapor Recovery System | Enforcement | Inspections | Evidence of a Leak | View Owner History

Tank Num	Tank Type	Status	Volume	Material
3				

View Only
- (•) Active Tanks
- ( ) Inactive Tanks
- ( ) Both (active & Inactive)

Tank Info | Chamber Info | Tank Status

Chamber	Volume	Product Code
1		

Chamber Detail
Chamber Num
Volume 0
Product #2
Overfill Protec

Manifolds With
Tank Num
Chamber Num

Piping Detail
Piping Status
Material
Pump Type
Installer
Status Date __/__/____
Installed Date __/__/____
Leak Detec
Check here if piping is BELOW ☐

New Chamber | Save | Edit | Cancel

OOW
7/11/18

STATE OF MAINE
Department of Environmental Protection

Underground Oil Storage Facility
UPGRADE REGISTRATION

The purpose of this registration form is to provide the tank owner and installer with an efficient way of notifying the DEP of equipment upgrades at least ten (10) business days before the work begins. If you are registering new and/or replacement tanks or piping you must use the Tank Registration Form.[1]

Facility Information

Facility Name: MT DESERT ISLAND HOSPITAL Registration #: 14610

Street Address: WAYMAN LANE (Street Address) BAR HARBOR (Town)

Underground Oil Storage Tank Owner Information

Owner Name: MT DESERT ISLAND HOSPITAL Phone Number: 207-288-5081

E-mail (Optional):

Mailing Address: PO BOX 8 (Address) BAR HARBOR (Town) ME (State) 04609-0008 (Zip Code)

Contact Person: Phone Number: 207-288-5081

Installer Information

Installer Name: SETH BISKUPIAK Installer ID #: 423

Phone #: 207-745-0723

TANK Owner Certification & Signature

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.

Signature of Owner or Authorized Employee

D.W. SPRINGER DIRECTOR, PHYS PLANT 11 JULY 18

Name and Title (Please Print or Type) *Date*

Complete the Tank & Piping Upgrade Registration Form on the next page

Send completed form to:

Attn: Tanks Registration Staff
Maine Department of Environmental Protection
17 State House Station
Augusta, Maine 04333-0017

[1] See *Oil Storage Facilities and Groundwater Protection law* 38 M.R.S.A. § 563 and *Rules for Underground Oil Storage Facilities*, 06-096 CMR 691(4) (amended September 12, 2010)

Tank & Piping Upgrade Registration Form

For tank systems proposed to be upgraded, please complete the information below (A-D)

A. Tank Type

C	Single Walled Steel, Cathodically Protected
E	Single Walled Fiberglass
G	Double Walled Fiberglass
I	Composite Fiberglass bonded to Steel
J	Composite, Cathodically Protected
K	Composite w/ Secondary Containment
N	Other: _____
V	Double Walled Jacketed
W	Double Walled Steel, Cathodically Protected

B. Tank Volume (gallons)

C. Product Type

1	#1 Fuel Oil (kerosene)
2	#2 Fuel Oil
4	#4 Fuel Oil
5	#5 Fuel Oil
6	#6 Fuel Oil
10	Lube Oil
11	Chemical: _____
19	Unleaded Plus Gasoline
23	Unleaded Gasoline
24	Aviation Gas (100LL)
25	Jet Fuel
26	JP4
27	JP1
28	Premium Unleaded Gas
29	Diesel Fuel
81	Waste Oil
99	Other: _____

D. Repairs & Upgrades

2	Interstitial Monitoring (repair or replace)
3	Interstitial Monitoring System (Install)
6	ATG (Replace)
7	ATG (Install)
10	Tank Primary (Repair)
12	Tank Secondary (Repair)
13	Probe, Tank Interstitial (Install)
14	Probe, Tank Interstitial (Replace)
15	Tank Anode (Repair or Replace)
16	Tank Interstitial Sump (repair)
17	Tank Interstitial Riser (Repair or Replace)
19	Stage II Vapor Recovery (Install)
20	Stage II Vapor Recovery (Repair/Replace)
21	Stage I Vapor Recovery (Install)
22	Stage I Vapor Recovery (Repair/Replace)
33	Piping Sump Probe (Install)
34	Piping Sump Probe (Replace)
35	Piping Sump (Install)
36	Piping Sump (Repair or Replace)
37	Piping Flex Connector (Repair/Replace)
40	Vent Pipe (Repair or Replace)
42	Fill Pipe (Repair or Replace)
51	Overfill (Install)
52	Overfill (Repair or Replace)
53	Spill Bucket (Install)
54	Spill Bucket (Repair or Replace)
60	Probe, Dispenser Sump (Install)
61	Probe, Dispenser Sump (Replace)
62	Dispenser Sump (Install)
63	Dispenser sump (Repair or Replace)
99	Other: _____

NOTE FOR TANK AND PIPING REPLACEMENT YOU MUST USE THE TANK REGISTRATION FORM

(The information below will be used to identify which tanks are being repaired or upgraded.)

Tank / Chamber #'s	A. Tank Type	B. Volume	C. Product Type	D. Repairs/Upgrades	NOTES:
3 / 1	DW Steel	10000	2	40	
/					
/					
/					
/					
/					

Date of Certificate:
02/28/2008

STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

FACILITY REGISTRATION CERTIFICATE FOR

Underground Storage Tank

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

Facility:

MT DESERT ISLAND HOSPITAL
WAYMAN LANE
BAR HARBOR

Facility Registration Number: 14610
Date of Registration: December 22, 1987
Facility Phone: 207-288-5081

Operator:

MT DESERT ISLAND HOSPITAL
WAYMAN LANE
BAR HARBOR
ME 04609

207-288-5081

Sensitive Area Status:

Facility Use:

Public Facility

Owner:

MT DESERT ISLAND HOSPITAL
PO BOX 8
BAR HARBOR
ME 04609-0008

207-288-5081

Underground Storage Tank

Number of Active Aboveground Tanks: 0

Number of Active Underground Tanks:1

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 ProtectionBureau 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)287-2651 and ask for the administrator of the Underground Storage Tanks program.

INDIVIDUAL TANK DATA FOR SITE NUMBER: 14610

Tank	Tank Under/ Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Status Date
1	Underground	Steel - bare or asphalt coated.	10000	Unknown	07/01/1961	Removed	09/01/1991

Chamber	Chamber Size	Product Stored	Pipe Under/ Above ground	Date Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	10000	#5 Fuel Oil	Underground	07/01/1961	Unknown	Galvanized steel	Unknown

INDIVIDUAL TANK DATA FOR SITE NUMBER: 14610

Tank	Tank Under/ Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Status Date
2	Underground	Steel - bare or asphalt coated.	500	Unknown	09/01/1982	Removed	09/01/1991

Chamber	Chamber Size	Product Stored	Pipe Under/ Above ground	Date Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	500	Diesel	Underground	09/01/1982	Unknown	Galvanized steel	Unknown

INDIVIDUAL TANK DATA FOR SITE NUMBER: 14610

Tank	Tank Under/ Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Status Date
3	Underground	Double-walled CP steel	10000	Secondary Containment / Cont Elec Mon	09/01/1991	Active	09/01/1991

Chamber	Chamber Size	Product Stored	Pipe Under/ Above ground	Date Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	10000	#5 Fuel Oil	Underground	09/01/1991	Secondary Containment / Cont Elec Mon	Steel with secondary	Electronic

NAME:: M. Loyzim DATE: 2/20/08

DESCRIPTION OF WHY CHANGE (Or attach Documentation: #14610

QP 2/25/08 ML

Tank Info

General Info

Tank Number: 3

Info Source:

Tank Owner:

Leak Detect: Sec Contain/Cont Elec Mon

Installer: Uncertified

Manufacturer:

Material:

Warranty Exp: __/__/____

Date Installed: 12/16/2002

Status Date: 12/16/2002

Status:

Substatus:

☐ Federally Regulated

☐ Is Below Grade

Chamber Info

Chamber	Volume	Product Code

Chamber Detail

Chamber Num:

Volume: 0

Product:

Overfill Protec:

Piping Detail

Piping Status:

Material: Steel w/sec contain

Pump Type: Suction - Return

Installer: Uncertified

Status Date: __/__/____

Installed Date: __/__/____

Leak Detec: Sec Contain/Cont Elec Mon

Check here if piping is BELOW ☐

Date of Certificate:
05/31/2007

STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

FACILITY REGISTRATION CERTIFICATE FOR

Underground Storage Tank

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

Facility:

MT DESERT ISLAND HOSPITAL
WAYMAN LANE
BAR HARBOR

Facility Registration Number: 14610
Date of Registration: December 22, 1987
Facility Phone: 207-288-5081

Operator:

MT DESERT ISLAND HOSPITAL
WAYMAN LANE
BAR HARBOR
ME 04609

207-288-5081

Sensitive Area Status:

Facility Use:

Public Facility

Owner:

MT DESERT ISLAND HOSPITAL
PO BOX 8
BAR HARBOR
ME 04609-0008

207-288-5081

Underground Storage Tank

Number of Active Aboveground Tanks: 0

Number of Active Underground Tanks:1

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 ProtectionBureau of Remediation and Waste Management
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INDIVIDUAL TANK DATA FOR SITE NUMBER: 14610

Tank	Tank Below/Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Status Date
1	Underground	Steel - bare or asphalt coated.	10000	Unknown	07/01/1961	Removed	09/01/1991

Chamber	Chamber Size	Product Stored	Date Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	10000	#5 Fuel Oil	07/01/1961	Unknown	Galvanized steel	Unknown

INDIVIDUAL TANK DATA FOR SITE NUMBER: 14610

Tank	Tank Below/Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Status Date
2	Underground	Steel - bare or asphalt coated.	500	Unknown	09/01/1982	Removed	09/01/1991

Chamber	Chamber Size	Product Stored	Date Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	500	Diesel	09/01/1982	Unknown	Galvanized steel	Unknown

INDIVIDUAL TANK DATA FOR SITE NUMBER: 14610

Tank	Tank Below/Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Status Date
3	Underground	Double-walled CP steel	10000	Continuous Elec Monitor/Vapors	09/01/1991	Active	09/01/1991

Chamber	Chamber Size	Product Stored	Date Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	10000	#5 Fuel Oil	09/01/1991	Unknown	F/glass - sec containment - petro only	Electronic

NAME:: M. Loyzim DATE: 5/29/07

DESCRIPTION OF WHY CHANGE (Or attach Documentation: #14610

Electronic alarm for overfill per 5/1/07 AI

OK 5/29/07 ML

TANKS :: Main Menu - [TANKS]

File Edit Maintenance Reports Admin Window Help

Facility Info

Facility a **Owner a** **Sensitive? a**

Address a **Location a** **USTs a** **ASTs a**

Quick Look Up

Reg #

Facility Info | Tank - Chamber | Vapor Recovery System | Enforcement | Inspections | Evidence of a Leak | View Owner History

Tank Num	Tank Type	Status	Volume	Material
3				

View Only

- Active Tanks
- Inactive Tanks
- Both (active & Inactive)

Tank Info | Chamber Info | Tank Status

Chamber	Volume	Product Code
1		

Chamber Detail

Chamber Num: Volume: 0

Product:

Overfill Protec: Electronic

Manifolds With

Tank Num:

Chamber Num:

Piping Detail

Piping Status: Status Date: __/__/____

Material: Installed Date: __/__/____

Pump Type: Leak Detec:

