Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 04/18/14

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							
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 @ 10 psi is simulated?								
	PASS or FAIL?								

Piping on Heating Oil Tanks

Item	Tank/Chamber # / Product	3 #5FUEL							
		YES	NO	YES	NO	YES	NO	YES	NO
32	Copper Piping?		X						
33	Piping sleeved or secondarily contained? (* See note below)	X							
34	Suction/Return lines separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* 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: 04/18/14

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

Item	Tank/Chamber # / Pump Type	3 / SUCTION							
35	Ball float (BF), Flapper (F), Electronic (E), Vent Whistle (W) or 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.

Revision Date: 04/04/13

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 04/18/14

Cathodic Protection

Galvanic Systems

Item	Tank #	3							
63	**Double-Walled** Tanks *(one reading taken at tank mid-point)*	-1.093							
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 101-2001?	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	4/18/2014	Nick Guay
Name & CTI # (Please print)	Date	Signature

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

4/2/13

04/19/13

Maine Department of Environmental Protection
Underground Storage Tank

Annual Inspection Summary

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

Tank Number	3											
Volume	10K											
Product	#5 FUEL											
Pump Type	SUCTION											
	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
Daily Inventory			X									
Automatic Tank Gauge			X									
Groundwater Monitoring			X									
Interstitial Monitoring	X											
Line Leak Detectors			X									
Heating Oil Tank Piping	X											
Overfill Prevention	X											
Spill Buckets	X											
Stage I Vapor Recovery			X									
T/C 1st Gen Yellow Piping			X									
Dispenser Area			X									
Cathodic Protection	X											
Temp. Out-of-Service			X									
Any FAIL in the columns above means a FAIL for that tank.	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
	X											

By signing this form, I certify that:
I performed this inspection and believe the contents of this report to be complete and accurate at the time of the inspection, and, that I am a properly certified Maine Underground Oil Storage Tank Installer or Inspector.

NICK GUAY-418	4/1/2013	Nick Guay
Name & CTI No. (please print)	Date	Signature

By my signature below, I certify that:
All inspection items are passing and any deficiencies discovered during the inspection have been corrected.

NICK GUAY-418	4/1/2013	Nick Guay
Name & CTI No. (please print)	Date	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

!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS !!! Revision Date: 11/14/2011

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 4/1/2013

Interstitial Monitoring (Tanks and Piping)

16	Make and Model:	PREFERRED RIMCORE INSTRUMENTS

Fill out this section for double-walled tanks and piping.

Item	Interstitial Monitoring System	Tank #	Volume	Product	TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
		3	10K	#5 FUEL																
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 available?																			
	Electronic																			
20	Monitoring console is fully operational?				X		X													
21	Sensors are properly placed?				X		X													
22	Sensors are functioning properly?				X		X													
	All Systems																			
23	Are 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)

Revision Date: 11/14/2011

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 4/1/2013

Automatic Line Leak Detector (LLD)

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

Item		Tank #	3							
		Volume	10K							
		Product	#5 FUEL							
		Pump Type	SUCTION							
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 @ 10 PSI is simulated?									
	PASS or FAIL?									

Piping on Heating Oil Tanks

Item		Tank #	3							
		Product	#5 FUEL							
			YES	NO	YES	NO	YES	NO	YES	NO
32	Copper Piping?			X						
33	Piping sleeved or secondarily contained? (* See note below)		X							
34	Suction/Return lines separated by spacers?		X							
			Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?		X							

* 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:	4/1/2013

Overfill Prevention

Item		Tank #	3							
		Volume	10K							
		Product	#5 FUEL							
35	Ball float (BF), Flapper (F), Electronic (E), Vent Whistle (W) or None (X)		E							
			Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	Ball Float									
36	Checked and working properly?									
37	Set at 90% full level?									
	Auto shut off/flapper									
38	Checked and working properly?									
39	Set at 95% full level?									
	Electronic high level alarm?									
40	Checked and working properly?		X							
41	Set at 90% full level?		X							
	Vent whistle (HEATING OIL ONLY)									
42	Checked and working properly?									
43	Set at 90%									
44	Vent within 8 ft of fill?									
		PASS or FAIL?	X							

Spill Buckets

Item		Tank #	3							
			Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
45	Spill bucket present?		X							
46	Clean?		X							
47	Liquid tight?		X							
48	Lid in good condition?		X							
49	Lid not touching fill riser?		X							
		PASS or FAIL?	X							

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

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 | AI Date: 4/1/2013

Class I Tanks (Gasoline tanks only)

50	Gas throughput for last calendar year	**Gallons:**	**Year**

Stage I Vapor Recovery System

Item		Tank #	3							
		Volume	10K							
		Product	#5 FUEL							
51	Two-Point (2), Manifold (M), or Coaxial (C)									
	Two-Point / Manifold		**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
52	Vapor recovery poppet cap and gasket in good condition?									
53	Poppet valve moves easily and closes tight?									
54	Access lid in good condition?									
	Coaxial									
55	Fill pipe in good condition?									
	All Systems		**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
56	Fill cap and gasket in good condition?									
57	Drop tube?									
58	Ends within 6 inches of tank bottom?									
	PASS or FAIL?									

Total Containment 1st Generation PP1500 (Yellow Piping)

Note:
Fail = T/C 1st Gen piping containing E-10.
Pass = T/C 1st Gen piping containing K-1 or diesel, jet fuel, etc.
N/A = All other piping (with any product).

		Tank #	3											
		Product	#5 FUEL											
	PASS or FAIL?		(No) **Pass**	(Yes) **Fail**	N/A	(No) **Pass**	(Yes) **Fail**	N/A	(No) **Pass**	(Yes) **Fail**	N/A	(No) **Pass**	(Yes) **Fail**	N/A
59	Is T/C 1st Generation (yellow) piping used for ethanol-blended products?				X									

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

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 4/1/2013

Cathodic Protection (Galvanic and Impressed Systems)

Item															
	Galvanic	Tank #	3												
		Volume	10K												
		Product	#5 FUEL												
70	*Double-Walled Tanks*		-1.124												
71	*Single-Walled Tanks* (3 readings over tank center line)														
			Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	
	PASS or FAIL?		X												
72	Product Pipe (Lowest Reading)														
			Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	
	PASS or FAIL?				X										

Impressed Current Systems Only

Item															
	Impressed	Tank #	3												
		Volume	10K												
		Product	#5 FUEL												
73	Rectifier has power and is turned on?		X												
74	Monthly log present and filled out properly?		X												
			Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	
	PASS or FAIL?		X												

By signing the cathodic protection (galvanic and impressed system) section, I certify that I performed the inspection for this section 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	4/1/2013	Nick Guay
Name & CTI # (Please print)	Date	Signature

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

4/9/12

Maine Department of Environmental Protection
Underground Storage Tank

Annual Inspection Summary

PA

MDI Hosp	MDI Hosp	14610
Facility Name	Owner	Reg. #
Bar Harbor	Scott Malone	288 5081
Location	Operator	Phone

Tank Number	3											
Volume	10K											
Product	#5 Fuel											
Pump Type	Suction											
	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
Daily Inventory			X									
Automatic Tank Gauge			X									
Groundwater Monitoring			X									
Interstitial Monitoring	X											
Line Leak Detectors			X									
Heating Oil Tank Piping	X											
Overfill Prevention	X											
Spill Buckets	X											
Stage I Vapor Recovery			X									
T/C 1st Gen Yellow Piping			X									
Dispenser Area			X									
Cathodic Protection	X											
Temp. Out-of-Service			X									
Any FAIL in the columns above means a FAIL for that tank.	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
	X											

By signing this form, I certify that:

I performed this inspection and believe the contents of this report to be complete and accurate at the time of the inspection, and, that I am a properly certified Maine Underground Oil Storage Tank Installer or Inspector.

Nick Guay - 418	4-6-12	Nicholas Guay
Name & CTI No. (please print)	Date	Signature

By my signature below, I certify that:

All inspection items are passing and any deficiencies discovered during the inspection have been corrected.

Nick Guay - 418	4-6-12	Nicholas Guay
Name & CTI No. (please print)	Date	Signature

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

!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS !!! Revision Date: 11/14/2011

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610 | AI Date: 4-6-12

Overfill Prevention

Item												
	Tank #	3										
	Volume	10K										
	Product	#5										
35	Ball float (BF), Flapper (F), Electronic (E), Vent Whistle (W) or None (X)	E										
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail			
	Ball Float											
36	Checked and working properly?											
37	Set at 90% full level?											
	Auto shut off/flapper											
38	Checked and working properly?											
39	Set at 95% full level?											
	Electronic high level alarm?											
40	Checked and working properly?	X										
41	Set at 90% full level?	X										
	Vent whistle (HEATING OIL ONLY)											
42	Checked and working properly?											
43	Set at 90%											
44	Vent within 8 ft of fill?											
	PASS or FAIL?	X										

Spill Buckets

Item	Tank #	3										
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail			
45	Spill bucket present?	X										
46	Clean?	X										
47	Liquid tight?	X										
48	Lid in good condition?	X										
49	Lid not touching fill riser?	X										
	PASS or FAIL?	X										

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

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610 | AI Date: 4-6-12

Automatic Line Leak Detector (LLD)

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

Item									
	Tank #	2							
	Volume								
	Product								
	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 @ 10 PSI is simulated?								
	PASS or FAIL?								

Piping on Heating Oil Tanks

Item									
	Tank #	3							
	Product	#5							
		YES	NO	YES	NO	YES	NO	YES	NO
32	Copper Piping?		X						
33	Piping sleeved or secondarily contained? (* See note below)	X							
34	Suction/Return lines separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* 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: 4-6-12

Overfill Prevention

Item		Tank #	3							
		Volume	10K							
		Product	D S							
35	Ball float (BF), Flapper (F), Electronic (E), Vent Whistle (W) or None (X)		E							
			Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	Ball Float									
36	Checked and working properly?									
37	Set at 90% full level?									
	Auto shut off/flapper									
38	Checked and working properly?									
39	Set at 95% full level?									
	Electronic high level alarm?									
40	Checked and working properly?		X							
41	Set at 90% full level?		X							
	Vent whistle (HEATING OIL ONLY)									
42	Checked and working properly?									
43	Set at 90%									
44	Vent within 8 ft of fill?									
	PASS or FAIL?		X							

Spill Buckets

Item	Tank #	3							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
45	Spill bucket present?	X							
46	Clean?	X							
47	Liquid tight?	X							
48	Lid in good condition?	X							
49	Lid not touching fill riser?	X							
	PASS or FAIL?	X							

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

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 1460 AI Date: 4-6-12

Class I Tanks (Gasoline tanks only)

50	Gas throughput for last calendar year	**Gallons:**	**Year**

Stage I Vapor Recovery System

Item												
	Tank #											
	Volume											
	Product											
51	Two-Point (2), Manifold (M), or Coaxial (C)											
	Two-Point / Manifold	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
52	Vapor recovery poppet cap and gasket in good condition?												
53	Poppet valve moves easily and closes tight?												
54	Access lid in good condition?												
	Coaxial												
55	Fill pipe in good condition?												
	All Systems	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
56	Fill cap and gasket in good condition?												
57	Drop tube?												
58	Ends within 6 inches of tank bottom?												
	PASS or FAIL?												

Total Containment 1st Generation PP1500 (Yellow Piping)

Note:
Fail = T/C 1st Gen piping containing E-10.
Pass = T/C 1st Gen piping containing K-1 or diesel, jet fuel, etc.
N/A = All other piping (with any product).