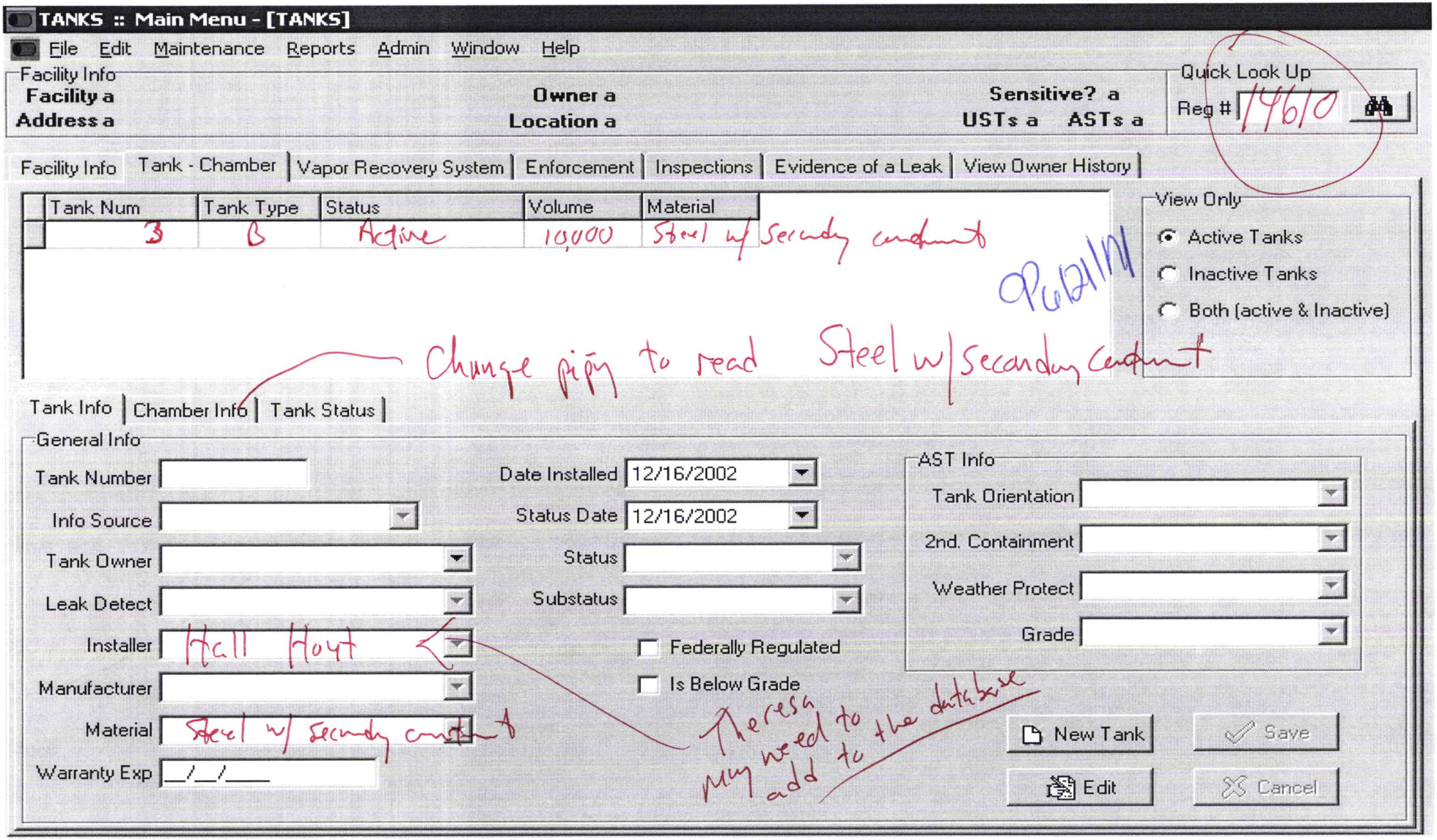
Installer: Check here if piping is BELOW ☐

New Chamber | Save | Edit | Cancel

NAME:: Timothy Rector DATE: 6/18/04

DESCRIPTION OF WHY CHANGE (Or attach Documentation:

Tank incorrect in database is actually double wall C.P. Steel



STATE OF MAINE
Department of Environmental Protection

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

JOHN R. McKERNAN, JR.
GOVERNOR

DEAN C. MARRIOTT
COMMISSIONER

CERTIFICATION OF PROPER INSTALLATION

Date Completed: 9-23-91 Registration # 14610

Facility Name: MT. DESERT ISLAND HOSPITAL

Facility Address: WAYMAN LANE

Town: BAR HARBOR Maine 04609

Number of Tanks Installed/Size: 1 - 10,000

Type of Tanks Installed: STI P-3 - D/W

Type of Piping Installed: STEEL - Sleeved w/ FRP

Type of Monitoring Installed: ELECTRONIC (PREFFERED)

Expiration Date of Warranty: 9-2021

Certified Tank Installer Name: HOYT T. HALL

Certified Tank Installer Number: 077

This is to certify that this facility was installed in accordance with Chapter 691 of the Department of Environmental Protection's Rules and in conformance with Maine Laws 1989 Chapter 865.

INSTALLER SIGNATURE: Hoyt T. Hall

Return To:

Maine Department of Environmental Protection
Bureau of Oil and Hazardous Materials Control
State House Station 17
Augusta, ME 04333
207-289-2651
Attn: William V. Walentine

STATE OF MAINE

Department of Environmental Protection

MAIN OFFICE: RAY 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: 19 MARCH 1991

TO: BRIAN McCARTHY
MOUNT DESERT ISLAND HOSPITAL
WAYMAN LANE
BAR HARBOR, ME. 04609

Dear MR. McCARTHY :

This letter is to acknowledge that on 15 MARCH, 1991 this Department received your completed registration materials for a new or replacement underground oil storage facility or ancillary equipment located at WAYMAN LANE BAR HARBOR. 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 22 MARCH 1991. I have assigned your registration the following interim number INT 91-22. 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. Walentine

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

WVW:

WWFORMLET

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: 14610
(Complete only if a registration has been previously assigned by the Department of Environmental Protection.)

STATE USE ONLY

DATE OF REGISTRATION: ___/___/___

2. FACILITY INFORMATION

A. Name of Facility: MT. DESERT ISLAND HOSPITAL CORP.

B. Street Address of Facility: WAYMAN LANE

C. Town/City where facility is located: BAR HARBOR, ME.

D. Mailing address: SAME

E. Zip Code: 04609 F. Telephone: (207) 288-5081

G. Directions to Facility: ROUTE 3 TO CENTER OF BAR HARBOR RIGHT ON MAIN ST. & 3rd LEFT IS WAYMAN LANE

H. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes____ No X

I. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source?
Yes____ No X

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 X

(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):

____ Wholesale Distribution of Oil
____ Retail Distribution of Oil
X Oil storage at a Commercial Establishment for on-site consumption
____ Oil storage at an Industrial Establishment for on-site consumption
____ Oil storage at a single family residence
____ Oil storage at a multi-family residence
____ Oil storage/farm
____ Oil storage/Public Facility (state or local)
____ Oil storage/Federal Facility
____ Chemical (hazardous substance) storage

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.

(3)

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

A. Name of Installer: ~~JEFF EATON~~ HOYT HALL

B. Installer ID Number: ~~303~~ 077

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 APRIL 1, 1991

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 Sensitive Geologic Areas (Tanks and Piping)	F. Product Stored	G. Tank Age	H. Status	I. Date removed from active service (if applicable)	J. System Type
___Cathodically Protected Steel Double Walled	___Bare or Asphalt-coated Steel X Cathodically Protected Steel ___Fiberglass Double Walled ___Other (Specify)	___Galvanized ___Cathodically Protected Steel Single Walled ___Cathodically Protected Steel X Double Walled ___Fiberglass Double Walled ___Fiberglass Single Walled ___Other (Specify)	10,000 Gallons	___Continuous Electronic Monitoring of X Ground Water ___Continuous Electronic Monitoring of Vapors ___Secondary Containment ___Ground Water Sampling	GASOLINE ___Regular ___Premium ___Unleaded ___Premium Unleaded ___Diesel FUEL OIL ___#1 ___#2 ___#4 X #5 ___#6 Chemical (Specify___) Other (Specify___)	___ Mo/Yr NEW INSTALL	___Planned ___Active ___Out-of-service ___Abandoned in place (filled not removed) ___Planned for removal	___/___ (Mo) (Yr)	___Suction ___Pressurized
___Cathodically Protected Steel Double Walled	___Bare or Asphalt-coated Steel ___Cathodically Protected Steel ___Fiberglass Double Walled ___Other (Specify)	___Galvanized ___Cathodically Protected Steel Single Walled ___Cathodically Protected Steel Double Walled ___Fiberglass Double Walled ___Fiberglass Single Walled ___Other (Specify)	___ Gallons	___Continuous Electronic Monitoring of Ground Water ___Continuous Electronic Monitoring of Vapors ___Secondary Containment ___Ground Water Sampling	GASOLINE ___Regular ___Premium ___Unleaded ___Premium Unleaded ___Diesel FUEL OIL ___#1 ___#2 ___#4 ___#5 ___#6 Chemical (Specify___) Other (Specify___)	___ Mo/Yr	___Planned ___Active ___Out-of-service ___Abandoned in place (filled not removed) ___Planned for removal	___/___ (Mo) (Yr)	___Suction ___Pressurized
___Cathodically Protected Steel Double Walled	___Bare or Asphalt-coated Steel ___Cathodically Protected Steel ___Fiberglass Double Walled ___Other (Specify)	___Galvanized ___Cathodically Protected Steel Single Walled ___Cathodically Protected Steel Double Walled ___Fiberglass Double Walled ___Fiberglass Single Walled ___Other (Specify)	___ Gallons	___Continuous Electronic Monitoring of Ground Water ___Continuous Electronic Monitoring of Vapors ___Secondary Containment ___Ground Water Sampling	GASOLINE ___Regular ___Premium ___Unleaded ___Premium Unleaded ___Diesel FUEL OIL ___#1 ___#2 ___#4 ___#5 ___#6 Chemical (Specify___) Other (Specify___)	___ Mo/Yr	___Planned ___Active ___Out-of-service ___Abandoned in place (filled not removed) ___Planned for removal	___/___ (Mo) (Yr)	___Suction ___Pressurized
___Cathodically Protected Steel Double Walled	___Bare or Asphalt-coated Steel ___Cathodically Protected Steel ___Fiberglass Double Walled ___Other (Specify)	___Galvanized ___Cathodically Protected Steel Single Walled ___Cathodically Protected Steel Double Walled ___Fiberglass Double Walled ___Fiberglass Single Walled ___Other (Specify)	___ Gallons	___Continuous Electronic Monitoring of Ground Water ___Continuous Electronic Monitoring of Vapors ___Secondary Containment ___Ground Water Sampling	GASOLINE ___Regular ___Premium ___Unleaded ___Premium Unleaded ___Diesel FUEL OIL ___#1 ___#2 ___#4 ___#5 ___#6 Chemical (Specify___) Other (Specify___)	___ Mo/Yr	___Planned ___Active ___Out-of-service ___Abandoned in place (filled not removed) ___Planned for removal	___/___ (Mo) (Yr)	___Suction ___Pressurized
___Cathodically Protected Steel Double Walled	___Bare or Asphalt-coated Steel ___Cathodically Protected Steel ___Fiberglass Double Walled ___Other (Specify)	___Galvanized ___Cathodically Protected Steel Single Walled ___Cathodically Protected Steel Double Walled ___Fiberglass Double Walled ___Fiberglass Single Walled ___Other (Specify)	___ Gallons	___Continuous Electronic Monitoring of Ground Water ___Continuous Electronic Monitoring of Vapors ___Secondary Containment ___Ground Water Sampling	GASOLINE ___Regular ___Premium ___Unleaded ___Premium Unleaded ___Diesel FUEL OIL ___#1 ___#2 ___#4 ___#5 ___#6 Chemical (Specify___) Other (Specify___)	___ Mo/Yr	___Planned ___Active ___Out-of-service ___Abandoned in place (filled not removed) ___Planned for removal	___/___ (Mo) (Yr)	___Suction ___Pressurized

3. TANK OWNER:
   A. Name: MOUNT DESERT ISLAND HOSPITAL (last) (first) (middle initial)
   B. Mail Address: WAYMAN LANE
   C. Town/City: BAR HARBOR D. State: ME.
   E. Zip Code: 04609 F. Phone: (207) 288-5081

4. TANK OPERATOR: (if different from owner)
   A. Name: SAME
   B. Mail Address: _____
   C. Town/City: _____ D. State: _____
   E. Zip Code: _____ F. Phone: _____

5. CONTACT PERSON: A. Name: BRIAN McCARTHY B. Phone: 288-5081

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 _____ 6,000 gallons or under in size at $25.00 per tank = $_____.

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

   Fee Computation Worksheet:

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

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

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

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.

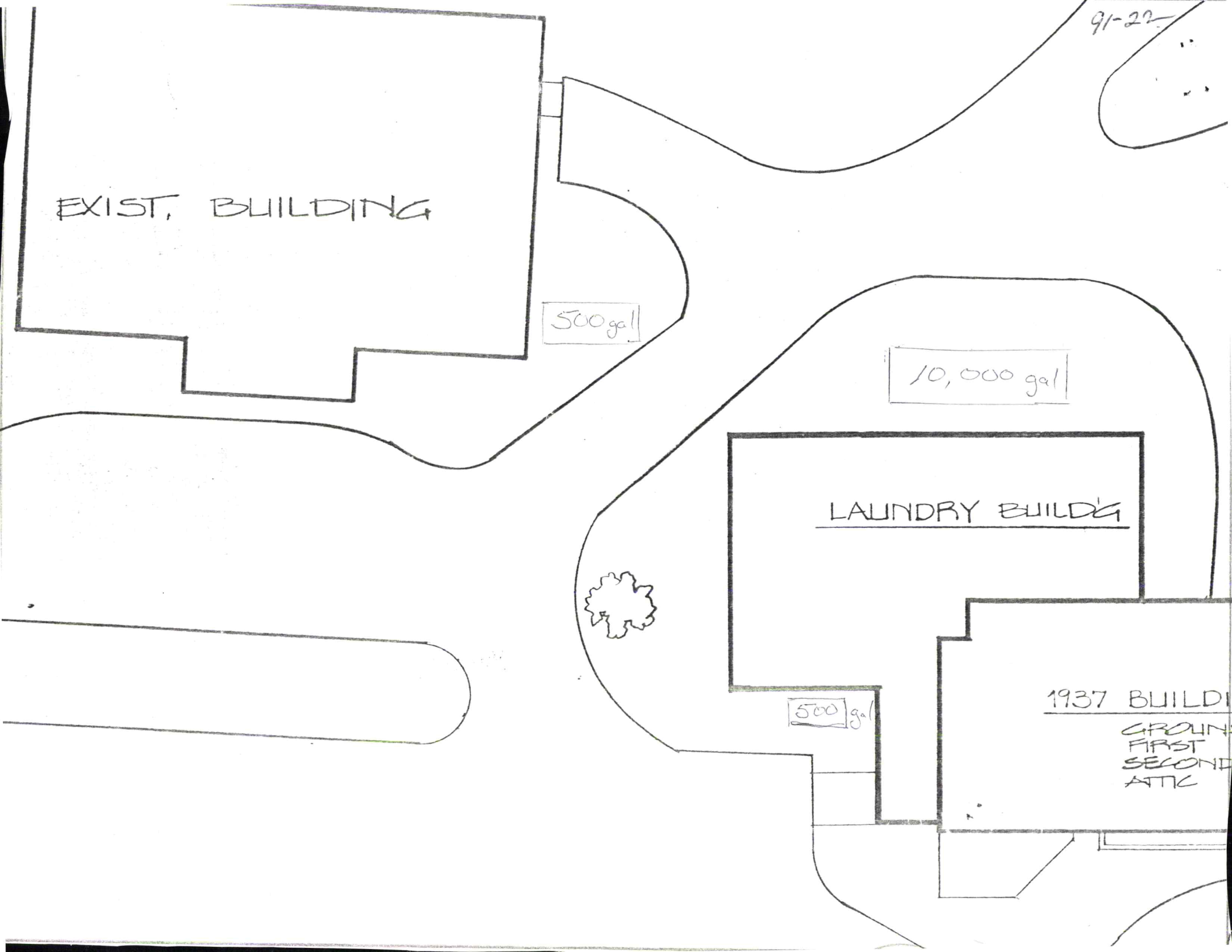
8. Complete the next two (2) pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility.

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: 3-14-91 JOHN B. MAHAR (Owner or Authorized Employee of the Owner (Please print or type)) AGENT - MDI HOSPITAL (Title)

Signature: John B. Mahar Title

91-22


EXIST. BUILDING
500 gal
10,000 gal
LAUNDRY BUILD'G
500 gal
1937 BUILDI
GROUN
FIRST
SECOND
ATTIC

Department of Environmental Protection

* Tanks - related Information Request *

DO NOT MAIL THIS FORM. Collect the information checked below and send to the name and address listed below. Initial and date this form at the bottom and return to the person who received the request.

Rec'd By Butch Bowie Date Received: 06/09/03

Name: Mt. Desert Island Hospital Attn: Chris Norton

Address: PO Box 8

Town, State, Zip Bar Harbor, ME 04609

Phone: (207) 288-5081 Reg.# 14610

Forms and Regulations

_____Tank Registration
_____Tank Facility Upgrade Registration
_____Removal Notice
_____Removal Instructions
_____Aban. in Place Instructions & Application
_____Aban. in Place Deed Attachment
_____2003 Inspection form
_____2003 Inspection Handbook
_____Chapter 691
_____Chap. 695 (Chem. tanks)
_____38 MRSA Sections_____
_____Daily Inventory Sheets
_____ATG set up report
_____2003 Inspections – FAQ's

Information

__X__Tank Installers
_____ Site assessors
_____Tank Vendors
_____ Remediation Contractors
_____ Statistical Inventory Analysis
_____ FAME Flyer
_____ Decision Tree booklet
_____ FID/PID set points
_____ Lab SOP's

Sent By: DP Date Sent: 6-9

H:\brwm\ohwfr\oil enf unit\forms, lists, & instructs\ust info request 06/03

Date of Certificate:

October 21, 1996

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION

UNDERGROUND STORAGE TANK
FACILITY REGISTRATION CERTIFICATE

Please display this certificate in a

Facility:

MT DESERT ISLAND HOSPITAL
WAYMAN LANE
BAR HARBOR

Facility Registration Number: 14610

Date of Registration: December 22, 1987

Operator:

MT. DESERT ISLAND HOSPITAL
WAYMAN LANE
BAR HARBOR
ME 04609

Sensitive Area Status:

None

Owner:

MT DESERT ISLAND HOSPITAL
WAYMAN LANE
PO BOX 8
BAR HARBOR
ME 04609 -0008

Facility Use:

Oil Storage/Public Facili

Number of Active Tanks: 1

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 OIL AND HAZARDOUS MATERIALS CONTROL
STATE HOUSE STATION # 17
AUGUSTA, MAINE 04333
ATTN: Underground Tanks Program

If you have any questions concerning this process, please call (207) 287-2651 and ask for the administrator of the Underground Storage Tanks program.

tk_cert (3/95)

INDIVIDUAL TANK DATA
FOR

14610

Tank-Chamber Number	Tank Type	Piping Type	Tank Size	Additional Monitoring	Product Stored	Date Installed	Tank Status	Tank Status Date
1-1	Steel - bare or asphalt coated.	Galvanized steel	10000	Unknown	#5 Fuel Oil	7/1/61	Removed	09/01/91
2-1	Steel - bare or asphalt coated.	Galvanized steel	500		Diesel	9/1/82	Removed	09/01/91
3-1	Steel with cathodic protection.	F/glass - rein plastic - sec containment - petroleum only	10000		#5 Fuel Oil	9/1/91	Active	09/01/91

Facility Reg. No.: ~~14609 10 + 11~~ 14610 Location: BAR HARBOR

Facility Name: MT. DESERT HOSPITAL

This is to notify you that on 9-20-91, the following underground oil storage tanks were removed by (contractor): HALL TANK INSTALLATIONS

	Tank Size	Product Stored
1.	500	#2 Fuel
2.	10,000	#5 Fuel
3.	500	Diesel
4.	500	#2 Fuel

~~Hayt~~ T. Hall
Authorized Signature

9-24-91
Date

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

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

Name of Facility Owner: MT. DESERT ISL. HOSPITAL CORP.
Mailing Address: WAYMAN LANE Telephone No: 288-5081
City: BAR HARBOR State: ME. Zip Code: 04609
Contact Person (name, address & telephone no.): BRIAN McCARTHY
c/o MDI Hosp. Wayman Lane, Bar Harbor 288-5081
Name of Facility: (above) Registration No.: 14609, 14610, 14611
Facility Location: (above)

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. 14609		500	#2 fuel oil
B. 14610		10,000	#5 fuel oil
C. 14610		500	Diesel
D. 14611		500	#2 fuel oil

2. Directions to Facility (be specific):
Route #3 to center of Bar Harbor - go right on Main St. and Wayman Lane is the third left.

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes___ No X (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: Northeast Mechanical Corp. 1-800-540-8533
Pollution Control Services 799-0770
Certified Tank Installer Certification Number & Name (if applicable):
#270 Paul Fearon or #303 Jeff Eaton

Professional Firefighter Yes___ No X (Affiliation:_____)

5. Expected date of removal: April 15, 1991

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

Date: March 12, 1991

John D. Mahar
Signature of Tank Owner or Operator
JOHN MAHAR- AGENT FOR MDI HOSPITAL
Brian McCarthy – HOSPITAL ENGINEER
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL - RETURN POSTCARD WHEN TANK(S) HAS BEEN REMOVED.

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

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)

STATE USE ONLY
DATE OF REGISTRATION: __/__/__

1. REGISTRATION NUMBER: 14610
(Complete only if a registration number has been previously assigned.)

2. FACILITY INFORMATION
A. Name: Mount Desert Island Hospital
B. Mail Address: Wayman Lane
C. Street Address: Wayman Lane
D. Town/City: Bar Harbor
E. Zip Code: 04609 F. Telephone: (207) 288-5081
G. Directions to Site: _____

DEC 22 1987

H. Is at least one existing or planned tank (including piping and pumps) within 1000 ft. of a public water supply? _____Yes X No

I. Is at least one existing or planned tank (including piping and pumps) within 300 ft. of a private water supply? X Yes _____No

J. (Complete if the answer to (I) above is YES.) Is at least one water supply located within 300 feet of the tank(s) is owned by someone other than the facility owner or operator? _____Yes X No

K. Is the facility located on a significant sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? _____Yes X 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 requested from the Maine Geological Survey, State House Station 22, Augusta, Maine 04333, (207) 289-2801.

NOTE: If the answer to item (H), (J) or (K) above is yes, the facility is in a sensitive geologic area. A new or replacement tank used for the marketing and distribution of oil in such an area requires secondary containment or ground water monitoring pursuant to 38 M.R.S.A. Section 546(C).