	Tank #	3																	
	Product	#2 S																	
	PASS or FAIL?	(No) **Pass**	(Yes) **Fail**	N/A	(No) **Pass**	(Yes) **Fail**	N/A	(No) **Pass**	(Yes) **Fail**	N/A	(No) **Pass**	(Yes) **Fail**	N/A	(No) **Pass**	(Yes) **Fail**	N/A	(No) **Pass**	(Yes) **Fail**	N/A
59	Is T/C 1st Generation (yellow) piping used for ethanol-blended products?			X															

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

Maine Department of Environmental Protection
UST Annual Inspection Report

Reg #: 14610 | AI Date: 4-6-12

Cathodic Protection (Galvanic and Impressed Systems)

Item												
	Galvanic	Tank #	3									
		Volume	10k									
		Product	#5									
70	*Double-Walled Tanks*		-.974									
71	*Single-Walled Tanks* (3 readings over tank center line)											
			Pass	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**
	PASS or FAIL?		X											
72	Product Pipe (Lowest Reading)											
			Pass	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**
	PASS or FAIL?													

Impressed Current Systems Only

Item												
	Impressed	Tank #	3									
		Volume	10k									
		Product	#5									
73	Rectifier has power and is turned on?		X									
74	Monthly log present and filled out properly?		X									
			Pass	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**
	PASS or FAIL?		X											

By signing the cathodic protection (galvanic and impressed system) section, I certify that I performed the inspection for this section 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 Gray - 418	4-6-12	Nicholas Gray
Name & CTI # (Please print)	Date	Signature

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

Maine Department of Environmental Protection Bureau of Remediation and Waste Management 17 State House Station, Augusta, Maine 04333-0017	**24 Hour Spill Reporting Hotline 1-800-482-0777** Telephone (207) 287-2651 FAX (207) 287-7826

Underground Oil Storage Facility Inspection Checklist

Facility Name: MDI Hospital Registration #: 14610

Tank Operator: " " Tank Owner: " "

Address: Wayman Lane Address: " "

Facility Telephone Number: 288-5081 Owner Telephone Number: " "

Assisted by: Scott Malone Supplier(s) : Sprague

1. Facility registration accurate: [Yes or No] If no, list changes below in the comment section.

2. Date of last Annual Inspection: 4/12/11 Inspector: Nick Guay

3. Daily inventory properly reconciled: [Yes No N/A] Off-Site ___ Date last SIA : _____ [Pass or Fail]
Comments:

4. Monthly gasoline throughput records for last 12 mo. on-site: [Yes No N/A]
High month. _________ ; ____________ gals. Annual gas throughput: ______________ gals

5. Tank interstitial monitoring: [probes manual N/A] Manual Interstice or GWM log maintained: [Yes No NA]

6. Electronic leak detection system operating properly: [Yes No N/A] Type: Preferred Pump Con Inc tools
Passing ATG w/in 30 days: [Yes No N/A] Passing ELLD w/in 30 days: [Yes No N/A] Digitell Tank Monitor

Inspect Current log sheets

7. Spill log: [Yes No N/A] Maintained: [Yes No] Photos taken : Number ________

8. Spill-buckets: [Yes No N/A] Fill caps in good condition? [Yes No] Comments: Keep Clean + Dry (1½" product currently)

9. Overfill protection: [Yes No N/A] Type: [Flapper Ballfloat Elec Whistle]

10. Stage 1 gasoline vapor recovery: [Yes No N/A] [Co-axial Two-Point Manifolded]
Vapor cap/poppet in good condition? [Yes No N/A] Coax tube rim dent free? [Yes No N/A]

11. Drop tubes: [Yes No N/A]

12. Piping sumps in good condition: [Yes No N/A] Sump probes located properly: [Yes No N/A]
Comments

13. Crash valves secured: [Yes No N/A] Dispenser sumps clean: [Yes No N/A]
Dispenser sump probes located properly: [Yes No N/A None]

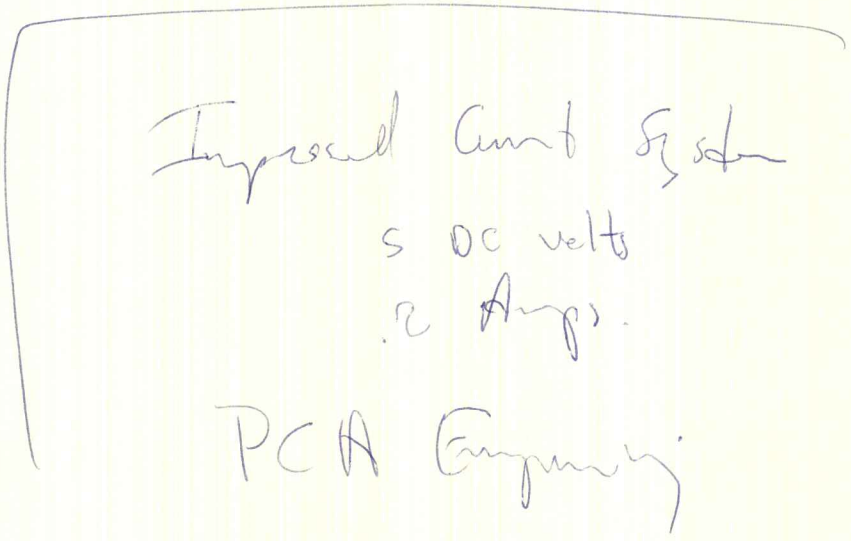
14. Evidence of recent spills, leaks, or overfills at facility: [Yes or No] Describe:
Reported to DEP within 24 hours: [Yes or No] Comment

Additional Comments Recommend external horn for overfill alarm

Inspector's Printed Name(s): Timothy Rector Scott Wright Date: 11/2/11

Inspectors' Signature(s): [illegible] Phone: 287-7858

06/2011


Impressed Current System
5 DC volts
2 Amps.
PCA Engineering

TANK GAUGE and LEAK-DETECTION SYSTEM

Model TG-EL-D3 Factory Mutual Approved

- **Tank Gauge and Leak-Detection**
  - Accepts **Model TG-EL-WF Wire Float** or **TG-EL-LF Lever Float Level Sensors**
  - Accepts up to 3 **HD-A1 Leak Detectors**
- **Major Capabilities**
  - Displays product inventory in both actual gallons and liquid depth
  - English language alarm displays
  - Leak monitoring of both steel and fiberglass doule wall tanks, double wall piping, tank piping connection manholes, and vaulted tank containment areas
  - Oil/water leak discrimination displays
  - Overfill alarm, leak detector and level sensor test capability
  - Alarm Horn
  - Building Automation System (BAS) relay outpus
  - Volumetric 4-20 mAdc outputs

The D3 front panel is operator friendly, logical and convenient, featuring large selectable display, alarm horn and four pushbuttons

Description

The **Model TG-EL-D3 Tank Gauge and Leak Detection System** is a remote reading, microprocessor-based tank gauge complete with an integral audible and visual alarm system for leak detection, tank overfill and low liquid level alarm. Designed for use with single wall, double wall and vaulted fuel oil storage tanks and for application to all grades of fuel oil, including No. 6.

The **TG-EL-D3** System is Factory Mutual Approved and complies with EPA regulations for leak detection and overfill alarm (Federal Register 9/23/88). The System consists of an Indicating Instrument, Level Sensor and Leak Sensors for up to three leak containment areas.

Indicating Instrument: The **TG-EL-D3** Indicating Instrument includes a door mounted digital display, alarm horn, "Liquid Depth" display selection pushbutton, "Alarm Silence" pushbutton, "Hole Alarm Recall" pushbutton and "Overfill Alarm Test" pushbutton. The digital display provides product level in either actual gallons or liquid depth, as well as English language alarm messages. Within the cabinet are all electronics and calibration adjustments. All calibrations are at the Indicating Instrument, not at the tank. Enclosure is 8"W x 10⅜"H x 4⅞"D die-cast aluminum suitable for flush/surface mounting.

When an alarm is detected, the digital display alternately reads current gallon volume and an English language alarm description, an integral alarm sounds and an isolated set of contacts close for remote leak, overfill and common alarm notification. The integral "Alarm Silence" pushbutton provides manual alarm silencing while the flashing visual display continues until the alarm condition clears.

Overfill Alarm (High Level): Alternately flashes "HI" and current gallon volume. An integral "Overfill Alarm Test" pushbutton verifies overfill alarm circuit. A self-silencing relay contact output is provided for remote overfill audible/visual alarm (*see page 54*).

Low Level Alarm (time to refill): Display alternately flashes "LO" and current gallon volume.

Leak Alarm: Display alternately flashes "OIL" or "H_2O" and current gallon volume. An isolated set of dedicated contacts close for remote leak notification. Leak alarms take precedence over all other alarms. Door mounted "Hole Alarm Recall" pushbutton displays gallon volume at onset of leak alarm to aid content loss estimation. A dedicated leak alarm relay contact is provided for connection to remote alarms or building automation systems.

Level Sensors: The tank mounted assembly utilizes a float type level sensor to position an integral transducer that is wired to the **Model TG-EL-D3** Tank Gauge. The use of a float assures measurement accuracy unaffected by tank fumes or changes in viscosity, conductivity, specific gravity, or other liquid variables. The level sensors are intrinsically safe, sealed against tank contents, and suitable for underground installation. The **Model TG-EL-D3** Tank Gauge accepts inputs from either the Wire or Lever Floats.

TANK GAUGE and LEAK-DETECTION SYSTEM

Suggested Specifications

1. Application

Provide and install for each main storage tank, a remote, microprocessor-based tank gauging, leak monitoring and overfill alarm system. The complete system including a microprocessor-based central processing and indicating instrument, liquid level sensor, leak detectors and overfill alarm station shall be supplied by one Original Equipment Manufacturer (OEM). This is to assure the highest standards of product quality and system integration capabilities for the customer. The entire system and all components shall be intrinsically safe as approved by Factory Mutual for Class 1, Div. 1, Group C & D hazardous locations. The system shall be a Preferred Utilities Mfg Corp., Danbury, CT, **Model TG-EL-D3-ARF**.

2. Central Processing and Indicating Instrument

The instrument shall have a die-cast aluminum (0.2" thick min.) housing containing all calibration adjustments. The system shall provide a 4-20 mAdc output proportional to tank content in gallons and isolated alarm relay contacts for leak detection, automatically silenced overfill alarm and common alarm (leak, overfill, and low level). The control panel shall also have the following features: LED display shall have the capability to display (without scrolling) up to 99,990 gallons of inventory. It shall display the tank content continuously. Additionally it shall display all alarms in English language. Dedicated pushbutton for instantaneous display of the height of liquid in tank in inches. Common audible alarm with associated alarm silence pushbutton. Data recall pushbutton shall provide instantaneous display of tank content at the time of leak alarm condition. Overfill alarm circuit test pushbutton to provide instantaneous proving of audible and visual alarm circuitry associated with instrument overfill alarm contact. The central processing and indicating unit shall be Preferred Utilities Mfg Corp., Danbury, CT, **Model TG-EL-D3-ARF**.