STATE USE ONLY
Reviewer: RJK Date: 1/11/88 Map Number: 21 Comment:

L. Facility Use (Check One):
_____ Wholesale Oil Distribution
_____ Retail Oil Distribution
_____ Oil Storage at Commercial Establishment
_____ Oil Storage at Industrial Establishment
_____ Oil Storage/Single Residence
_____ Oil Storage/Multiple Residence
_____ Oil Storage/Farm
X Oil Storage/Public Facility (State or Local)
_____ Oil Storage/Federal Facility
_____ Chemical Storage

3. PERSON TO CONTACT FOR MORE INFORMATION
A. Name: Brian McCarthy
B. Mail Address: MDI Hospital Wayman Lane
C. Town/City: Bar Harbor D. State: Me
E. Zip Code: 04609 F. Telephone: (207) 288-5081 ext 365

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)

Facility Name: Mount Desert Island Hospital

Location (Town/City): Bar Harbor

Owner: MDI Hospital Corp.

REGISTRATION NUMBER

(Complete ONLY if Registration Number has been previously assigned.)

12. If this registration involves replacing tanks or installing tanks, ATTACH a drawing of the facility showing the location of tanks (and piping) to be installed and any existing tanks. USE the space below for a sketch if no drawing already exists. THE FORM OF ADDITIONAL PROTECTION for tanks used for marketing and distribution of oil in sensitive areas should be detailed on the drawing. MONITORING WELL LOCATIONS should be provided for all tanks greater than 1,100 gallons that are used for on-site consumption of oil.

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)

Facility Name: M.D.I. Hospital

Location (Town/City): Bar Harbor Owner: MDI Hospital Corp.

REGISTRATION NUMBER

(Complete ONLY if Registration Number was Assigned.)

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

A. Name of Installer: _____

B. Installer ID Number: _____ C. Expected Date of Installation: _____

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

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 Sensitive Geologic Areas (Tanks and Piping)	F. Product Stored	G. Date Installed	H. Status	I. Date removed from active service (if applicable)	J. Amount of Product left in inactive tank (if applicable)
	✓ Bare or Asphalt-coated Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	✓ Galvanized Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	10,000 Gallons	___ Continuous Electronic Monitoring of Ground Water ___ Continuous Electronic Monitoring of Vapors ___ Secondary Containment ___ Ground Water Sampling	GASOLINE: ___ Regular ___ Premium ___ Unleaded ___ Premium Unleaded ___ Diesel FUEL OIL: ___ #1 ___ #2 ___ #4 ✓ #5 ___ #6 Chemical (Specify _____) Other (Specify _____)	7 / 61 (Mo) (Yr)	___ Planned ✓ Active ___ Out-of-Service ___ Abandoned in place (filled with inert material) ___ Planned for removal	/ (Mo) (Yr)	Gallons
	✓ Bare or Asphalt-coated Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	✓ Galvanized Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	500 Gallons	___ Continuous Electronic Monitoring of Ground Water ___ Continuous Electronic Monitoring of Vapors ___ Secondary Containment ___ Ground Water Sampling	GASOLINE: ___ Regular ___ Premium ___ Unleaded ___ Premium Unleaded ✓ Diesel FUEL OIL: ___ #1 ___ #2 ___ #4 ___ #5 ___ #6 Chemical (Specify _____) Other (Specify _____)	9 / 82 (Mo) (Yr)	✓ Planned ✓ Active ___ Out-of-Service ___ Abandoned in place (filled with inert material) ___ Planned for removal	/ (Mo) (Yr)	Gallons
	___ Bare or Asphalt-coated Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	___ Galvanized Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	___ Gallons	___ Continuous Electronic Monitoring of Ground Water ___ Continuous Electronic Monitoring of Vapors ___ Secondary Containment ___ Ground Water Sampling	GASOLINE: ___ Regular ___ Premium ___ Unleaded ___ Premium Unleaded ___ Diesel FUEL OIL: ___ #1 ___ #2 ___ #4 ___ #5 ___ #6 Chemical (Specify _____) Other (Specify _____)	/ (Mo) (Yr)	___ Planned ___ Active ___ Out-of-Service ___ Abandoned in place (filled with inert material) ___ Planned for removal	/ (Mo) (Yr)	Gallons
	___ Bare or Asphalt-coated Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	___ Galvanized Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	___ Gallons	___ Continuous Electronic Monitoring of Ground Water ___ Continuous Electronic Monitoring of Vapors ___ Secondary Containment ___ Ground Water Sampling	GASOLINE: ___ Regular ___ Premium ___ Unleaded ___ Premium Unleaded ___ Diesel FUEL OIL: ___ #1 ___ #2 ___ #4 ___ #5 ___ #6 Chemical (Specify _____) Other (Specify _____)	/ (Mo) (Yr)	___ Planned ___ Active ___ Out-of-Service ___ Abandoned in place (filled with inert material) ___ Planned for removal	/ (Mo) (Yr)	Gallons
[redacted]	___ Bare or Asphalt-coated Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	___ Galvanized Steel ___ Cathodically Protected Steel ___ Fiberglass ___ Other (Specify)	___ Gallons	___ Continuous Electronic Monitoring of Ground Water ___ Continuous Electronic Monitoring of Vapors ___ Secondary Containment ___ Ground Water Sampling	GASOLINE: ___ Regular ___ Premium ___ Unleaded ___ Premium Unleaded ___ Diesel FUEL OIL: ___ #1 ___ #2 ___ #4 ___ #5 ___ #6 Chemical (Specify _____) Other (Specify _____)	/ (Mo) (Yr)	___ Planned ___ Active ___ Out-of-Service ___ Abandoned in place (filled with inert material) ___ Planned for removal	/ (Mo) (Yr)	Gallons

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)

Facility Name: MDI Hospital

Location (Town/City): Bar Harbor

Owner: MDI Hospital Corp

REGISTRATION NUMBER

(Complete ONLY if Registration Number has been previously assigned.)

4. TANK OWNER
   - A. Name: Mount Desert Island Hospital
   - B. Mail Address: Wayman Lane
   - C. Town/City: Bar Harbor D. State: Me
   - E. Zip Code: 04609 F. Telephone: (207) 288-5081

5. TANK OPERATOR
   - A. Name:
   - B. Mail Address: Same
   - C. Street Address:
   - D. Town/City: E. State:
   - F. Zip Code: G. Telephone: ( )

6. COMPLETE the next two pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility.

7. ENCLOSE a check for the applicable registration fee with this submittal made payable to "Treasurer — State of Maine" and return to the Department of Environmental Protection. 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:

   1 Tanks 6,000 gallons or under in size _____ $25 per tank
   1 Tanks over 6,000 gallons in size _____ $50 per tank

8. MAKE TWO COPIES of this form. SUBMIT the original to the DEPARTMENT OF ENVIRONMENTAL PROTECTION (Bureau of Oil & Hazardous Materials Control, State House Station 17, Augusta, Maine 04333). SEND one 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. Registrations for existing tanks are due prior to February 1, 1986.

9. CERTIFY THIS FORM BY SIGNING. By signing this form, the tank registrant certifies that all information is accurate and complete, and that they 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 statute to file an amendment to this registration with the Department of Environmental Protection immediately upon any change in the information on this form.

12/9/87	Brian J. McCarthy	Dir Plant Ops
Date	Owner or Authorized Employee (Please PRINT or TYPE)	Title (Please PRINT or TYPE)

Brian J. McCarthy
SIGNATURE

MOUNT DESERT ISLAND HOSPITAL

TELEPHONE: 207-288-5081

BAR HARBOR, MAINE 04609

JAMES A. MROCH
PRESIDENT

30 March 1989

Ms. Diana McLaughlin
Dept. Environmental Protection
Bureau of Oil and Hazardous Material
Div. of Licensing and Enforcement
State House Station #17
Augusta, Maine 04333

Dear Ms. McLaughlin:

As per our phone conversation of February 2nd, regarding tank registration no. 14610, I wish to ammend the registration due to the following reason.

The well within 300 ft. of the tank is no longer in use and the pump and piping have been removed. At one time the well was used as a source of cooling water for an air conditioning system, but never as a source of drinking water.

The hospital and the surrounding neighborhood are on the Town water supply for their source of drinking water.

If you have any questions please call me at 288-5081, ext. 365.

Thank you.

Sincerely,

Brian McCarthy
Director, Plant Operations

7/31/20

JS
11/24/20

Maine Department of Environmental Protection
Underground Oil Storage Tank

Annual Inspection Report - Summary

Facility Name	Owner	Registration #
MT Desert Island Hosp.	MT Desert Island Hosp.	14610

Facility Address	Operator	Owner Phone
Bar Harbor	MT Desert Island Hosp.	288-5081

Tank / Chamber #	3							
Volume	10 K							
Product	#2 HEATING OIL							
Pump Type	Suction							
	Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
Class A/B Operator								
Unattended Fueling								
Monthly Reconciliation								
Automatic Tank Gauge								
Groundwater Monitoring								
Interstitial Monitoring	X							
Line Leak Detectors								
Heating Oil Tank Piping	X							
Overfill Prevention	X							
Spill Buckets	X							
Stage I Vapor Recovery								
Emerg. Elec. Disconnect	X							
Dispenser Area								
Cathodic Protection								
Temp. Out-of-Service								
Any FAIL in the columns above means a FAIL for that tank (and the facility).	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
	X							

By my signature below, I certify that I inspected this facility on this date and ***found deficiencies that require corrective action(s) before this inspection can be complete and passing.***

Printed Name & CTI No.	Date	Incomplete / Failing Inspection Signature
		Peter J Farrington

By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

Printed Name & CTI No.	Date	Passing Inspection Signature
Peter Farrington 481	7/1/2020	Peter J Farrington

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:

UST Inspections, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 7/1/2020

The two sections below are for motor-fuel, waste oil, and marketing & distribution facilities only

Class A/B/C Operators

Item		Pass	Fail	
1	Is a Class A/B Operator employed at this facility?			*Items 2&3 will not affect the "pass/fail" status of this inspection report.*
Certificate #	Expires:	Name:		
		Yes	**No**	
2	Class A/B Operator documenting the Weekly Walk-through Inspections on a checklist?			Checklist provided
3	Class C Operator Training Records on-hand?			

After Hours / 24-Hour Unattended Fueling Operations

Item		Yes	No	
4	Can customers pump fuel when attendants aren't present? If no, skip Items 5 & 6 and go to the next page.		X	*Heating oil facilities that are registered as diesel (motor-fuel) only because they supply fuel to an emergency electrical generator are exempt from the unattended fueling requirements.*
5	Has at least one outside emergency electrical disconnect that is visible and is 20-100 feet from all dispensers?			
		Pass	**Fail**	
6	Has proper signage for unattended fueling facilities? (See Attachment 8 in Inspector's Reference Handbook)			

Comments: (Indicate all repairs made to bring facility into compliance)

Use this area for additional comments that won't fit on any other pages. *Include the Inspection Item #.*

omntek proteus tank mnitor

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610

AI Date: 7/1/2020

Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model:	OMNTEC

Item		Tank/Chamber #															
		Volume															
		Product															
		TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
21	Electronic (**E**), Manual (**M**), or None (**X**)	E		E													
	Manual	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
22	Sump is accessible for inspections?																
23	Written log of sump checks maintained?																
	Electronic	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
24	Console is properly programmed and fully operational?	X		X													
25	Sensors are properly placed?	X		X													
26	All sensors are functioning properly?	X		X													
	All Systems	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
27	Sumps in liquid tight condition?	X		X													
28	No oil in sumps or interstitial space?	X		X													
29	No water in sumps or interstitial space?	X		X													
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	PASS or FAIL?	X		X													

Comments: (Indicate all repairs made to bring facility into compliance.)

omntek proteus tank mnitor

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610

AI Date: 7/1/2020

Line Leak Detector (LLD)

Line leak detectors are required on product lines supplied by a pump remote from the dispenser.