Specifications

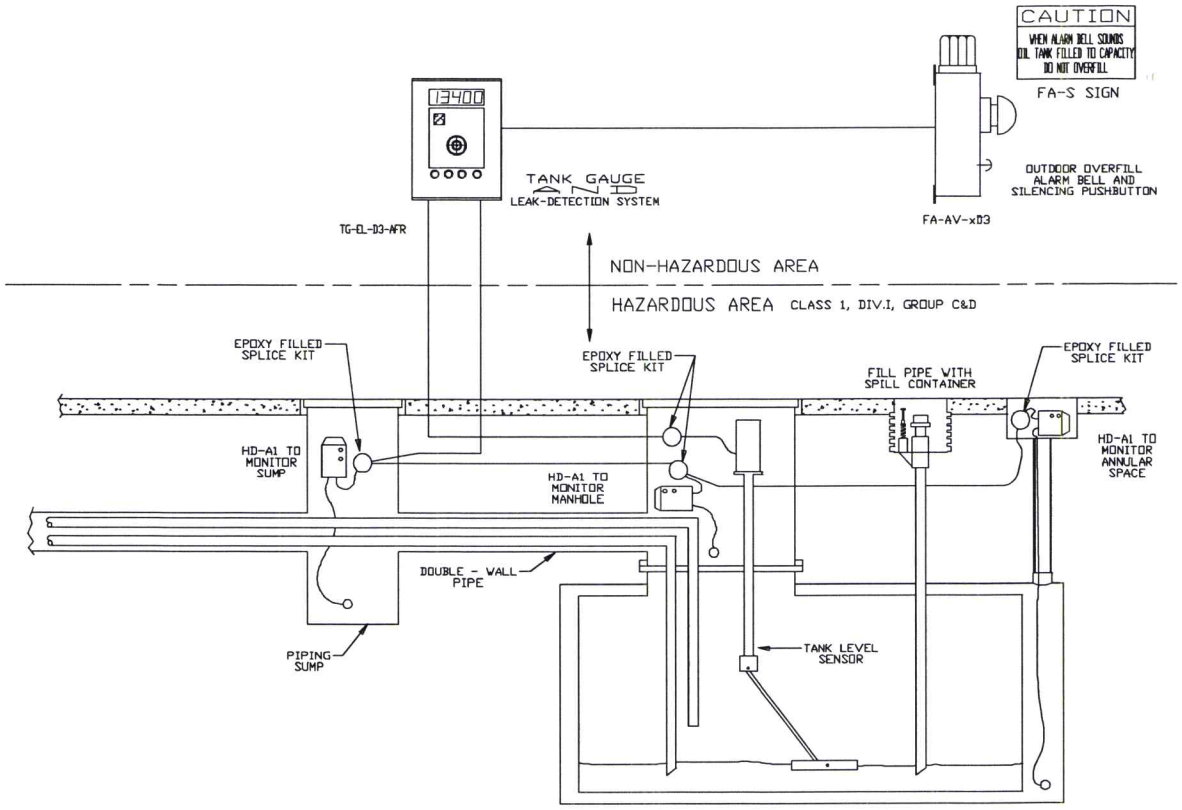
Input Power:	120 VAC (+15 - 20%) 30VA Non-Volatile Calibration
Ambient Temperature:	32° to 125° F
Instrument Housing:	8" W 10⅜" H 4⅞" D die cast aluminum 0.2" thick
Display:	0.8", to 99,990 gallons
Accuracy:	+/- 0.2% FS for model WF-12 +/- 0.3% FS for model WF-7 +/-1.3% FS for model LF
Audible Alarm:	Integral
Pushbuttons:	Manual Alarm Silence Overfill Alarm System Test Liquid Depth in Inches Hole Alarm Recall
Alarms:	Leak, and adjustable Low & High Level
Analog Output:	Volumetric output, 4-20 mAdc, max load 550 ohm
Relay Outputs:	adjustable, pushbutton setpoint recall, 120 VAC @ 5 amp resistive, SPDT (4) Standard Relays: High Level Overfill Leak Common

Approvals

Factory Mutual

Intrinsically safe sensor wiring allows sensors to be safely located in Class I, Div.I, Group C&D hazardous locations

TANK GAUGE and LEAK-DETECTION SYSTEM
Model TG-EL-D3



General arrangement shown, refer to instruction manual for installation details

Ordering Information*
Specify Tank Monitoring System Catalog Number **TG-EL-D3**

Additional Ordering Information
1) Specify Level Sensor Model **TG-EL-WF Wire Float** (*see page 51*) or Model **TG-EL-LF Lver Float** (*see page 52*)
2) Specify Leak Detector **Model HD-A1** (see page 53), up to 3 leak detectors
3) Caution Sign (catalog number **FA-S**) (*see page 56*)
4) Monitor Access manhole (catalog number **TG-MH-18**) (*see page 67*)
5) Specify **FA-AV-**[**1**,**2**, or **3** (number of tanks)]**-D3** Audible/Visual Overfill Alarm (*see page 54*)
6) Remote Weatherproof Bell 10" (catalog number 16276), or 6" (catalog number **SDA-B6**)
7) Specify extra splice kits (catalog number 190271)
8) Specify connecting cable: (catalog number 21655), three wire shielded cable for each leak or level sensor in 10' increments (800' maximum wire run per sensor)

Tank Information Required When Ordering
PLEASE NOTE: Tank gauges are manufactured in accordance with specifications furnished with the order and are not suitable for operation with different tank configurations or installation plans. Complete specifications must be provided and should include a tank print.

1) Specify number of tanks
2) Provide tank print or description. It should include:
   - Type of construction (single or double wall, fiberglass or steel)
   - Manufacturer name and model number
   - Fluid capacity
   - Inside dimensions of tank including diameter and length (if dished heads,m show length of both shell and overall)
   - Important dimension: from the inside bottom of tank to the top of the tank entrance fitting, and the type and pipe size of fitting
3) Provide fluid description:
   - Grade of fuel oil
   - Other fluids type and specific gravity
   - For corrosive fluids, buyer must approve wetted parts material
4) Specify destination: to satisfy local codes, specify destination so that the proper local governing authority information packages are included

5/6/11

Maine Department of Environmental Protection
Underground Storage Tank

Annual Inspection Summary

D4

MDI Hospital — Facility Name
Owner
14610 — Reg. #

Bar Harbor — Location
Scott Malone — Operator
288-5081 — Phone

Tank Number	3-1											
Volume	10K											
Product	#5 Fuel											
Pump Type	Suction											
	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
Daily Inventory			X									
Automatic Tank Gauge			X									
Groundwater Monitoring			X									
Interstitial Monitoring	X											
Line Leak Detectors			X									
Heating Oil Tank Piping	X											
Overfill Prevention	X											
Spill Buckets	X											
Stage I Vapor Recovery			X									
T/C 1st Gen Yellow Piping			X									
Dispenser Area			X									
Cathodic Protection	✓											
Temp. Out-of-Service			X									
Any FAIL in the columns above means a FAIL for that tank.	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
	X											

By signing this form, I certify that:
I performed this inspection and believe the contents of this report to be complete and accurate at the time of the inspection, and, that I am a properly certified Maine Underground Oil Storage Tank Installer or Inspector.

Nick Gray - 418 — Name & CTI No. (please print)
4-12-11 — Date
Nicholas Gray — Signature

By my signature below, I certify that:
All inspection items are passing and any deficiencies discovered during the inspection have been corrected.

Nick Gray - 418 — Name & CTI No. (please print)
4-12-11 — Date
Nicholas Gray — 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

!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS !!! Revision Date: 02/01/2010

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610 AI Date: 4-12-11

Interstitial Monitoring (Tanks and Piping)

16	Make and Model:	Preffered Rincon Instruments D161-Tell

Fill out this section for double-walled tanks and piping.

Item		Tank #	3-1															
		Volume	10k															
		Product	#5															
	Interstitial Monitoring System		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 available?																	
	Electronic																	
20	Monitoring console is fully operational?		X		X													
21	Sensors are properly placed?		X		X													
22	Sensors are functioning properly?		X		X													
	All Systems																	
23	Are 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: 4-12-11

Automatic Line Leak Detector (LLD)

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

Item									
	Tank #	3-1							
	Volume								
	Product								
	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 @ 10 PSI is simulated?								
	PASS or FAIL?								

Piping on Heating Oil Tanks

Item									
	Tank #	3-1							
	Product	#5							
		YES	NO	YES	NO	YES	NO	YES	NO
32	Copper Piping?		X						
33	Piping sleeved or secondarily contained? (* See note below)	X							
34	Suction/Return lines separated by spacers?	X							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?	X							

* 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: 4-12-11

Overfill Prevention

Item		Tank #	3-1							
		Volume	10K							
		Product	#5							
35	Ball float (BF), Flapper (F), Electronic (E), Vent Whistle (W) or None (X)		E							
			Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	Ball Float									
36	Checked and working properly?									
37	Set at 90% full level?									
	Auto shut off/flapper									
38	Checked and working properly?									
39	Set at 95% full level?									
	Electronic high level alarm?									
40	Checked and working properly?		X							
41	Set at 90% full level?		X							
	Vent whistle (HEATING OIL ONLY)									
42	Checked and working properly?									
43	Set at 90%									
44	Vent within 8 ft of fill?									
	PASS or FAIL?		X							

Spill Buckets

Item		Tank #	3-1							
			Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
45	Spill bucket present?		+							
46	Clean?		+							
47	Liquid tight?		+							
48	Lid in good condition?		+							
49	Lid not touching fill riser?		+							
	PASS or FAIL?		+							

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

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg #: 14610

AI Date: 4-12-11

Class I Tanks (Gasoline tanks only)

50	Gas throughput for last calendar year	Gallons:	Year

Stage I Vapor Recovery System

Item												
	Tank #											
	Volume											
	Product											
51	Two-Point (2), Manifold (M), or Coaxial (C)											
	Two-Point / Manifold	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	
52	Vapor recovery poppet cap and gasket in good condition?											
53	Poppet valve moves easily and closes tight?											
54	Manway lid in good condition?											
	Coaxial											
55	Fill pipe in good condition?											

	All Systems	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
56	Fill cap and gasket in good condition?								
57	Drop tube?								
58	Ends within 6 inches of tank bottom?								
	PASS or FAIL?								

Total Containment 1st Generation PP1500 (Yellow Piping)

	Tank #	3-1														
	Product	#5														
	PASS or FAIL?	(No) Pass	(Yes) Fail	N/A	(No) Pass	(Yes) Fail	N/A	(No) Pass	(Yes) Fail	N/A	(No) Pass	(Yes) Fail	N/A			
59	Is T/C 1st Generation (yellow) piping used for ethanol-blended products?			X												

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

Maine Department of Environmental Protection

UST Annual Inspection Report

Reg # 14610

AI Date: 04/12/11

Cathodic Protection (Galvanic and Impressed Systems)

Item															
	Galvanic	Tank #	3-1												
		Volume	10K												
		Product	#5 FUEL												
70	*Double-Walled Tanks*		-1.18												
71	*Single-Walled Tanks* (3 readings over tank center line)														
			Pass	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**
	PASS or FAIL?		✓												
72	Product Pipe (Lowest Reading)														
			Pass	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**
	PASS or FAIL?				✓										

Impressed Current Systems Only

Item															
	Impressed	Tank #	3-1												
		Volume	10K												
		Product	#5 FUEL												
73	Rectifier has power and is turned on?		✓												
74	Monthly log present and filled out properly?		✓												
			Pass	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**	**Pass**	**Fail**	**N/A**
	PASS or FAIL?		✓												

By signing the cathodic protection (galvanic and impressed system) section, I certify that I performed the inspection for this section 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.

Name & CTI # (Please print)	Date	Signature
BURNIE GAFF #427	04/12/11	

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

Maine Department of Environmental Protection
Underground Storage Tank
Inspection Summary

Rec'd 4/13/10 DA

Facility Name: MDI Hospital **Owner:** MDI Hosp. **Reg. #:** 14,610

Facility Location: Bar Harbor **Operator:** Scott Malone **Phone:** 288-5082

	Tank # 3-1			Tank #			Tank #			Tank #		
Volume	10K											
Product	#5 Fuel Oil											
	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
Daily Inventory	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Automatic Tank Gauge	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Groundwater Monitoring	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Interstitial Monitoring	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Overfill Prevention	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spill Buckets	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Line Leak Detectors	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Copper Piping	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Stage I Vapor Recovery	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dispenser Area	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cathodic Protection	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Temp. Out of Service	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Any **FAIL** in the columns above means a **FAIL** for that tank.	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of the inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or inspector.

Nick Guay	4-8-10	Nicholas Guay
Name (please print)	Date	Signature

By signing this form, I certify that all deficiencies discovered during the inspection have been corrected

Nick Guay	4-8-10	Nicholas Guay
Name (please print)	Date	Signature

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to	Annual UST Inspection, Maine Department of Environmental Protection, 28 Tyson Drive, 17 SHS, Augusta, Maine 04333-0017

!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS!!!

Maine Department of Environmental Protection

UST Annual Inspection Report

Interstitial Monitoring (Tanks and Piping)

16	Make and Model:	Preffered Rimcor Instruments

Fill out this section for double-walled tanks and piping that are electronically monitored.

		Tank # 3-1				Tank #				Tank #				Tank #			
		TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
17	Interstitial monitoring system is Electronic (E), Manual (M), or None (X)	E		E													
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
Manual Monitoring																	
18	Sump is accessible for inspections?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	Written log of sump checks available?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Electronic Monitoring																	
20	Monitoring console is fully operational?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21	Sensors are properly placed?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22	Sensors are functioning properly?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
All Systems																	
23	Are sumps in liquid tight condition?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24	No oil in sumps or interstitial space?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25	No water in sumps or interstitial space?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

Maine Department of Environmental Protection

UST Annual Inspection Report

Overfill Prevention

		Tank # 3-1		Tank #		Tank #		Tank #	
26	Ball float (BF), Flapper (F), Electronic (E), Vent Whistle (W) or None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	Ball Float								
27	Checked and working properly?	☐	☐	☐	☐	☐	☐	☐	☐
28	Set at 90% full level?	☐	☐	☐	☐	☐	☐	☐	☐
	Auto shut off/flapper								
29	Checked and working properly?	☐	☐	☐	☐	☐	☐	☐	☐
30	Set at 95% full level?	☐	☐	☐	☐	☐	☐	☐	☐
	Electronic high level alarm?								
31	Checked and working properly?	☒	☐	☐	☐	☐	☐	☐	☐
32	Set at 90% full level?	☒	☐	☐	☐	☐	☐	☐	☐
	Vent whistle (HEATING OIL ONLY)								
33	Checked and working properly?	☐	☐	☐	☐	☐	☐	☐	☐
34	Set at 90%	☐	☐	☐	☐	☐	☐	☐	☐
35	Vent within 8 ft of fill?	☐	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☒	☐	☐	☐	☐	☐	☐	☐

Spill Buckets

		Tank # 3-1		Tank #		Tank #		Tank #	
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
36	Spill bucket present?	☒	☐	☐	☐	☐	☐	☐	☐
37	Clean?	☒	☐	☐	☐	☐	☐	☐	☐
38	Liquid tight?	☒	☐	☐	☐	☐	☐	☐	☐
39	Lid in good condition?	☒	☐	☐	☐	☐	☐	☐	☐
40	Lid not touching fill riser?	☒	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☒	☐	☐	☐	☐	☐	☐	☐

Comments: _____

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

Maine Department of Environmental Protection

UST Annual Inspection Report

Automatic Line Leak Detector (LLD)

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

41	**Make and Model:**	NA

		Tank #		Tank #		Tank #		Tank #	
42	Mechanical (M) or Electronic (E) LLD?								
		Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
43	LLD present?	☐	☐	☐	☐	☐	☐	☐	☐
44	LLD listed for use with type of piping present (rigid or flexible)?	☐	☐	☐	☐	☐	☐	☐	☐
	Mechanical LLD's only								
45	Slow flow when 3 gph leak @ 10 PSI is simulated?	☐	☐	☐	☐	☐	☐	☐	☐
	Electronic LLD's only								
46	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled) piping)?	☐	☐	☐	☐	☐	☐	☐	☐
47	System alarms and/or shuts off turbine when a 3 gph @ 10 PSI is simulated?	☐	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☐	☐	☐	☐	☐	☐	☐	☐

Piping on Heating Oil Tanks

		Tank # 3-1		Tank #		Tank #		Tank #		
	Copper Piping									
		YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**N/A**
48	*Piping sleeved or secondarily contained?	☒	☐	☐	☐	☐	☐	☐	☐	
49	Suction/Return lines separated by spacers?	☒	☐	☐	☐	☐	☐	☐	☐	☐

*Piping installed prior to Sept. 16, 1991, must be sleeved, after that datemust 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

Cathodic Protection (Galvanic and Impressed Systems)

		Tank # 3-1			Tank #			Tank #			Tank #		
		Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
	Enter reading in Volts	-.9											
69	Tank Readings (3 locations over tank center line)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
70	Product Pipe Reading?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
71	Rectifier has power and is turned on? (Impressed Current Systems only)	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
72	Monthly log present and filled out properly? (Impressed Current Systems only)	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

By signing the cathodic protection (galvanic and impressed system) section, I certify that I performed the inspection for this section 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.

BURNIE GAFF — Name (Please Print)

04/08/10 — Date

[signature] — Signature

Comments:

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

Maine Department of Environmental Protection
Underground Storage Tank
Inspection Summary

PH
6/29/09.

Facility Name: MT DESERT ISLAND HOSPITAL **Owner:** MT DESERT ISLE HOSP. **Reg. #:** 14610

Facility Location: BAR HARBOR WAYMAN LANE **Operator:** SAME **Phone:**

	Tank # 3			Tank #			Tank #			Tank #		
Volume	10K											
Product	#5 Fuel oil											
	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
Daily Inventory	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
Automatic Tank Gauge	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
Groundwater Monitoring	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
Interstitial Monitoring	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Overfill Prevention	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spill Buckets	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Line Leak Detectors	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
Copper Piping	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Stage I Vapor Recovery	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dispenser Area	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cathodic Protection	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Temp. Out of Service	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
Any **FAIL** in the columns above means a **FAIL** for that tank.	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of the inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or inspector.

GARY KANE — Name (please print) | 6/9/09 — Date | Gary Kane — Signature

By signing this form, I certify that all deficiencies discovered during the inspection have been corrected.

GARY KANE — Name (please print) | 6/9/09 — Date | Gary Kane — Signature

The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:	Annual UST Inspection, Maine Department of Environmental Protection, 28 Tyson Drive, 17 SHS, Augusta, Maine 04333-0017

!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS!!!

PAT, ALSO AN UPDATE TO FAILING INSPECTION FO 08.

Rev. April 2009

Maine Department of Environmental Protection

UST Annual Inspection Report

Interstitial Monitoring (Tanks and Piping)

16	Make and Model:

Fill out this section for double-walled tanks and piping that are electronically monitored.

		Tank # 3				Tank #				Tank #				Tank #			
		TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
17	Interstitial monitoring system is Electronic (E), Manual (M), or None (X)	E		E		X											
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
Manual Monitoring																	
18	Sump is accessible for inspections?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	Written log of sump checks available?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Electronic Monitoring																	
20	Monitoring console is fully operational?	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21	Sensors are properly placed?	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22	Sensors are functioning properly?	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
All Systems																	
23	Are sumps in liquid tight condition?	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24	No oil in sumps or interstitial space?	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25	No water in sumps or interstitial space?	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

Maine Department of Environmental Protection

UST Annual Inspection Report

Overfill Prevention

		Tank # 3		Tank #		Tank #		Tank #	
26	Ball float (BF), Flapper (F), Electronic (E), Vent Whistle (W) or None (X)	E							
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	Ball Float								
27	Checked and working properly?	☐	☐	☐	☐	☐	☐	☐	☐
28	Set at 90% full level?	☐	☐	☐	☐	☐	☐	☐	☐
	Auto shut off/flapper								
29	Checked and working properly?	☐	☐	☐	☐	☐	☐	☐	☐
30	Set at 95% full level?	☐	☐	☐	☐	☐	☐	☐	☐
	Electronic high level alarm?								
31	Checked and working properly?	☑	☐	☐	☐	☐	☐	☐	☐
32	Set at 90% full level?	☑	☐	☐	☐	☐	☐	☐	☐
	Vent whistle (HEATING OIL ONLY)								
33	Checked and working properly?	☐	☐	☐	☐	☐	☐	☐	☐
34	Set at 90%	☐	☐	☐	☐	☐	☐	☐	☐
35	Vent within 8 ft of fill?	☐	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☑	☐	☐	☐	☐	☐	☐	☐

Spill Buckets

		Tank # 3		Tank #		Tank #		Tank #	
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
36	Spill bucket present?	☑	☐	☐	☐	☐	☐	☐	☐
37	Clean?	☑	☐	☐	☐	☐	☐	☐	☐
38	Liquid tight?	☑	☐	☐	☐	☐	☐	☐	☐
39	Lid in good condition?	☑	☐	☐	☐	☐	☐	☐	☐
40	Lid not touching fill riser?	☑	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☑	☐	☐	☐	☐	☐	☐	☐

Comments: CLEANED OUT WATER (1") (RAINING OUT)

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

Maine Department of Environmental Protection
UST Annual Inspection Report

Automatic Line Leak Detector (LLD)

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

41	**Make and Model:**

		Tank #		Tank #		Tank #		Tank #	
42	Mechanical (M) or Electronic (E) LLD?								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
43	LLD present?	☐	☐	☐	☐	☐	☐	☐	☐
44	LLD listed for use with type of piping present (rigid or flexible)?	☐	☐	☐	☐	☐	☐	☐	☐
	Mechanical LLD's only								
45	Slow flow when 3 gph leak @ 10 PSI is simulated?	☐	☐	☐	☐	☐	☐	☐	☐
	Electronic LLD's only								
46	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled) piping)?	☐	☐	☐	☐	☐	☐	☐	☐
47	System alarms and/or shuts off turbine when a 3 gph @ 10 PSI is simulated?	☐	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☐	☐	☐	☐	☐	☐	☐	☐

Piping on Heating Oil Tanks

		Tank # 3		Tank #		Tank #		Tank #		
	Copper Piping									
		YES	NO	YES	NO	YES	NO	YES	NO	N/A
48	*Piping sleeved or secondarily contained?	☑	☐	☐	☐	☐	☐	☐	☐	
49	Suction/Return lines separated by spacers?	☑	☐	☐	☐	☐	☐	☐	☐	☐

*Piping installed prior to Sept. 16, 1991, must be sleeved, after that date 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

Cathodic Protection (Galvanic and Impressed Systems)

		Tank # 3			Tank #			Tank #			Tank #		
		Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
	Enter reading in Volts	-.879											
69	Tank Readings (3 locations over tank center line)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
70	Product Pipe Reading?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
71	Rectifier has power and is turned on? (Impressed Current Systems only)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
72	Monthly log present and filled out properly? (Impressed Current Systems only)	See NOTE ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	PASS or FAIL?	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

By signing the cathodic protection (galvanic and impressed system) section, I certify that I performed the inspection for this section 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.

GARY KANE — Name (Please Print)

6/9/09 — Date

Gary Kane — Signature

NOTE
Comments: * NO LOG YET AS WE JUST INSTALLED IMPRESSED CURRENT SYSTEM TODAY. COPY OF RESULTS ON NEXT PAGE WILL SUPPLY CUSTOMER LOG SHEET.