Item	Tank/Chamber # / Pump Type	3 / Suction							
30	Make and Model (or N/A)								
31	Mechanical (M) or Electronic (E) LLD?								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
32	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
33	Slow flow when 3 gph leak @ 10 PSI is simulated?								
	Electronic LLD's only								
34	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled piping)?								
35	System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated?								
	PASS or FAIL?								

Copper Piping on Heating Oil Tanks

Item	Tank/Chamber # / Product	3 / #2 HEATING OIL							
		YES	NO	YES	NO	YES	NO	YES	NO
36	Copper Piping?		X						
37	Piping sleeved or secondarily contained? (* See note below)	X							
38	Copper suction/return lines in single sleeve separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* Heating oil piping installed prior to Sept. 16, 1991 must be sleeved. After that date, piping must be secondarily contained and continuously electronically monitored.

Comments: (Indicate all repairs made to bring facility into compliance.)

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610 | AI Date 7/1/2020

Overfill Prevention *(Devices must be compatible with fuel delivery method)*

Item	Tank/Chamber # / Pump Type	3 / Suction							
39	Ball float (BF), Flapper (F), Pressurized Delivery Flapper (PDF), Electronic (E), Vent Whistle (W), None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
40	Checked and working properly?	X							
41	Set at 95% of tank capacity? *(Auto shut-off / flappers only)*								
42	Set at 90% of tank capacity? *(Ball floats, electronic & vent whistles)*	X							
43	Vent whistle clearly audible from fill area? *(Consumptive use heating oil only)*								
	PASS or FAIL?	X							

Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
44	Lid in good condition?	X							
45	Lid not touching fill cap?	X							
46	Clean?	X							
47	Liquid tight?	X							
48	Fill cap and gasket in good condition?	X							
49	Drop tube? (gasoline/manual stick tanks)								
50	Ends within 6 inches of tank bottom? (gasoline)								
	PASS or FAIL?	X							

Stage 1 Vapor Recovery

51	Two-Point (2), Manifold (M), Coaxial (C)								
	Two-Point / Manifold	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
52	Access lid in good condition?								
53	Poppet cap & gasket in good condition?								
54	Poppet valve moves well & closes tight?								
	Coaxial								
55	Coaxial drop tube in good condition?								
	PASS or FAIL?								

Document all repairs (reference the Item #) made to bring facility into compliance in any Comments box with sufficient space.

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610 | AI Date: 7/1/2020

56	Emergency Electrical Disconnect properly labeled and accessible?	Pass ✓	Fail	
57	Big Red Button immediately accessible to attendant?	Pass	Fail	N/A ✓

Required only if facility/tank was installed after April 28, 2004

Dispenser Area

Item	Dispenser # / All Systems															
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	
58	No weeps or leaks in dispenser?															
	Crash Valves	P	F	P	F	P	F	P	F	P	F	P	F	P	F	
59	Crash valves at correct height?															
60	Crash valves are properly secured?															
61	Crash valves operational?															
	Dispenser Sumps	P	F	P	F	P	F	P	F	P	F	P	F	P	F	
62	Are sumps in liquid tight condition?															
63	No oil in sumps?															
64	No water in sumps?															
	Electronic Sump Monitoring	P	F	P	F	P	F	P	F	P	F	P	F	P	F	
65	Monitoring console is fully operational?															
66	Sensors are properly placed?															
67	All sensors are functioning properly?															
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	
	PASS or FAIL?															

*NOTES: 1) If there are more than seven (7) dispensers, please use additional "**Dispenser Area**" forms.*
2) Since dispensers are not associated with tanks, any FAIL on this page is only recorded in the first tank column on the Summary page. So, if all dispensers are a PASS, only "X" the one dispenser PASS box in the first column of the summary page.

Comments: (Indicate all repairs made to bring facility into compliance.)

9/10/19 BN 9-24-19

Maine Department of Environmental Protection
Underground Oil Storage Tank

Annual Inspection Report - Summary

MT DESERT ISLAND Hospital	MT DESERT ISLAND Hospital	14610
Facility Name	Owner	Registration #
Bar Harbor	MT DESERT ISLAND Hospital	207-288-5081
Facility Address	Operator	Owner Phone

Tank / Chamber #	5								
Volume	10000								
Product	#2 HEATING OIL								
Pump Type	SUCTION								
	Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
Class A/B Operator								
Unattended Fueling								
Monthly Reconciliation								
Automatic Tank Gauge								
Groundwater Monitoring								
Interstitial Monitoring	X							
Line Leak Detectors								
Heating Oil Tank Piping	X							
Overfill Prevention	X							
Spill Buckets	X							
Stage I Vapor Recovery								
Emerg. Elec. Disconnect	X							
Dispenser Area								
Cathodic Protection								
Temp. Out-of-Service								
Any FAIL in the columns above means a FAIL for that tank (and the facility).	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
	X							

By my signature below, I certify that I inspected this facility on this date and
found deficiencies that require corrective action(s) before this inspection can be complete and passing.

Printed Name & CTI No.	Date	Incomplete / Failing Inspection Signature

By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

Printed Name & CTI No.	Date	Passing Inspection Signature
George King 486	18JUNE2019	

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:

UST Inspections, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

UST-01 **OWNER MUST KEEP A COPY OF THIS COMPLETED FORM** Rev Date: 03/26/18

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 18JUNE2019

The two sections below are for motor-fuel, waste oil, and marketing & distribution facilities only

Class A/B/C Operators

Item		Pass	Fail	
1	Is a Class A/B Operator employed at this facility?			*Items 2&3 will not affect the "pass/fail" status of this inspection report.*
	Certificate # / Expires: / Name:			
		Yes	**No**	
2	Class A/B Operator documenting the Weekly Walk-through Inspections on a checklist?			Checklist provided
3	Class C Operator Training Records on-hand?			

After Hours / 24-Hour Unattended Fueling Operations

Item		Yes	No	
4	Can customers pump fuel when attendants aren't present? If no, skip Items 5 & 6 and go to the next page.		X	*Heating oil facilities that are registered as diesel (motor-fuel) only because they supply fuel to an emergency electrical generator are exempt from the unattended fueling requirements.*
5	Has at least one outside emergency electrical disconnect that is visible and is 20-100 feet from all dispensers?			
		Pass	**Fail**	
6	Has proper signage for unattended fueling facilities? (See Attachment 8 in Inspector's Reference Handbook)			

Comments: (Indicate all repairs made to bring facility into compliance)

Use this area for additional comments that won't fit on any other pages. *Include the Inspection Item #.*

Consumptive use #2 heating oil

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610

AI Date: 18JUNE2019

Single-Walled Tanks Leak Detection

Monthly Reconciliation

(Only for facilities using monthly reconciliation of daily inventory for leak detection)

Item	Tank/Chamber #	5							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
7	Inventory reconciled monthly either by Owner/Operator or SIR vendor?								
8	Over/Shorts less than 1%?								
9	Fill pipe drop tube in place?								
	Manual Inventory								
10	Gauge stick in good condition?								
	PASS or FAIL?								

Required: If using SIR, attach a copy of the last SIR report with the inspection report. If SIR results are not included with annual inspection report, the inspection will be considered incomplete and returned to the owner.

Automatic Tank Gauge

For tanks using an ATG for leak detection (Item 13 not required if ATG is only being used to collect daily inventory)

11	**Make & Model:**	OMNTEC							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
12	Console is properly programmed and fully operational?	X							
13	Passing 0.2 gph test within last 30 days at tank capacity or a range of tank capacities as specified by the equipment manufacturer?								
14	Probes and floats checked by hand?	X							
	PASS or FAIL?	X							

Required: Attach a copy of **ATG printout** showing passing results with the inspection report. If ATG printout results are not included with annual inspection report, the inspection will be considered incomplete and returned to the owner.

Ground Water Monitoring

(Only for *heating oil tanks* installed before September 16, 1991)

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
15	Monitoring wells accessible?								
16	Monitoring wells marked & secured?								
17	Bailer present, functional and clean?								
18	Water in well?								
19	No floating oil or smell of oil?								
20	Log of weekly well inspection?								
	PASS or FAIL?								

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610

AI Date: 18JUNE2019

Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model:	OMNTEC

Item																		
	Tank/Chamber #	5																
	Volume	10000																
	Product	#2 HEATING OIL																
		TANK		**PIPE**		**TANK**		**PIPE**		**TANK**		**PIPE**		**TANK**		**PIPE**		
21	Electronic (**E**), Manual (**M**), or None (**X**)	E		E														
	Manual	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	
22	Sump is accessible for inspections?																	
23	Written log of sump checks maintained?																	
	Electronic	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	
24	Console is properly programmed and fully operational?	X		X														
25	Sensors are properly placed?	X		X														
26	All sensors are functioning properly?	X		X														
	All Systems	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	
27	Sumps in liquid tight condition?	X		X														
28	No oil in sumps or interstitial space?	X		X														
29	No water in sumps or interstitial space?	X		X														
		P	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	
	PASS or FAIL?	X		X														

Comments: (Indicate all repairs made to bring facility into compliance.)

Consumptive use #2 heating oil

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 18JUNE2019

Line Leak Detector (LLD)

Line leak detectors are required on product lines supplied by a pump remote from the dispenser.

Item	Tank/Chamber # / Pump Type	5 / SUCTION							
30	Make and Model (or N/A)	N/A N/A							
31	Mechanical (M) or Electronic (E) LLD?								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
32	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
33	Slow flow when 3 gph leak @ 10 PSI is simulated?								
	Electronic LLD's only								
34	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled piping)?								
35	System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated?								
	PASS or FAIL?								

Copper Piping on Heating Oil Tanks

Item	Tank/Chamber # / Product	5 #2 HEATING OIL							
		YES	NO	YES	NO	YES	NO	YES	NO
36	Copper Piping?		X						
37	Piping sleeved or secondarily contained? (* See note below)	X							
38	Copper suction/return lines in single sleeve separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* Heating oil piping installed prior to Sept. 16, 1991 must be sleeved. After that date, piping must be secondarily contained and continuously electronically monitored.

Comments: (Indicate all repairs made to bring facility into compliance.)

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610

AI Date: 18JUNE2019

Overfill Prevention (*Devices must be compatible with fuel delivery method*)

Item	Tank/Chamber # / Pump Type	5 / SUCTION							
39	Ball float (BF), Flapper (F), Pressurized Delivery Flapper (PDF), Electronic (E), Vent Whistle (W), None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
40	Checked and working properly?	X							
41	Set at 95% of tank capacity? (*Auto shut-off / flappers only*)								
42	Set at 90% of tank capacity? (*Ball floats, electronic & vent whistles*)	X							
43	Vent whistle clearly audible from fill area? (*Consumptive use heating oil only*)								
	PASS or FAIL?	X							

Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
44	Lid in good condition?	X							
45	Lid not touching fill cap?	X							
46	Clean?	X							
47	Liquid tight?	X							
48	Fill cap and gasket in good condition?	X							
49	Drop tube? (gasoline/manual stick tanks)								
50	Ends within 6 inches of tank bottom? (gasoline)								
	PASS or FAIL?	X							

Stage 1 Vapor Recovery

51	Two-Point (2), Manifold (M), Coaxial (C)								
	Two-Point / Manifold	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
52	Access lid in good condition?								
53	Poppet cap & gasket in good condition?								
54	Poppet valve moves well & closes tight?								
	Coaxial								
55	Coaxial drop tube in good condition?								
	PASS or FAIL?								

Document all repairs (reference the Item #) made to bring facility into compliance in any Comments box with sufficient space.