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

PCA ENGINEERING NE LLC

7 WEST END WAY 02061 (781) 261-9688

CATHODIC PROTECTION SYSTEM MAINTENANCE RECORD SHEET

OWNER: Mount Desert Island Hospital PCA JOB NO: 32367

LOCATION OF RECTIFIER: Inside Boiler Room

TYPE OF RECTIFIER: Air Cooled MANUFACTURED BY: PCA Engineering

MODEL NO.: ES-2 SERIAL NO.: 083581

A.C. INPUT: 120 Volts 1 Amps Single Phase K= -- N= -- T= --

D.C. OUTPUT: 40 Volts 5 Amperes

TYPE OF ANODES: Anotec QTY: 3 SIZE: 2 dia X 60 length

DATE SYSTEM ENERGIZED: 6/9/09 COMMENTS:

RECTIFIER SETTINGS		DC OUTPUT			TAKEN		
COARSE	FINE	VOLTS	AMPS		BY	DATE	REMARKS
1	2	4.97	0.24		D. Lawrence	6/9/09	Energize/Survey

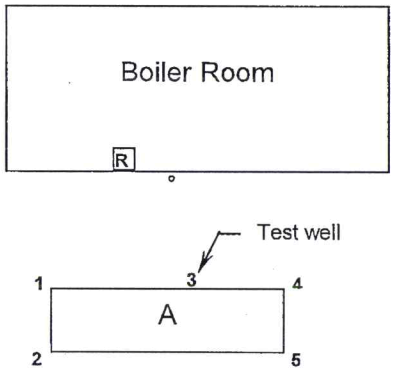
PCA ENGINEERING NE LLC
7 WEST END WAY
NORWELL, MA 02061 (781) 261-9688

CORROSION FIELD SURVEY DATA AND TABLES

OWNER: Mount Desert Island Hospital
ADDRESS: 10 Wyman Lane Bar Harbor, Me
DATE OBTAINED: June 9, 2009
SURVEYED BY: D. Lawrence

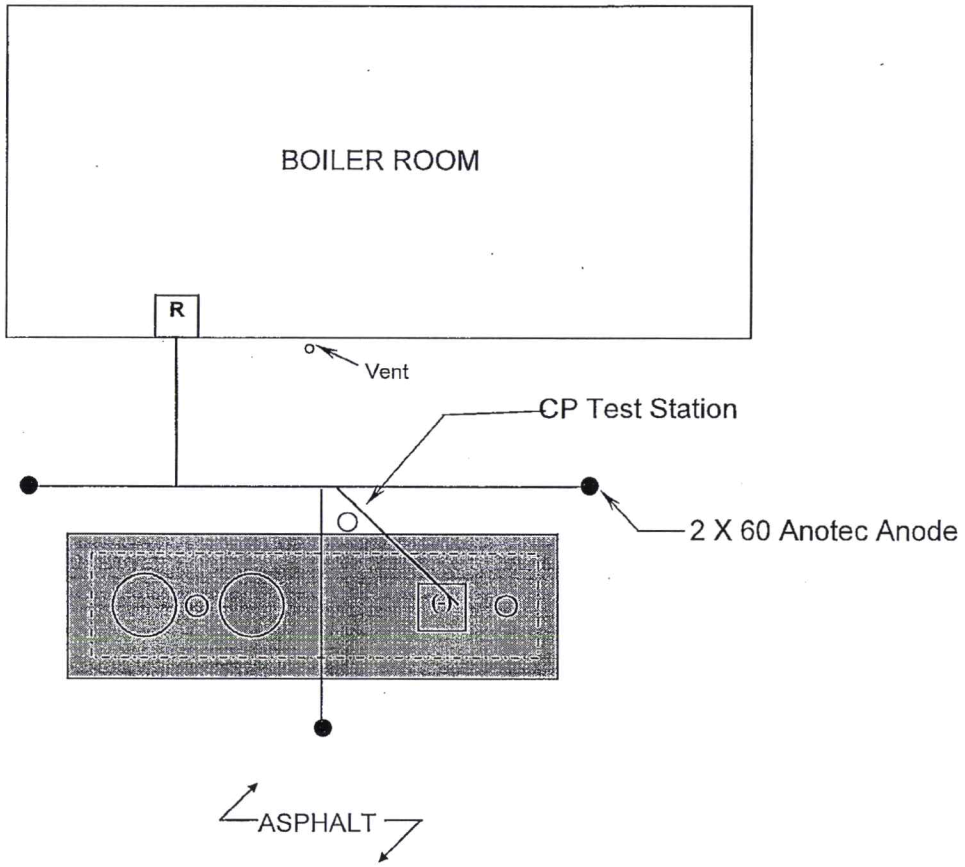
STRUCTURE-TO-SOIL POTENTIALS ARE IN (-) VOLTS
TO $Cu/CuSO_4$ REFERENCE CELL USING A FLUKE
MODEL 175 MULTIMETER.
REMOTE READINGS DETERMINE CONTINUITY

PCA JOB NO: 32367
TABLE A
SHEET 1 **OF** 1



Test locations are similar for each tank

	CLOSE ON	CLOSE OFF	NATIVE	DELTA	REMOTE ON/OFF		COMMENTS
Tank A					1.37 / 0.842	Tank	Tank Size: 10,000 gal
@ No. 1	1.06	0.921	0.689	0.232	0.995 / 0.670	Fill	Product: No. 5 Oil
@ No. 2	1.06	0.844	0.676	0.168	0.109 / 0.034	Vent	Tank Installed: 1987
@ No. 3	1.37	0.879	0.620	0.259	1.37 / 0.841	Test Lead	Overspill Containment: Yes
@ No. 4	0.992	0.832	0.694	0.138			Overfill Protection: Yes
@ No. 5	0.967	0.811	0.690	0.121			
					1.38 / 0.843	Piping	Piping Material: DW Steel
	Note: Test Point # 3 is a well with access to bottom of tank				1.38 / 0.843	LPGas	
					1.37 / 0.842	Glycol	
					1.40 / 0.844	Neg Lug	
					1.40 / 0.843	Electric	
					1.39 / 0.843	Water	



NOTES:

1. NO. 12 AWG CONNECTING WIRE WAS CONNECTED TO THE ANODES USING CRIMPED CONNECTORS AND TRIPLE WRAP TAPE PROCEDURES
2. ANODES WEREINSTALLED TO A DEPTH OF 8'-10' BELOW GRADE.
3. TANK IS DW STI-P3 AND PIPING IS DW STEEL

AS BUILT

	PCA ENGINEERING NE LLC NEW ENGLAND DIVISION 7 West End Way Norwell, Ma 02061 Tel. No. (781) 261-9688	DRAWING TITLE: CATHODIC PROTECTION SYSTEM REPAIR MDI HOSPITAL 10 Wyman Lane Bar Harbor, ME			
	REVISION 2:	DESIGN BY:	APPROVED BY:	DRAWN BY: DL	DRAWING NUMBER: 32367-01
	REVISION 1:	DATE:	SCALE: N.T.S.	DATE: 6/16/09	

Maine Department of Environmental Protection

Underground Storage Tank

Inspection Summary DW STP-3 9-1991

MDI HOSPITAL

Facility Name: _____ **Owner:** SAME **Reg.#:** 14610

Location: 10 WAYMAN LANE **Operator:** SAME **Phone:** 288-5082

BAR HARBOR ME. X 389

___Initial Inspection ___Inspection Update	TANK # 3-1			TANK #			TANK #			TANK #		
Volume	10000											
Product	#5 OIL											
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Daily Inventory			X									
Automatic Tank Gauge			X									
Groundwater Monitoring			X									
Interstitial Monitoring	✓											
Overfill Prevention	X											
Spill Buckets	X											
Line Leak Detectors			X									
Copper Piping	X											
Stage I vapor recovery			X									
Crash Valves			X									
Cathodic Protection		X										
Any FAIL in the columns above means a FAIL for that tank.	PASS	FAIL		PASS	FAIL		PASS	FAIL		PASS	FAIL	
		X										

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or tank inspector.

MIKE ARBOR 4-22-08 [signature]

Name (please print) Date Signature

KANE 4/25/08 Tony Kane

Please return this certificate no later than July 1 of the year inspection is due to:	**Annual UST Inspections** **Maine Dept. of Environmental Protection,** **17 State House Station, Augusta, Maine 04333**

!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS !!!

Rev. 04/2007

Maine Department of Environmental Protection

UST Annual Inspection Report

Interstitial Monitoring (Tanks and Piping)

16	**Make and Model:** PREFERRED - RIMCOR DIGI-TELL

Fill out this section for doublewalled tanks or piping that are electronically monitored.

	MODEL TG-EL-03-ARF	TANK #						TANK #						TANK #						TANK #					
		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP	
17	Interstitial monitoring system is Electronic (E), Manual (M) or None(X)	E		E		X																			
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	Manual monitoring																								
18	Sump is accessible for inspection?																								
19	Written log of sump checks available?																								
	Electronic monitoring																								
20	Monitoring console is fully operational?	X																							
21	Sensors are properly placed?	X		X																					
22	Sensors are functioning properly?	X		X																					
	All Systems																								
23	Are sumps in liquid tight condition?																								
24	No oil in sumps or interstitial space?	X																							
25	No water in sumps or interstitial space?	X																							
	PASS or FAIL?	X		X																					

Comments: SYSTEM HAS NO HORN THAT WORKS - SENSOR FOR INTERSTITIAL NOT FUNCTIONAL - DOES NOT CLEAR 'OIL' FROM SCREEN

* ELECTRICIAN HOOKED UP SPARE WIRE TO SENSOR RETESTED O/K HORN WORKED AS well. 4/25/08

Maine Department of Environmental Protection

UST Annual Inspection Report

Overfill Prevention

		TANK # 3-1		TANK#		TANK #		TANK #	
26	**Ball float(BF),Flapper(F), Electronic (E), Vent Whistle (W) or None (X)?**	E							
		PASS	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**
	Ball float								
27	Checked and working properly?	X							
28	Set at 90% full level?	X							
	Auto shut off/flapper								
29	Checked and working properly?								
30	Set at 95% full level?								
	Electronic high level alarm								
31	Checked and working properly?								
32	Set at 90% full level?								
	Vent whistle (HEATING OIL ONLY)								
33	Checked and working properly?								
34	Set at 90%?								
35	Vent within 8 ft of fill?	X							
	PASS or FAIL?	X							

Spill Buckets

		TANK # 3-1		TANK #		TANK #		TANK #	
		PASS	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**
36	Spill buckets present?	X							
37	Clean?	X							
38	Liquid tight?	X							
39	Lid in good condition?	X							
40	Lid not touching fill riser?	X							
	PASS or FAIL?	X							

Comments: _____

Automatic Line Leak Detectors (LLD)

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

41	**Make and Model:**

		TANK #		TANK #		TANK #		TANK#	
42	**Mechanical (M) or Electronic (E) LLD?**								
		PASS	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**
43	LLD present?								
44	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
45	Slow flow when 3gph leak @10PSI is simulated?								
	Electronic LLD's only								
46	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single walled piping)?								
47	System alarms and/or shuts off turbine when a 3gph @10PSI is simulated?								
	PASS or FAIL?								

Piping on Heating Oil Tanks

Piping installed prior to Sep.16, 1991, must be sleeved, after that date must be secondarily contained and monitored.

		TANK #		TANK #		TANK #		TANK #	
	Copper Piping								
	2" BLK IRON	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
48	Piping properly sleeved?	X							
49	Suction/Return lines separated by spacers?	X							

Comments: _____

Maine Department of Environmental Protection

UST Annual Inspection Report

Cathodic Protection (Galvanic and Impressed Systems)

		TANK # 3-1		TANK #		TANK #		TANK #	
	Enter readings in Volts	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
63	Tank Readings (3 locations over tank center line)	-.650							
64	Product Pipe Reading? N/A								
65	Rectifier has power and is turned on? (Impressed Current Systems Only) **IF NOT APPLICABLE CIRCLE** – N/A								
66	Monthly log present and filled out properly? (Impressed Current Systems Only) **IF NOT APPLICABLE CIRCLE** – N/A								
	PASS or FAIL?		X						

Out of Service Tanks

Fill out this section for any tank that is no longer active (no product added or removed) or no longer has leak detection

		TANK #		TANK #		TANK #		TANK #	
67	Date taken out of service (Month/Day/Year)								
		YES	NO	YES	NO	YES	NO	YES	NO
68	Less then 1" product?								
	For tanks out of service more then 3 months, check the following:								
69	Tank vented and fill pipe locked?								
70	Product piping capped? Pumps and manways secure?								

Comments: * COUNTY ENVIRONMENTAL INSTALLED AN ANODE BUT DID NOT RAISE CP ENOUGH. ON 8/30/08

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

P.C.A. ENGINEERING IS LOOKING AT PUTTING IMPRESSED CURRENT SYSTEM OR 17 LB ANODES ENOUGH TO BRING TANK BACK TO COMPLIANCE.

They will do current demand testing, then get quotes for impressed sys. design.

Rev. 04/2007

Hennessey, Patrick S

From: Gary Kane [gkane@gaftek.com]
Sent: Tuesday, December 23, 2008 11:26 AM
To: Hennessey, Patrick S
Subject: FW: MDI Hospital, Bar Harbor

Pat, as we talked about we are still working on getting the system up to snuff on the CP.

From: Gary Kane
Sent: Wednesday, October 22, 2008 8:05 AM
To: 'Bert Phillips'
Cc: Reggie Faulkingham
Subject: RE: MDI Hospital, Bar Harbor

Bert, I don't remember other power lines or gas lines, I know Drew said the piping is isolated so what do we recommend? An impressed current or the anodes? What would the impressed system cost?

From: Bert Phillips [mailto:Bphillips@pcane.com]
Sent: Tuesday, October 21, 2008 4:34 PM
To: Gary Kane
Subject: RE: MDI Hospital, Bar Harbor

HI Gary,

I spoke to Drew (finally) and have confirmed that the galvanic system is the preferred way to protect this site. While it is very dry around the tank and an impressed current system might be an easier type pf system to ensure protective readings, we are concerned with installation problems due to all the other piping and power lines in the area but more importantly the potential for stray current interference with the gas pipeline line. A galvanic system using vacuum excavation eliminates these concerns.

The galvanic anodes should be prepackaged, 17 lb.-high potential type magnesium. They should be well soaked prior to installation.

As a result of our talking, we thought to recommend installation of a permanent reference cell or a reference electrode. These will allow for accurate reading below grade and minimize IR drop. They will also allow us to get polarized potential readings which we can also use to determine proper cathodic protection.

Our cost to do the installation with the reference cell/electrode would be $6900.00.

Bert

From: Gary Kane [mailto:gkane@gaftek.com]
Sent: Monday, October 20, 2008 3:45 PM
To: Bert Phillips
Subject: RE: MDI Hospital, Bar Harbor

Any word on this? And a cost estimate?

From: Gary Kane
Sent: Friday, October 10, 2008 8:30 AM
To: 'Bert Phillips'

Subject: RE: MDI Hospital, Bar Harbor

I hear that. Thanks

From: Bert Phillips [mailto:Bphillips@pcane.com]
Sent: Friday, October 10, 2008 7:51 AM
To: Gary Kane
Subject: RE: MDI Hospital, Bar Harbor

Hi Gary,

The tank is electrically isolated and eight anodes should be more than enough for a 10,000 -gallon tank. The original system was a galvanic type and it worked for almost 20 years. I'll get with Drew next week when he returns and talk to him about this site.

Leave the spills to the environmentalists and corrosion to the corrosion men. Ha ha

Bert

From: Gary Kane [mailto:gkane@gaftek.com]
Sent: Thursday, October 09, 2008 10:39 AM
To: Bert Phillips
Cc: Reggie Faulkingham
Subject: MDI Hospital, Bar Harbor

Hey Bert, I had you do a survey here and an estimate to add anodes. As it worked out County Environmental gave them an estimate to add anodes with a geo probe and they accepted it. He installed one anode and it brought the readings up 2 points and quit because he said anodes will not work. He suggested an impressed Current system. I told him I do not want him doing that and I would contact you to check if that is the fix. Can you let me know how the hospital needs to proceed with either anodes or the impressed current system.
This is a heated tank and Drew has done the survey.

Hennessey, Patrick S

From: Gary Kane [gkane@gaftek.com]
Sent: Tuesday, May 19, 2009 8:23 AM
To: Bert Phillips
Cc: Hennessey, Patrick S
Subject: MDI Hospital

Good morning, Have we seta tome to do the upgrade her yet. Drew and I talked about it at the last DEP seminar and he wants to do the impressed current system. I called Scott at the Hospital and they have an electrician to wire it up. Please let me now what the schedule is.

W.O.# 17867

5/29/07 mf

Maine Department of Environmental Protection

Underground Storage Tank

Inspection Summary

MT Desert MT Desert

Facility Name: Inland Hospital Owner: Inland Hospital Reg.#: 14,610

Location: Bar Harbor Operator: Owner/ Phone: 288-5081

Scott Malone

✓ Initial Inspection / ___ Inspection Update	TANK # 3-1			TANK #			TANK #			TANK #		
Volume	10,000											
Product	#5											
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Daily Inventory			X									
Automatic Tank Gauge			X									
Groundwater Monitoring			X									
Interstitial Monitoring	✓											
Overfill Prevention	✓											
Spill Buckets	✓											
Line Leak Detectors		✓	X									
Copper Piping	✓											
Stage I vapor recovery			X									
Crash Valves			X									
Cathodic Protection		✓										
Any FAIL in the columns above means a FAIL for that tank.	PASS	FAIL ✓		PASS	FAIL		PASS	FAIL		PASS	FAIL	

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or tank inspector.

Dan Baker	5-1-7	Dan Baker
Name (please print)	Date	Signature

Please return this certificate no later than July 1 of the year inspection is due to:	Annual UST Inspections Maine Dept. of Environmental Protection, 17 State House Station, Augusta, Maine 04333
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Rev. 02/2006

Interstitial Monitoring (Tanks and Piping)

16	Make and Model: Rimcor – PReFeRRed Digs-Tell

Fill out this section for doublewalled tanks or piping that are electronically monitored.

		TANK # 3-1						TANK #						TANK #						TANK #					
		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP	
17	Interstitial monitoring system is Electronic (E), Manual (M) or None(X)	E		E		X																			
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	Manual monitoring																								
18	Sump is accessible for inspection?																								
19	Written log of sump checks available?																								
	Electronic monitoring																								
20	Monitoring console is fully operational?	✓		✓																					
21	Sensors are properly placed?	✓		✓																					
22	Sensors are functioning properly?	✓		✓																					
	All Systems																								
23	Are sumps in liquid tight condition?	✓		✓																					
24	No oil in sumps or interstitial space?	✓		✓																					
25	No water in sumps or interstitial space?	✓		✓																					
	PASS or FAIL?	✓		✓																					

Comments: ______________________________

Overfill Prevention

		TANK # 3-1		TANK#		TANK #		TANK #	
26	Ball float(BF),Flapper(F), Electronic (E), Vent Whistle (W) or None (X)?	E							
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
	Ball float								
27	Checked and working properly?								
28	Set at 90% full level?								
	Auto shut off/flapper								
29	Checked and working properly?								
30	Set at 95% full level?								
	Electronic high level alarm								
31	Checked and working properly?	✓							
32	Set at 90% full level?	✓							
	Vent whistle (HEATING OIL ONLY)								
33	Checked and working properly?								
34	Set at 90%?								
35	Vent within 8 ft of fill?								
	PASS or FAIL?	✓							

Spill Buckets

		TANK # 3-1		TANK #		TANK #		TANK #	
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
36	Spill buckets present?	✓							
37	Clean?	✓							
38	Liquid tight?	✓							
39	Lid in good condition?	✓							
40	Lid not touching fill riser?	✓							
	PASS or FAIL?	✓							

Comments: Clean for #5 oil

Automatic Line Leak Detectors (LLD)

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

41	**Make and Model:**

		TANK #		TANK #		TANK #		TANK#	
42	Mechanical (M) or Electronic (E) LLD?								
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
43	LLD present?								
44	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
45	Slow flow when 3gph leak @10PSI is simulated?								
	Electronic LLD's only								
46	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single walled piping)?								
47	System alarms and/or shuts off turbine when a 3gph @10PSI is simulated?								
	PASS or FAIL?								

Piping on Heating Oil Tanks

Piping installed prior to Sep.16, 1991, must be sleeved, after that date must be secondarily contained and monitored.

		TANK # 3-1		TANK #		TANK #		TANK #	
	Copper Piping	2" Steel							
		YES	NO	YES	NO	YES	NO	YES	NO
48	Piping properly sleeved?	✓							
49	Suction/Return lines separated by spacers?	✓							

Comments: _____

Cathodic Protection (Galvanic and Impressed Systems)

		TANK # 3-1		TANK #		TANK #		TANK #	
	Enter readings in Volts	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
63	Tank Readings (3 locations over tank center line)	-.77							
			✓						
64	Product pipe reading?								
65	Vent Pipe Reading?								
66	Rectifier has power and is turned on? (Impressed Current Systems Only) IF NOT APPLICABLE CIRCLE → N/A								
67	Monthly log present and filled out properly? (Impressed Current Systems Only) IF NOT APPLICABLE CIRCLE → N/A								
	PASS or FAIL?		✓						

Out of Service Tanks

Fill out this section for any tank that is no longer active (no product added or removed) or no longer has leak detection

		TANK #		TANK #		TANK #		TANK #	
68	Date taken out of service (Month/Day/Year)								
		YES	NO	YES	NO	YES	NO	YES	NO
69	Less then 1" product?								
	For tanks out of service more then 3 months, check the following:								
70	Tank vented and fill pipe locked?								
71	Product piping capped? Pumps and manways secure?								

Comments: #5 81st Heated Tank DRY Soil Condition BECAUSE OF HEATED TANK

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

File

ESC

5/29/07 mf

Maine Department of Environmental Protection

Underground Storage Tank

Inspection Summary

Facility Name: MDI Hospital **Owner:** _____ **Reg.#:** 14,610

Location: BAR HARBOR **Operator:** SCOTT MALONE **Phone:** 288-5081

___Initial Inspection X Inspection Update	TANK # 3-1			TANK #			TANK #			TANK #		
Volume	10K											
Product	#5 oil Heated											
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Daily Inventory												
Automatic Tank Gauge												
Groundwater Monitoring												
Interstitial Monitoring												
Overfill Prevention												
Spill Buckets												
Line Leak Detectors												
Copper Piping												
Stage I vapor recovery												
Crash Valves												
Cathodic Protection	X											
Any FAIL in the columns above means a FAIL for that tank.	PASS	FAIL		PASS	FAIL		PASS	FAIL		PASS	FAIL	
	✓											

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or tank inspector.

GARY KANE — Name (please print)

5/07/07 — Date

Gary Kane — Signature

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Rev. 02/2006

Cathodic Protection (Galvanic and Impressed Systems)

		TANK # 3-1		TANK #		TANK #		TANK #	
	Enter readings in Volts	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
63	Tank Readings (3 locations over tank center line) -.867	✓							
64	Product pipe reading?								
65	Vent Pipe Reading?								
66	Rectifier has power and is turned on? (Impressed Current Systems Only) IF NOT APPLICABLE CIRCLE → N/A								
67	Monthly log present and filled out properly? (Impressed Current Systems Only) IF NOT APPLICABLE CIRCLE → N/A								
	PASS or FAIL?	X							

Out of Service Tanks

Fill out this section for any tank that is no longer active (no product added or removed) or no longer has leak detection

		TANK #		TANK #		TANK #		TANK #	
68	Date taken out of service (Month/Day/Year)								
		YES	NO	YES	NO	YES	NO	YES	NO
69	Less then 1" product?								
	For tanks out of service more then 3 months, check the following:		N/A	N/A					
70	Tank vented and fill pipe locked?								
71	Product piping capped? Pumps and manways secure?								

Comments: SCOTT WATERED TANK OVER THE WEEKEND TANK PASSED C.P.

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE

Maine Department of Environmental Protection

SCANNED 2/21/06

SENT 4/11/06

EMS

Underground Storage Tank

Inspection Summary

Facility Name: Mt. Desert Island Hospital **Owner:** Bar Harbor **Reg.#:** 14610

Location: Bar Harbor **Operator:** Scott Mabee Maint. **Phone:** 288-5082

✓ Initial Inspection / ___ Inspection Update	TANK # 3-1			TANK #			TANK #			TANK #		
Volume	10,000											
Product	#5											
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Daily Inventory			X									
Automatic Tank Gauge			X									
Groundwater Monitoring			X									
Interstitial Monitoring	✓											
Overfill Prevention	✓											
Spill Buckets	✓											
Line Leak Detectors			X									
Copper Piping	✓											
Stage I vapor recovery			X									
Crash Valves			X									
Cathodic Protection	✓	-.85										

Any FAIL in the columns above means a FAIL for that tank.	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
	✓							

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete a accurate at the time of inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or tank inspector.

Don B. Ha	3-8-06	Don B. Ha
Name (please print)	Date	Signature

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Rev. 11/200

Interstitial Monitoring (Tanks and Piping)

16	**Make and Model** Preferred - Brooks Inst. Digi-Tell

Fill out this section for doublewalled tanks or piping that are electronically monitored.