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610

AI Date: 18JUNE2019

56	Emergency Electrical Disconnect properly labeled and accessible?	Pass ✔	Fail	
57	Big Red Button immediately accessible to attendant?	Pass	Fail	N/A ✔

Required only if facility/tank was installed after April 28, 2004

Dispenser Area

Item	Dispenser # / All Systems														
58	No weeps or leaks in dispenser?														
	Crash Valves	P	F	P	F	P	F	P	F	P	F	P	F	P	F
59	Crash valves at correct height?														
60	Crash valves are properly secured?														
61	Crash valves operational?														
	Dispenser Sumps	P	F	P	F	P	F	P	F	P	F	P	F	P	F
62	Are sumps in liquid tight condition?														
63	No oil in sumps?														
64	No water in sumps?														
	Electronic Sump Monitoring	P	F	P	F	P	F	P	F	P	F	P	F	P	F
65	Monitoring console is fully operational?														
66	Sensors are properly placed?														
67	All sensors are functioning properly?														
		P	F	P	F	P	F	P	F	P	F	P	F	P	F
	PASS or FAIL?														

NOTES: *1) If there are more than seven (7) dispensers, please use additional "**Dispenser Area**" forms.*
2) Since dispensers are not associated with tanks, any FAIL on this page is only recorded in the first tank column on the Summary page. So, if all dispensers are a PASS, only "X" the one dispenser PASS box in the first column of the summary page.

Comments: (Indicate all repairs made to bring facility into compliance.)

JS
2/27/19

2/20/19

Maine Department of Environmental Protection
Underground Oil Storage Tank

Annual Inspection Report Summary

MDI Hospital	MDI Hospital	14610
Facility Name	Owner	Registration #
Bar Harbor	MDI Hospital	288-5081
Address	Operator	Phone

Tank / Chamber #	3								
Volume	10 k								
Product									
Pump Type	Suction								
	Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
Daily Inventory								
Automatic Tank Gauge								
Groundwater Monitoring								
Interstitial Monitoring	X							
Line Leak Detectors								
Heating Oil Tank Piping	X							
Overfill Prevention		X						
Spill Buckets	X							
Stage I Vapor Recovery								
Dispenser Area								
Cathodic Protection								
Temp. Out-of-Service								
Any FAIL in the columns above means a FAIL for that tank (and the facility).	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
		X						

By my signature below, I certify that I inspected this facility on this date and found deficiencies that require corrective action(s) before this inspection can be complete and passing.

Peter Farrington 481	6/1/18	Peter J Farrington
Printed Name & CTI No.	Date	Incomplete / Failing Inspection Signature

By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

Printed Name & CTI No.	Date	Passing Inspection Signature

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:

UST Annual Inspection, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

UST-01 **OWNER MUST KEEP A COPY OF THIS COMPLETED FORM** Rev Date: 01/12/16

Maine Department of Environmental Protection
Underground Oil Storage Tank

Annual Inspection Report - Summary

MDI Hospital	MDI Hospital	14610
Facility Name	Owner	Registration #
Bar Harbor	MDI Hospital	207-288-5081
Facility Address	Operator	Owner Phone

Tank / Chamber #	3							
Volume	10000							
Product	#2 HEATING OIL							
Pump Type	SUCTION							
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Class A/B Operator								
Unattended Fueling								
Monthly Reconciliation								
Automatic Tank Gauge								
Groundwater Monitoring								
Interstitial Monitoring	X							
Line Leak Detectors								
Heating Oil Tank Piping	X							
Overfill Prevention	X							
Spill Buckets	X							
Stage I Vapor Recovery								
Emerg. Elec. Disconnect								
Dispenser Area								
Cathodic Protection								
Temp. Out-of-Service								
Any FAIL in the columns above means a FAIL for that tank (and the facility).	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	X							

By my signature below, I certify that I inspected this facility on this date and found deficiencies that require corrective action(s) before this inspection can be complete and passing.

GEORGE KING	486	27DEC18	
Printed Name & CTI No.		Date	Incomplete / Failing Inspection Signature

By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

George King	486	27DEC18	
Printed Name & CTI No.		Date	Passing Inspection Signature

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:	UST Inspections, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

UST-01 **OWNER MUST KEEP A COPY OF THIS COMPLETED FORM** Rev Date: 03/26/18

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 27DEC2018

The two sections below are for motor-fuel, waste oil, and marketing & distribution facilities only

Class A/B/C Operators

Item		Pass	Fail
1	Is a Class A/B Operator employed at this facility?		

Items 2&3 will not affect the "pass/fail" status of this inspection report.

Certificate #	Expires:	Name:

		Yes	No	
2	Class A/B Operator documenting the Weekly Walk-through Inspections on a checklist?			Checklist provided
3	Class C Operator Training Records on-hand?			

After Hours / 24-Hour Unattended Fueling Operations

Item		Yes	No
4	Can customers pump fuel when attendants aren't present? If no, skip Items 5 & 6 and go to the next page.		
5	Has at least one outside emergency electrical disconnect that is visible and is 20-100 feet from all dispensers?		
		Pass	**Fail**
6	Has proper signage for unattended fueling facilities? (See Attachment 8 in Inspector's Reference Handbook)		

Heating oil facilities that are registered as diesel (motor-fuel) only because they supply fuel to an emergency electrical generator are exempt from the unattended fueling requirements.

Comments: (Indicate all repairs made to bring facility into compliance)

Use this area for additional comments that won't fit on any other pages. *Include the Inspection Item #.*

Consumptive use #5 heating oil

#5 heating oil, tank monitor is rimcor instruments,

Tank over fill alarm not audible from fill site, REPLACED WITH OMNTEC REMOTE ALARM.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 6/6/18

Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model:	

Item		Tank/Chamber #															
		Volume															
		Product															
		TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
20	Electronic (E), Manual (M), or None (X)	E		E													
	Manual	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
21	Sump is accessible for inspections?																
22	Written log of sump checks maintained?																
	Electronic	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
23	Console is properly programmed and fully operational?	X		X													
24	Sensors are properly placed?	X		X													
25	Sensors are functioning properly?	X		X													
	All Systems	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
26	Sumps in liquid tight condition?	X			X												
27	No oil in sumps or interstitial space?	X		X													
28	No water in sumps or interstitial space?	X		X													
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	PASS or FAIL?	X			X												

Comments: (Indicate all repairs made to bring facility into compliance)

#5 heating oil, tank monitor is rimcor instruments

Tank over fill alarm not audible from fill site.

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610

AI Date: 27DEC2018

Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model:	

Item																			
	Tank/Chamber #	3																	
	Volume	10000																	
	Product	#2 HEATING OIl																	
		TANK		**PIPE**		**TANK**		**PIPE**		**TANK**		**PIPE**		**TANK**		**PIPE**			
21	Electronic (**E**), Manual (**M**), or None (**X**)	E		E															
	Manual	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F		
22	Sump is accessible for inspections?																		
23	Written log of sump checks maintained?																		
	Electronic	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F		
24	Console is properly programmed and fully operational?	X		X															
25	Sensors are properly placed?	X		X															
26	All sensors are functioning properly?	X		X															
	All Systems	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F		
27	Sumps in liquid tight condition?	X		X															
28	No oil in sumps or interstitial space?	X		X															
29	No water in sumps or interstitial space?	X		X															
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F		
	PASS or FAIL?	X		X															

Comments: (Indicate all repairs made to bring facility into compliance.)

Consumptive use #5 heating oil

#5 heating oil, tank monitor is rimcor instruments,

Tank over fill alarm not audible from fill site, REPLACED WITH OMNTEC REMOTE ALARM.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 6/6/18

Line Leak Detector (LLD)

Line leak detectors are required on product lines supplied by a pump remote from the dispenser.

Item	Tank/Chamber # / Pump Type	3 / Suction							
29	Make and Model (or N/A)								
30	Mechanical (M) or Electronic (E) LLD?								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
31	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
32	Slow flow when 3 gph leak @ 10 PSI is simulated?								
	Electronic LLD's only								
33	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled piping)?								
34	System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated?								
	PASS or FAIL?								

Copper Piping on Heating Oil Tanks

Item	Tank/Chamber # / Product	3							
		YES	NO	YES	NO	YES	NO	YES	NO
35	Copper Piping?		X						
36	Piping sleeved or secondarily contained? (* See note below)	X							
37	Copper suction/return lines in single sleeve separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* Heating oil piping installed prior to Sept. 16, 1991 must be sleeved. After that date, piping must be secondarily contained and continuously electronically monitored.

Comments: (Indicate all repairs made to bring facility into compliance)

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 6/6/18

Overfill Prevention

(Devices must be compatible with fuel delivery method)

Item	Tank/Chamber # / Pump Type	3 / Suction							
38	Ball float (BF), Flapper (F), Pressurized Delivery Flapper (PDF), Electronic (E), Vent Whistle (W), None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
39	Checked and working properly?		X						
40	Set at 95% of tank capacity? *(Auto shut-off / flappers only)*								
41	Set at 90% of tank capacity? *(Ball floats, electronic & vent whistles)*	X							
42	Vent whistle clearly audible from fill area? *(Consumptive use heating oil only)*								
	PASS or FAIL?	X							

Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
43	Lid in good condition?	X							
44	Lid not touching fill cap?	X							
45	Clean?	X							
46	Liquid tight?	X							
47	Fill cap and gasket in good condition?	X							
48	Drop tube? (gasoline/manual stick tanks)								
49	Ends within 6 inches of tank bottom? (gasoline)								
	PASS or FAIL?	X							

Stage 1 Vapor Recovery

50	Two-Point (2), Manifold (M), Coaxial (C)								
	Two-Point / Manifold	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
51	Access lid in good condition?								
52	Poppet cap & gasket in good condition?								
53	Poppet valve moves well & closes tight?								
	Coaxial								
54	Coaxial drop tube in good condition?								
	PASS or FAIL?								

Document all repairs (reference the Item #) made to bring facility into compliance in any Comments box with sufficient space.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 27DEC2018

Overfill Prevention *(Devices must be compatible with fuel delivery method)*

Item	Tank/Chamber # / Pump Type	3 / SUCTION							
39	Ball float (BF), Flapper (F), Pressurized Delivery Flapper (PDF), Electronic (E), Vent Whistle (W), None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
40	Checked and working properly?	X							
41	Set at 95% of tank capacity? *(Auto shut-off / flappers only)*								
42	Set at 90% of tank capacity? *(Ball floats, electronic & vent whistles)*	X							
43	Vent whistle clearly audible from fill area? *(Consumptive use heating oil only)*								
	PASS or FAIL?	X							

Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
44	Lid in good condition?	X							
45	Lid not touching fill cap?	X							
46	Clean?	X							
47	Liquid tight?	X							
48	Fill cap and gasket in good condition?	X							
49	Drop tube? (gasoline/manual stick tanks)								
50	Ends within 6 inches of tank bottom? (gasoline)								
	PASS or FAIL?	X							

Stage 1 Vapor Recovery

51	Two-Point (2), Manifold (M), Coaxial (C)								
	Two-Point / Manifold	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
52	Access lid in good condition?								
53	Poppet cap & gasket in good condition?								
54	Poppet valve moves well & closes tight?								
	Coaxial								
55	Coaxial drop tube in good condition?								
	PASS or FAIL?								

Document all repairs (reference the Item #) made to bring facility into compliance in any Comments box with sufficient space.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 6/6/18

Cathodic Protection

Galvanic Systems

Item	Tank #	3									
66	**Double-Walled** Tanks *(one reading taken at tank mid-point)*	-1.097									
67	**Single-Walled** Tanks *(3 readings taken over tank center line)*										
	A "Pass" requires all readings be at least -0.85V	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail		
	PASS or FAIL?	X									
68	Product Pipe (Lowest Reading)										
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail		
	PASS or FAIL?										