		TANK # 3-1						TANK #						TANK #						TANK #					
		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP	
17	Interstitial monitoring system is Electronic (E), Manual (M) or None(X)	E		E		X																			
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	Manual monitoring																								
18	Sump is accessible for inspection?																								
19	Written log of sump checks available?																								
	Electronic monitoring																								
20	Monitoring console is fully operational?	✓		✓																					
21	Sensors are properly placed?	✓		✓																					
22	Sensors are functioning properly?	✓		✓																					
	All Systems																								
23	Are ALL Sumps in good condition?	✓		✓																					
24	No oil in sumps or interstitial space?	✓		✓																					
25	No water in sumps or interstitial space?	✓		✓																					
	PASS or FAIL?	✓		✓																					

Comments: _____

_____

_____

_____

UST Annual Inspection Report

Overfill Prevention

		TANK # 3-1		TANK#		TANK #		TANK #	
26	**Ball float(BF),Flapper(F), Electronic (E), Vent Whistle (W) or None (X)?**	E							
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
	Ball float								
27	Checked and working properly?								
28	Set at 90% full level?								
	Auto shut off/flapper								
29	Checked and working properly?								
30	Set at 95% full level?								
	Electronic high level alarm								
31	Checked and working properly?	✓							
32	Set at 90% full level?	✓							
	Vent whistle (HEATING OIL ONLY)								
33	Checked and working properly?	1							
34	Set at 90%?								
35	Vent within 8 ft of fill?								
	PASS or FAIL?	✓							

Spill Buckets

		TANK # 3-1		TANK #		TANK #		TANK #	
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
36	Spill buckets present?	✓							
37	Clean?	✓							
38	Liquid tight?	✓							
39	Lid in good condition?	✓							
40	Lid not touching fill riser?	✓							
	PASS or FAIL?	✓							

Comments: for #5

Automatic Line Leak Detectors (LLD)

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

41	**Make and Model:**

		TANK #		TANK #		TANK #		TANK#	
42	Mechanical (M) or Electronic (E) LLD?								
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
43	LLD present?								
44	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
45	Slow flow when 3gph leak @10PSI is simulated ?								
	Electronic LLD's only								
46	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single walled piping)'								
47	System alarms and/or shuts off turbine when a 3gph @10PSI is simulated?								
	PASS or FAIL?								

Piping on Heating Oil Tanks

Piping installed prior to Sep.16, 1991, must be sleeved, after that date must be secondarily contained and monitored.

		TANK #		TANK #		TANK #		TANK #	
	Copper Piping	See							
		YES	NO	YES	NO	YES	NO	YES	NO
48	Piping properly sleeved?	✓							
49	Suction/Return lines separated by spacers?	✓							

Comments: _____

Cathodic Protection (Galvanic Systems)

		TANK # 3-1		TANK #		TANK #		TANK #	
	Enter readings in Volts	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
63	Rectifer has power and is turned on? (Impressed Current Systems Only)	N/A							
64	Monthly log present and filled out properly? (Impressed Current Systems Only)	N/A							
65	Tank Readings (3 locations over tank center line)	-.856							
		✓							
66	Product pipe reading?	N/A							
67	Vent Pipe Reading?	N/A							
	PASS or FAIL?	✓							

Out of Service Tanks

Fill out this section for any tank that is no longer active (no product added or removed)

		TANK #		TANK #		TANK #		TANK #	
68	Date taken out of service (Month/Day/Year)								
		YES	NO	YES	NO	YES	NO	YES	NO
69	**Less then 1" product?**								
	For tanks out of service more then 3 months, check the following:								
70	Tank vented and fill pipe locked?								
71	Product piping capped? Pumps and manways secure?								

Comments: _____

INDICATE ALL REPAIRS MADE TO BRING FACILITY INTO COMPLIANC

Maine Department of Environmental Protection

Underground Storage Tank

Inspection Summary

Entered 04/25/05 BB

Facility Name: MDI Hospital **Owner:** _____ **Reg.#:** 14610

Location: Bar Harbor Me **Operator:** _____ **Phone:** _____

___ Initial Inspection ✓ Inspection Update	TANK #			TANK #			TANK #			TANK #		
Volume												
Product												
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Daily Inventory												
Automatic Tank Gauge												
Groundwater Monitoring												
Interstitial Monitoring												
Overfill Prevention												
Spill Buckets												
Line Leak Detectors												
Copper Piping												
Stage I vapor recovery												
Crash Valves												
Cathodic Protection	✓											
Any FAIL in the columns above means a FAIL for that tank.	PASS	FAIL		PASS	FAIL		PASS	FAIL		PASS	FAIL	
	P											

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete accurate at the time of inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or tank inspector.

Kenneth LeGasse 4-1-05 #331

Name (please print) Date Signature

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Maine Department of Environmental Protection

UST Annual Inspection Report

Cathodic Protection (Galvanic Systems)

		TANK #		TANK #		TANK #		TANK #	
	Enter readings in Volts	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
62	Tank Readings (3 locations over tank center line)	-.857							
63	Product pipe reading?	N/A							
64	Vent Pipe Reading?	N/A							
	PASS or FAIL?	✓							

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected

Out of Service Tanks

Fill out this section for any tank that is no longer active (no product added or removed)

		TANK #		TANK #		TANK #		TANK #	
65	Date taken out of service (Month/Day/Year)								
		YES	NO	YES	NO	YES	NO	YES	NO
66	**Less then 1" product?**								
	For tanks out of service more then 3 months, check the following:								
67	Tank vented and fill pipe locked?								
68	Product piping capped? Pumps and manways secure?								

Comments: Heated Tank - very dry soil. Tested after Rain

INDICATE ANY REPAIRS MADE TO BRING FACILITY INTO COMPLIANC

Maine Department of Environmental Protection

Underground Storage Tank

Inspection Summary

(14610)

Facility Name: M.D.I. Hospital **Owner:** M.D.I. Hospital **Reg.#:** 14610

Location: M.D.I. **Operator:** Scott Malone **Phone:** 288-5092 Ext. 357

✓ Initial Inspection ___ Inspection Update	TANK # 2-1			TANK #			TANK #			TANK #		
Volume	8,000											
Product	#5											
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Daily Inventory			X									
Automatic Tank Gauge			X									
Groundwater Monitoring			X									
Interstitial Monitoring	✓											
Overfill Prevention	✓											
Spill Buckets	✓											
Line Leak Detectors			X									
Copper Piping			X									
Stage I vapor recovery			X									
Crash Valves			X									
Cathodic Protection		✓	-.75V									
Any FAIL in the columns above means a FAIL for that tank.	PASS	FAIL		PASS	FAIL		PASS	FAIL		PASS	FAIL	
		✓										

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or tank inspector.

Dan Blair	3-21-05	Dan Blair
Name (please print)	Date	Signature

Please return this certificate no later than July 1 of the year inspection is due to:	**Annual UST Inspections** **Maine Dept. of Environmental Protection,** **17 State House Station, Augusta, Maine 04333**
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Rev. 1/2004

Maine Department of Environmental Protection

UST Annual Inspection Report

Interstitial Monitoring (Tanks and Piping)

17	Make and Model Preferred - Rincon Instruments

Fill out this section for doublewalled tanks or piping that are electronically monitored.

		TANK # 2-1						TANK #						TANK #						TANK #					
		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP	
18	Interstitial monitoring system is Electronic (E), Manual (M) or None(X)	E		E		X																			
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	Manual monitoring																								
19	Sump is accessible for inspection?																								
20	Written log of sump checks available?																								
	Electronic monitoring																								
21	Monitoring console is fully operational?	✓		✓																					
22	Sensors are properly placed?	✓		✓																					
23	Sensors are functioning properly?	✓		✓																					
	All Systems																								
24	No oil in sumps or interstitial space?	✓		✓																					
25	No water in sumps or interstitial space?	✓		✓																					
	PASS or FAIL?	✓		✓																					

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Comments:

Overfill Prevention

		TANK # 2-1		TANK#		TANK #		TANK #	
26	**Ball float(BF),Flapper(F), Electronic (E), Vent Whistle (W) or None (X)?**	E							
		PASS	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**
	Ball float								
27	Checked and working properly?								
28	Set at 90% full level?								
	Auto shut off/flapper								
29	Checked and working properly?								
30	Set at 95% full level?								
	Electronic high level alarm								
31	Checked and working properly?	✓							
32	Set at 90% full level?	✓							
	Vent whistle (HEATING OIL ONLY)								
33	Checked and working properly?								
34	Set at 90%?								
35	Vent within 8 ft of fill?								
	PASS or FAIL?	✓							

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Spill Buckets

		TANK # 2-1		TANK #		TANK #		TANK #	
		PASS	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**
36	Spill buckets present?	✓							
37	Clean?	✓							
38	Liquid tight?	✓							
39	Lid in good condition?	✓							
40	Lid not touching fill riser?	✓							
	PASS or FAIL?	✓							

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Comments: _____

_____

Automatic Line Leak Detectors (LLD)

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

41	**Make and Model:**

		TANK #		TANK #		TANK #		TANK#	
42	**Mechanical (M) or Electronic (E) LLD?**								
		PASS	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**
43	LLD present?								
44	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
45	Slow flow when 3gph leak @10PSI is simulated ?								
	Electronic LLD's only								
46	LLD set up checked to insure Proper settings?								
47	System alarms and/or shuts off turbine when a 3gph @10PSI is simulated?								
	PASS or FAIL?								

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected

Comments: _____

Piping on Heating Oil Tanks

Piping installed prior to Sep.16, 1991, must be sleeved, after that date must be secondarily contained and monitored.

		TANK # 2-1		TANK #		TANK #		TANK #	
	Copper Piping								
	Steel 2" S/R	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
48	Piping properly sleeved?	✓							
49	Suction/Return lines separated by spacers?	✓							

Cathodic Protection (Galvanic Systems)

		TANK # 2-1		TANK #		TANK #		TANK #	
	Enter readings in Volts	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
62	Tank Readings (3 locations over tank center line)	-.754							
			✓						
63	Product pipe reading?								
64	Vent Pipe Reading?								
	PASS or FAIL?		✓						

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected

Out of Service Tanks

Fill out this section for any tank that is no longer active (no product added or removed)

		TANK #		TANK #		TANK #		TANK #	
65	Date taken out of service (Month/Day/Year)								
		YES	NO	YES	NO	YES	NO	YES	NO
66	**Less then 1" product?**								
	For tanks out of service more then 3 months, check the following:								
67	Tank vented and fill pipe locked?								
68	Product piping capped? Pumps and manways secure?								

Comments: Will need To ReTest Next Time - Area

INDICATE ANY REPAIRS MADE TO BRING FACILITY INTO COMPLIANCE:

Maine Department of Environmental Protection

Underground Storage Tank

Inspection Summary

Facility Name: M.D.I. Hospital **Owner:** M.D.I Hospital **Reg.#:** 14610

Location: M. D. I **Operator:** Scott Malone **Phone:** 288-5042 EXT. 389

☐ Initial Inspection ☑ Inspection Update	TANK # 2-1			TANK # 2-1			TANK #			TANK #		
Volume	8,000			8,000								
Product	#5			#5								
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Daily Inventory												
Automatic Tank Gauge												
Groundwater Monitoring												
Interstitial Monitoring				5/27/04								
Overfill Prevention												
Spill Buckets												
Line Leak Detectors												
Copper Piping												
Stage I vapor recovery												
Crash Valves												
Cathodic Protection		✓		✓								
Any FAIL in the columns above means a FAIL for that tank.	PASS	FAIL		PASS	FAIL		PASS	FAIL		PASS	FAIL	
		✓		✓								

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or tank inspector.

Dan Bibar	5-10-04	Dan Bibar
Name (please print)	Date	Signature

Please return this certificate no later than July 1 of the year inspection is due to:	**Annual UST Inspections** **Maine Dept. of Environmental Protection,** **17 State House Station, Augusta, Maine 04333**
!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS !!!	