Impressed Current Systems

Item	Tank #	3							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
69	System met test requirements of NACE TM 101-2007?								
70	Monthly log present and filled out properly?								
	PASS or FAIL?								

By my signature below, I certify that I tested the cathodic protection in accordance with nationally accepted standards. I also certify that I am a properly certified Maine underground oil storage tank installer OR that I am a properly certified Maine underground oil storage tank inspector that has also been certified by the Board of Underground Storage Tank Installers as a cathodic protection tester.

Peter Farrington	481	6/6/18	Peter Farrington
Name & CTI # (Please print)		Date	Signature

Comments: (Indicate all repairs made to bring cathodic protection into compliance)

7/10/17

Maine Department of Environmental Protection
Underground Oil Storage Tank

Annual Inspection Report Summary

MDI Hospital	MDI Hospital	14610
Facility Name	Owner	Registration #
Bar Harbor	MDI Hospital	288-5081
Address	Operator	Phone

Tank / Chamber #	3									
Volume	10 k									
Product										
Pump Type	Suction									
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail		
Daily Inventory										
Automatic Tank Gauge										
Groundwater Monitoring										
Interstitial Monitoring	X									
Line Leak Detectors										
Heating Oil Tank Piping	X									
Overfill Prevention	X									
Spill Buckets	X									
Stage I Vapor Recovery										
Dispenser Area										
Cathodic Protection	X									
Temp. Out-of-Service										
Any FAIL in the columns above means a FAIL for that tank (and the facility).	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail		
	X									

By my signature below, I certify that I inspected this facility on this date and
found deficiencies that require corrective action(s) before this inspection can be complete and passing.

Printed Name & CTI No.	Date	Incomplete / Failing Inspection Signature

By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

Printed Name & CTI No.	Date	Passing Inspection Signature
Nick Guay 418	6/14/2017	Nick Guay

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:

UST Annual Inspection, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #:	14610	AI Date:	6-14-17

Class A/B/C Operators

(Motor-fuel, waste oil, marketing and distribution facilities)

Item		Yes	No		
1	Is a Class A/B Operator employed at this facility?		X		
Certificate #		Name			
2	Class A/B Operator documenting the Weekly Walk-through Inspections with a checklist?				Checklist provided
3	Class C Operator Training Record on-hand?				

Unattended Fueling Operations

Item		Yes	No
4	Does facility allow unattended fueling?		
5	Proper signage for unattended fueling facilities?		

Information collected on this page will not affect or change the "pass/fail" status of the annual inspection report.

Comments: (Indicate all repairs made to bring facility into compliance)

Use this area for additional comments that won't fit on any other pages. Include the Inspection Item #.

Consumptive use heating oil #5

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 6-14-17

Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model:	

Item	Tank/Chamber #	3															
	Volume	10 k															
	Product																
		TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
20	Electronic (**E**), Manual (**M**), or None (**X**)	E		E													
	Manual	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
21	Sump is accessible for inspections?																
22	Written log of sump checks maintained?																
	Electronic	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
23	Console is properly programmed and fully operational?	X		X													
24	Sensors are properly placed?	X		X													
25	Sensors are functioning properly?	X		X													
	All Systems	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
26	Sumps in liquid tight condition?	X		X													
27	No oil in sumps or interstitial space?	X		X													
28	No water in sumps or interstitial space?	X		X													
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	PASS or FAIL?	X		X													

Comments: (Indicate all repairs made to bring facility into compliance)

#5 heating oil Tank monitor Rimcor Instruments

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610 | AI Date: 6-14-17

Line Leak Detector (LLD)

Line leak detectors are required on product lines supplied by a pump remote from the dispenser.

Item	Tank/Chamber # / Pump Type	3 / Suction							
29	Make and Model (or N/A)								
30	Mechanical (M) or Electronic (E) LLD?								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
31	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
32	Slow flow when 3 gph leak @ 10 PSI is simulated?								
	Electronic LLD's only								
33	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled piping)?								
34	System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated?								
	PASS or FAIL?								

Copper Piping on Heating Oil Tanks

Item	Tank/Chamber # / Product	3							
		YES	NO	YES	NO	YES	NO	YES	NO
35	Copper Piping?		X						
36	Piping sleeved or secondarily contained? (* See note below)	X							
37	Copper suction/return lines in single sleeve separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* Heating oil piping installed prior to Sept. 16, 1991 must be sleeved. After that date, piping must be secondarily contained and continuously electronically monitored.

Comments: (Indicate all repairs made to bring facility into compliance)

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 6-14-17

Overfill Prevention

(Devices must be compatible with fuel delivery method)

Item	Tank/Chamber # / Pump Type	3 / Suction							
38	Ball float (BF), Flapper (F), Pressurized Delivery Flapper (PDF), Electronic (E), Vent Whistle (W), None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
39	Checked and working properly?	X							
40	Set at 95% of tank capacity? *(Auto shut-off / flappers only)*								
41	Set at 90% of tank capacity? *(Ball floats, electronic & vent whistles)*	X							
42	Vent whistle clearly audible from fill area? *(Consumptive use heating oil only)*								
	PASS or FAIL?	X							

Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
43	Lid in good condition?	X							
44	Lid not touching fill cap?	X							
45	Clean?	X							
46	Liquid tight?	X							
47	Fill cap and gasket in good condition?	X							
48	Drop tube? (gasoline/manual stick tanks)								
49	Ends within 6 inches of tank bottom? (gasoline)								
	PASS or FAIL?	X							

Stage 1 Vapor Recovery

50	Two-Point (2), Manifold (M), Coaxial (C)								
	Two-Point / Manifold	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
51	Access lid in good condition?								
52	Poppet cap & gasket in good condition?								
53	Poppet valve moves well & closes tight?								
	Coaxial								
54	Coaxial drop tube in good condition?								
	PASS or FAIL?								

Document all repairs (reference the Item #) made to bring facility into compliance in any Comments box with sufficient space.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 6-14-17

Cathodic Protection

Galvanic Systems

Item	Tank #	3							
66	**Double-Walled** Tanks *(one reading taken at tank mid-point)*	-.953							
67	**Single-Walled** Tanks *(3 readings taken over tank center line)*								
A "Pass" requires all readings be at least -0.85V		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							
68	Product Pipe (Lowest Reading)								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?								

Impressed Current Systems

Item	Tank #	3							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
69	System met test requirements of NACE TM 101-2007?								
70	Monthly log present and filled out properly?								
	PASS or FAIL?								

By my signature below, I certify that I tested the cathodic protection in accordance with nationally accepted standards. I also certify that I am a properly certified Maine underground oil storage tank installer OR that I am a properly certified Maine underground oil storage tank inspector that has also been certified by the Board of Underground Storage Tank Installers as a cathodic protection tester.

Nick Guay	418	6/14/2017	
Name & CTI # (Please print)		Date	Signature

Comments: (Indicate all repairs made to bring cathodic protection into compliance)

7/21/16

08/05/16 MF

Maine Department of Environmental Protection
Underground Oil Storage Tank

Annual Inspection Report Summary

MDI Hospital	MDI Hospital	14610
Facility Name	Owner	Registration #
Bar Harbor	MDI Hospital	288-5081
Address	Operator	Phone

Tank / Chamber #	3							
Volume	10 k							
Product	#2 HEATING OIL							
Pump Type	Suction							
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Daily Inventory								
Automatic Tank Gauge								
Groundwater Monitoring								
Interstitial Monitoring	X							
Line Leak Detectors								
Heating Oil Tank Piping	X							
Overfill Prevention	X							
Spill Buckets	X							
Stage I Vapor Recovery								
Dispenser Area								
Cathodic Protection	X							
Temp. Out-of-Service								
Any FAIL in the columns above means a FAIL for that tank (and the facility).	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	X							

By my signature below, I certify that I inspected this facility on this date and ***found deficiencies that require corrective action(s) before this inspection can be complete and passing.***

Printed Name & CTI No.	Date	Incomplete / Failing Inspection Signature

By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

Printed Name & CTI No.	Date	Passing Inspection Signature
Nick Guay 418	6/21/2016	Nick Guay

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:

UST Annual Inspection, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #:	14610

AI Date:	6-21-16

Class A/B/C Operators

(Motor-fuel, waste oil, marketing and distribution facilities)

Item		Yes	No
1	Is a Class A/B Operator employed at this facility?		X

Certificate #		Name	

2	Class A/B Operator documenting the Weekly Walk-through Inspections with a checklist?				Checklist provided
3	Class C Operator Training Record on-hand?				

Unattended Fueling Operations

Item		Yes	No
4	Does facility allow unattended fueling?		
5	Proper signage for unattended fueling facilities?		

Information collected on this page will not affect or change the "pass/fail" status of the annual inspection report.

Comments: (Indicate all repairs made to bring facility into compliance)

Use this area for additional comments that won't fit on any other pages. Include the Inspection Item #.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 6-21-16

Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model:	

Item		Tank/Chamber #	3															
		Volume	10 k															
		Product	#2 HEATING OIL															
			TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
20	Electronic (**E**), Manual (**M**), or None (**X**)		E		E													
	Manual		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
21	Sump is accessible for inspections?																	
22	Written log of sump checks maintained?																	
	Electronic		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
23	Console is properly programmed and fully operational?		X		X													
24	Sensors are properly placed?		X		X													
25	Sensors are functioning properly?		X		X													
	All Systems		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
26	Sumps in liquid tight condition?		X		X													
27	No oil in sumps or interstitial space?		X		X													
28	No water in sumps or interstitial space?		X		X													
			P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	PASS or FAIL?		X		X													

Comments: (Indicate all repairs made to bring facility into compliance)

NOTE: Tank monitor make is Preferred Rimcor Instruments. Unable to select electronically.
Also: Tank is holding #5 Heating oil not #2. Also unable to select electronically.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 6-21-16

Line Leak Detector (LLD)

Line leak detectors are required on product lines supplied by a pump remote from the dispenser.

Item	Tank/Chamber # / Pump Type	3 / Suction							
29	Make and Model (or N/A)								
30	Mechanical (M) or Electronic (E) LLD?								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
31	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
32	Slow flow when 3 gph leak @ 10 PSI is simulated?								
	Electronic LLD's only								
33	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled piping)?								
34	System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated?								
	PASS or FAIL?								

Copper Piping on Heating Oil Tanks

Item	Tank/Chamber # / Product	3 / #2 HEATING OIL							
		YES	NO	YES	NO	YES	NO	YES	NO
35	Copper Piping?		X						
36	Piping sleeved or secondarily contained? (* See note below)	X							
37	Copper suction/return lines in single sleeve separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* Heating oil piping installed prior to Sept. 16, 1991 must be sleeved. After that date, piping must be secondarily contained and continuously electronically monitored.

Comments: (Indicate all repairs made to bring facility into compliance)

Note: Piping is 2 in pipe for #5 oil.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 6-21-16

Overfill Prevention

(Devices must be compatible with fuel delivery method)

Item	Tank/Chamber # / Pump Type	3 / Suction							
38	Ball float (BF), Flapper (F), Pressurized Delivery Flapper (PDF), Electronic (E), Vent Whistle (W), None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
39	Checked and working properly?	X							
40	Set at 95% of tank capacity? *(Auto shut-off / flappers only)*								
41	Set at 90% of tank capacity? *(Ball floats, electronic & vent whistles)*	X							
42	Vent whistle clearly audible from fill area? *(Consumptive use heating oil only)*								
	PASS or FAIL?	X							

Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
43	Lid in good condition?	X							
44	Lid not touching fill cap?	X							
45	Clean?	X							
46	Liquid tight?	X							
47	Fill cap and gasket in good condition?	X							
48	Drop tube? (gasoline/manual stick tanks)								
49	Ends within 6 inches of tank bottom? (gasoline)								
	PASS or FAIL?	X							

Stage 1 Vapor Recovery

50	Two-Point (2), Manifold (M), Coaxial (C)								
	Two-Point / Manifold	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
51	Access lid in good condition?								
52	Poppet cap & gasket in good condition?								
53	Poppet valve moves well & closes tight?								
	Coaxial								
54	Coaxial drop tube in good condition?								
	PASS or FAIL?								

Document all repairs (reference the Item #) made to bring facility into compliance in any Comments box with sufficient space.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 6-21-16

Cathodic Protection

Galvanic Systems

Item	Tank #	3							
66	**Double-Walled** Tanks (*one reading taken at tank mid-point*)	-.905							
67	**Single-Walled** Tanks (*3 readings taken over tank center line*)								
A "Pass" requires all readings be at least -0.85V		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							
68	Product Pipe (Lowest Reading)								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?								

Impressed Current Systems

Item	Tank #	3							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
69	System met test requirements of NACE TM 101-2007?	X							
70	Monthly log present and filled out properly?	X							
	PASS or FAIL?	X							

By my signature below, I certify that I tested the cathodic protection in accordance with nationally accepted standards. I also certify that I am a properly certified Maine underground oil storage tank installer OR that I am a properly certified Maine underground oil storage tank inspector that has also been certified by the Board of Underground Storage Tank Installers as a cathodic protection tester.

Nick Guay 418	6/21/2016	Nick Guay
Name & CTI # (Please print)	Date	Signature

Comments: (Indicate all repairs made to bring cathodic protection into compliance)

4/7/15 5/11/15 KM

Maine Department of Environmental Protection
Underground Storage Tank

Annual Inspection Summary

MDI Hospital → MDI Hospital
Facility Name / Owner

14610
Reg. #

Bar Harbor
Location

Operator

288-5081
Phone

Class A/B Certificates and Class C Training Record: Yes ☐ No ☐

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Tank/Chamber #	3								
Volume	10 000								
Product	#5 oil								
Pump Type	SUCTION								
Daily Inventory									
Automatic Tank Gauge									
Groundwater Monitoring									
Interstitial Monitoring	X								
Line Leak Detectors									
Heating Oil Tank Piping	X								
Overfill Prevention	X								
Spill Buckets	X								
Stage I Vapor Recovery									
Dispenser Area									
Cathodic Protection	X								
Temp. Out-of-Service									
Any FAIL in the columns above means a FAIL for that tank.		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
		X							

By my signature below, I certify that I inspected this facility on this date and found deficiencies that require corrective action(s) before this inspection can be complete and passing.

Printed Name & CTI No. | Date | Incomplete/Failing Inspection Signature

By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

Nick Guay -418 | 4-1-15 | Nick Guay

Printed Name & CTI No. | Date | Passing Inspection Signature

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to: UST Annual Inspection, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

UST-01 !!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS !!! Revision Date: 04/01/14

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #:

AI Date:

General Instructions

Please note: State law and Department of Environmental Protection (Department) rules require submittal of an inspection certifying all procedures and equipment are in compliance. The Department does not accept failing annual inspections.

Exceptions: Inspection failures for (1) Inadequate daily inventory can be resolved by the owner submitting current, reconciled daily inventory; and (2) Failing cathodic protection (CP) results can be resolved by an installer or CP certified inspector retesting CP and attaining passing results within six months.
NOTE: Although Installer/Inspectors must check Class A/B Certificates and Class C Training Records (below), and verify that an Emergency Electrical Disconnect is present (see page 7, Dispensers) neither will affect an inspection's PASS/FAIL compliance.

A facility that fails to submit a passing annual inspection may be prohibited from receiving deliveries and dispensing product in accordance with Maine law 38 M.R.S.A. §565-A. Items that are failing must be repaired or corrected within thirty (30) days or the owner must notify the Department.

1. Leak detection equipment and procedures, spill and overfill prevention devices must be checked or tested annually for proper operation. Cathodically protected tanks and piping must be checked annually to insure they are adequately protected from corrosion.
2. All work associated with testing of equipment and checking of procedures must be performed under direct, onsite supervision of a Maine certified underground storage tank installer or a Maine certified underground storage tank inspector.
3. Mail completed inspection forms to: Annual Tank Inspections, Maine Department of Environmental Protection, 28 Tyson Drive, 17 State House Station, Augusta, Maine 04333-0017 within thirty (30) days after the inspection is completed.
4. Detailed instructions on how to fill out this form are provided in the Department's "UST Inspector Reference Handbook", available online at www.maine.gov/dep/waste/ust/formslists.html. Copies of the Annual Inspection Report form, the Inspector Reference Handbook and a list of Frequently Asked Questions (FAQ's) are also available by calling the Underground Tanks Unit at (207) 287-2651.

Class A/B/C Operators (Motor-fuel, waste oil, marketing and distribution facilities)

Item		Yes	No	
1	Current Class A/B Operators Certificate on-hand?			
	Certificate #	Yes	No	Not Required
2	Class C Operator Training Record on-hand?			

Comments: (Indicate all repairs made to bring facility into compliance)

Use this area for additional comments that won't fit on the following pages. Include the Inspection Item #.

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 4-1-15

Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model: Preffered Rimcor Instruments

Item		Tank/Chamber #	3															
		Volume	10 000															
		Product	Diesel															
			TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
17	Electronic (E), Manual (M), or None (X)		E		E													
	Manual		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
18	Sump is accessible for inspections?																	
19	Written log of sump checks maintained?																	
	Electronic		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
20	Console is properly programmed and fully operational?		X		X													
21	Sensors are properly placed?		X		X													
22	Sensors are functioning properly?		X		X													
	All Systems		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
23	Sumps in liquid tight condition?		X		X													
24	No oil in sumps or interstitial space?		X		X													
25	No water in sumps or interstitial space?		X		X													
			P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	PASS or FAIL?		X		X													

Comments: (Indicate all repairs made to bring facility into compliance)

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 4-1-15

Line Leak Detector (LLD)

Line leak detectors are required on product lines supplied by a pump remote from the dispenser.

Item	Tank/Chamber # / Pump Type											
26	Make and Model (or N/A)											
27	Mechanical (M) or Electronic (E) LLD?											
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail			
28	LLD listed for use with type of piping present (rigid or flexible)?											
	Mechanical LLD's only											
29	Slow flow when 3 gph leak @ 10 PSI is simulated?											
	Electronic LLD's only											
30	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled piping)?											
31	System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated?											
	PASS or FAIL?											

Copper Piping on Heating Oil Tanks

Item	Tank/Chamber # / Product	3 / HS							
		YES	NO	YES	NO	YES	NO	YES	NO
32	Copper Piping?		X						
33	Piping sleeved or secondarily contained? (* See note below)	X							
34	Copper suction/return lines in single sleeve separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* Heating oil piping installed prior to Sept. 16, 1991 must be sleeved. After that date, piping must be secondarily contained and continuously electronically monitored.

Comments: (Indicate all repairs made to bring facility into compliance)

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 4-1-15

Overfill Prevention (*Devices must be compatible with fuel delivery method*)

Item	Tank/Chamber # / Pump Type	3 / Suction							
35	Ball float (BF), Flapper (F), Pressurized Delivery Flapper (PDF), Electronic (E), Vent Whistle (W), None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
36	Checked and working properly?	X							
37	Set at 95% of tank capacity? (*Auto shut-off / flappers only.*)								
38	Set at 90% of tank capacity? (*Ball floats, electronic & vent whistles.*)	X							
39	Vent whistle clearly audible from fill area? (*Consumptive use heating oil only*)								
	PASS or FAIL?	X							

Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
40	Lid in good condition?	X							
41	Lid not touching fill cap?	X							
42	Clean?	X							
43	Liquid tight?	X							
44	Fill cap and gasket in good condition?	X							
45	Drop tube? (gasoline/manual stick tanks)								
46	Ends within 6 inches of tank bottom? (gasoline)								
	PASS or FAIL?	X							

Stage 1 Vapor Recovery

47	Two-Point (2), Manifold (M), Coaxial (C)								
	Two-Point / Manifold	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
48	Access lid in good condition?								
49	Poppet cap & gasket in good condition?								
50	Poppet valve moves well & closes tight?								
	Coaxial								
51	Coaxial drop tube in good condition?								
	PASS or FAIL?								

Document all repairs (reference the Item #) made to bring facility into compliance in any Comments box with sufficient space.

Cleaned spill bucket

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 4-1-15

Cathodic Protection

Galvanic Systems

Item	Tank #	3							
63	Double-Walled Tanks (one reading taken at tank mid-point)	-1.004							
64	Single-Walled Tanks (3 readings taken over tank center line)								
	A "Pass" requires all readings be at least -0.85V	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							
65	Product Pipe (Lowest Reading)								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?								

Impressed Current Systems

Item	Tank #	3							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
66	System met test requirements of NACE TM 101-2007?	X							
67	Monthly log present and filled out properly?	X							
	PASS or FAIL?	X							

By my signature below, I certify that I tested the cathodic protection in accordance with nationally accepted standards. I also certify that I am a properly certified Maine underground oil storage tank installer or that I am a properly certified Maine underground oil storage tank inspector that has also been certified by the Board of Underground Storage Tank Installers as a cathodic protection tester.

Nick Guay - 418	4-1-15	Nick Guay
Name & CTI # (Please print)	Date	Signature

Comments: (Indicate all repairs made to bring cathodic protection into compliance)

4/25/14 7/1/14 KM

Maine Department of Environmental Protection
Underground Storage Tank

Annual Inspection Summary

MDI HOSPITAL	MDI HOSPITAL	14610
Facility Name	Owner	Reg. #
BAR HARBOR	MDI HOSPITAL	288-5081
Location	Operator	Phone

Class A/B Certificates and Class C Training Record: Yes ☐ No ☐

Tank/Chamber #	3							
Volume	10K							
Product	#5FUEL							
Pump Type	SUCTION							
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Daily Inventory								
Automatic Tank Gauge								
Groundwater Monitoring								
Interstitial Monitoring	X							
Line Leak Detectors								
Heating Oil Tank Piping	X							
Overfill Prevention	X							
Spill Buckets	X							
Stage I Vapor Recovery								
Dispenser Area								
Cathodic Protection	X							
Temp. Out-of-Service								
Any FAIL in the columns above means a FAIL for that tank.	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	X							

By my signature below, I certify that I inspected this facility on this date and ***found deficiencies that require corrective action(s) before this inspection can be complete and passing.***

Printed Name & CTI No.	Date	Signature

By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

Printed Name & CTI No.	Date	Signature
NICK GUAY-418	04/18/14	Nick Guay

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:

UST Annual Inspection, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

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Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 04/18/14

Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model:	PREFERRED RIMCOR INSTRUMENTS

Item	Tank/Chamber #	3															
	Volume	10K															
	Product	#5FUEL															
		TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
17	Electronic (E), Manual (**M**), or None (**X**)	E		E													
	Manual	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
18	Sump is accessible for inspections?																
19	Written log of sump checks maintained?																
	Electronic	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
20	Monitoring console is fully operational?	X		X													
21	Sensors are properly placed?	X		X													
22	Sensors are functioning properly?	X		X													
	All Systems	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
23	Sumps in liquid tight condition?	X		X													
24	No oil in sumps or interstitial space?	X		X													
25	No water in sumps or interstitial space?	X		X													
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	PASS or FAIL?	X		X													

Comments: (Indicate all repairs made to bring facility into compliance)