Maine Department of Environmental Protection

UST Annual Inspection Report

Cathodic Protection (Galvanic Systems)

	Return 5-27-04	TANK # 2-1		TANK # 2-1		TANK #		TANK #	
	Enter readings in Volts	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
62	Tank Readings (3 locations over tank center line)	-.69 -.54 -.72	✓	-.914 ✓					
63	Product pipe reading?	X							
64	Vent Pipe Reading?	X							
	PASS or FAIL?		✓	✓					

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected

Out of Service Tanks

Fill out this section for any tank that is no longer active (no product added or removed)

		TANK #		TANK #		TANK #		TANK #	
65	Date taken out of service (Month/Day/Year)								
		YES	NO	YES	NO	YES	NO	YES	NO
66	**Less then 1" product?**		X						
	For tanks out of service more then 3 months, check the following:								
67	Tank vented and fill pipe locked?								
68	Product piping capped? Pumps and manways secure?								

Comments: Water Down Tank For Four hrs Reading went up To -0.839 Tha- started To Drop back To. -0.826

INDICATE ANY REPAIRS MADE TO BRING FACILITY INTO COMPLIANC

* Returned 5-27-04 After 6 Days Rain and Soaking Tank with hose Reading off wire -.749 / off Botton of Tank -.914 Pass

Larry Winchester

Entered 04/12/04 BB

Maine Department of Environmental Protection
Underground Storage Tank

Inspection Summary

2nd fail on CP

Facility Name: MDI Hospital **Owner:** MDI Hospital **Reg.#:** 14610

Location: 10 Waymen Lane, Bar Hbr., ME. **Operator:** Scott Malone **Phone:** 207-288-5081

_x__ Initial Inspection _x__ Inspection Update	TANK # 1			TANK #			TANK #			TANK #		
Volume	10,000											
Product	# 5											
	PASS	**FAIL**	**NA**	**PASS**	**FAIL**	**NA**	**PASS**	**FAIL**	**NA**	**PASS**	**FAIL**	**NA**
Daily Inventory			x									
Automatic Tank Gauge	x											
Groundwater Monitoring			x									
Interstitial Monitoring	x											
Overfill Prevention	x											
Spill Buckets	x											
Line Leak Detectors			x									
Copper Piping			x									
Stage I vapor recovery			x									
Crash Valves			x									
Cathodic Protection		x										

Any FAIL in the columns above means a FAIL for that tank.	**PASS**	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**
		XXXXXX						

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of inspection. I also certify that I am a properly certified Maine underground oil storage tank installer or tank inspector.

Lawrence Winchester, Jr. — **Name (please print)**

March 22, 2004 — **Date**

Lawrence Winchester — **Signature**

Please return this certificate no later than July 1 of the year inspection is due to:	**Annual UST Inspections** **Maine Dept. of Environmental Protection,** **17 State House Station, Augusta, Maine 04333**

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Maine Department of Environmental Protection
UST Annual Inspection Report

Interstitial Monitoring (Tanks and Piping)

17	**Make and Model: Preferred-Rincor / Digi-Tell**

Fill out this section for double-walled tanks or piping that are electronically monitored.

		TANK # 1						TANK #						TANK #						TANK #					
		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP	
18	Interstitial monitoring system is Electronic (E), Manual (M) or None(X)	E		E																					
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	Manual monitoring																								
19	Sump is accessible for inspection?																								
20	Written log of sump checks available?																								
	Electronic monitoring																								
21	Monitoring console is fully operational?	X		X																					
22	Sensors are properly placed?	X		X																					
23	Sensors are functioning properly?	X		X																					
	All Systems																								
24	No oil in sumps or interstitial space?	X		X																					
25	No water in sumps or interstitial space?	X		X																					
	PASS or FAIL?	P		P																					

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Comments: Piping is fiberglass secondary with steel primary.

Maine Department of Environmental Protection
UST Annual Inspection Report

Overfill Prevention

		TANK # 1		TANK #		TANK #		TANK #	
26	**Ball float(BF),Flapper(F), Electronic (E), Vent Whistle (W) or None (X)?**	E							
		PASS	FAIL	PASS	FAIL	PASS	FAIL	FAIL	PASS
	Ball float								
27	Checked and working properly?								
28	Set at 90% full level?								
	Auto shut off/flapper								
29	Checked and working properly?								
30	Set at 95% full level?								
	Electronic high level alarm								
31	Checked and working properly?	X							
32	Set at 90% full level?	X							
	Vent whistle								
33	Checked and working properly?								
34	Set at 90%?								
35	Vent within 8 ft of fill?								
	PASS or FAIL?	**PASS**							

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Spill Buckets

		TANK # 1		**TANK #**		**TANK #**		**TANK #**	
		PASS	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**FAIL**	**PASS**
36	Spill buckets present?	X							
37	Clean?	X							
38	Liquid tight?	X							
39	Lid in good condition?	X							
40	Lid not touching fill riser?	X							
	PASS or FAIL?	**PASS**							

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Comments: Removed one cup of oil from spil bucket. Tested high level alarm manually.

Automatic Line Leak Detectors (LLD)

** N/A **

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

41	**Make and Model:**

		TANK #		TANK #		TANK #		TANK #	
42	**Mechanical (M) or Electronic (E) LLD?**								
		PASS	**FAIL**	**PASS**	**FAIL**	**PASS**	**FAIL**	**FAIL**	**PASS**
43	LLD present?								
44	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
45	Slow flow when 3gph leak @10PSI is simulated ?								
	Electronic LLD's only								
46	LLD set up checked to insure Proper settings?								
47	System alarms and/or shuts off turbine when a 3gph @10PSI is simulated?								
	PASS or FAIL?								

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected

Comments: _____

_____

_____

_____

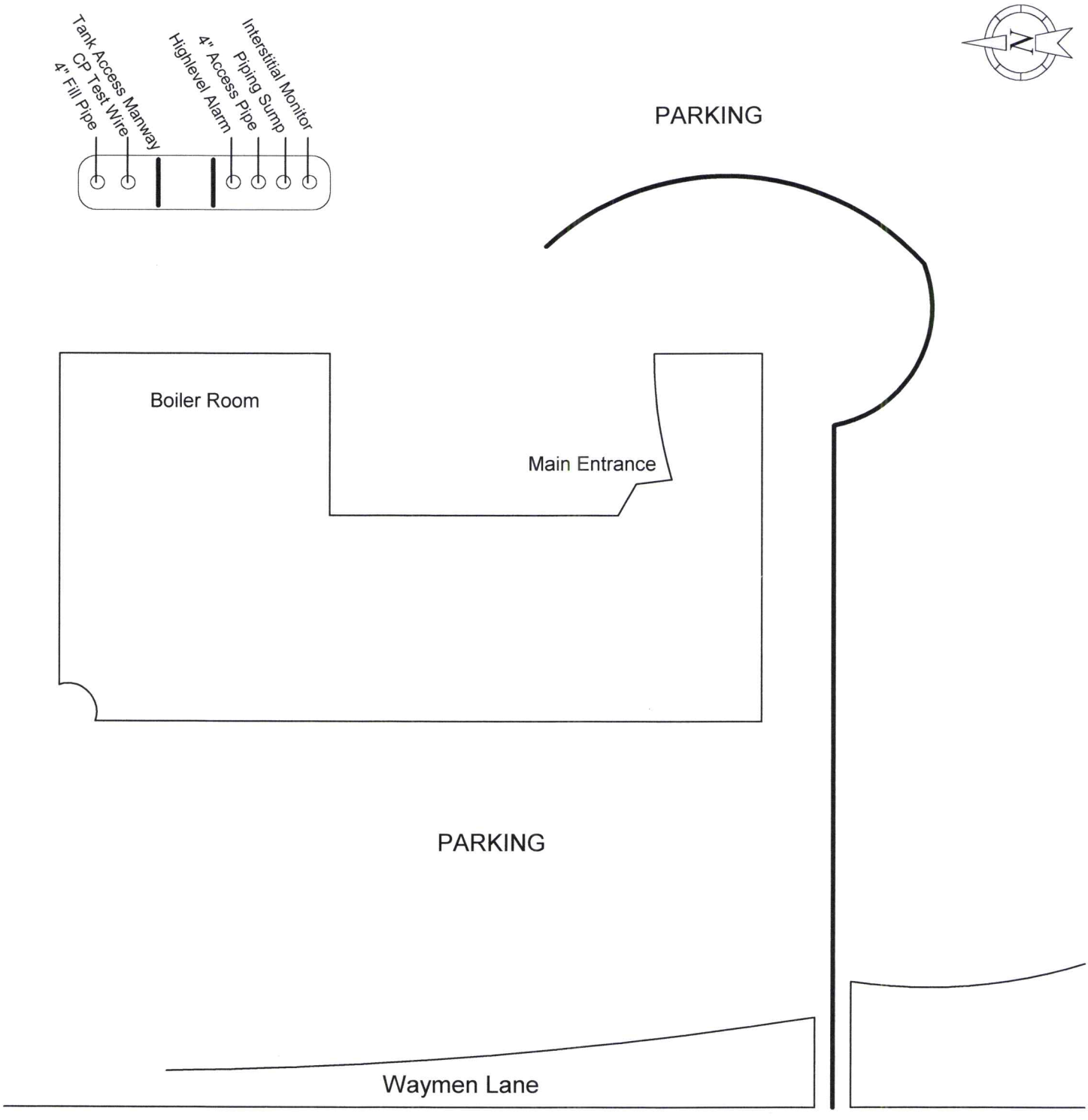
Piping on Heating Oil Tanks

Piping installed prior to September 16, 1991, must be sleeved, after that date must be secondarily contained and monitored

		TANK #1		TANK #		TANK #		TANK #	
	Steel Sleeved in fiberglass								
		YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
48	**Piping properly sleeved?**	X							
49	**Suction/Return lines separated by spacers**	X							

Comments:

MDI Hospital, 10 Waymen Lane, Bar Harbor Maine **Reg. 14610** **March 22, 2004**



gould

TANK OWNER RESPONSIBLE FOR SUBMITTING ALL ANNUAL FACILITY INSPECTION REPORTS TO: MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION

Maine Department of Environmental Protection

Underground Storage Tank

Ended

Inspection Summary

Facility Name: MDI HOSPITAL **Owner:** MDI HOSPITAL **Reg.#** 14610

Location: 10 WAYMAN LANE BAR HARBOR, MAINE 04609 **Operator:** SCOTT MALONE **Phone:** 288-5081

☐ INITIAL INSPECTION ☐ INSPECTION UPDATE	TANK # 1			TANK #			TANK #			TANK #		
VOLUME	10,000											
PRODUCT	#5											
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
DAILY INVENTORY			X									
AUTOMATIC TANK GAUGE	X											
GROUNDWATER MONITORING			X									
INTERSTITIAL MONITORING	X											
OVERFILL PREVENTION	X											
SPILL BUCKETS	X											
LINE LEAK DETECTORS			X									
STAGE I VAPOR RECOVERY			X									
CRASH VALVES			X									
CATHODIC PROTECTION		X										

Any FAIL in the columns above means a FAIL for that tank.	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
		X						

By signing this form, I certify that I performed this inspection and believe the contents of this report to be complete and accurate at the time of inspection. I also certify that I am a properly certified Maine underground storage tank installer or tank inspector.

DUANE FURGE (Name (please print)) JUNE 18, 2003 (Date) (Signature)

Please return this certificate no later than July 1 of the year the inspection is due to:

Annual UST Inspections
Maine Dept. of Environmental Protection
17 State House Station, Augusta, ME 04333

!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS!!!

Maine Department of Environmental Protection
UST ANNUAL INSPECTION REPORT

General Instructions

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 the direct, onsite supervision of 1.)a Maine certified underground storage tank installer, 2.)a Maine certified tank inspector or 3.) a technician certified by the manufacturer of the equipment being tested.

3. Mail completed inspection forms to Annual Tank Inspections, Maine Department of Environmental Protection, 17 State House Station, Augusta, ME 04333-0017 by July each year. Remember to keep a copy for your records.

4. Detailed instructions on how to fill out this form are provided in MeDEP's "UST Inspector Reference Handbook" which is available at www.me.us/dep/rwm/usts.htm. Copies of the Annual Inspection Report form, the inspector Reference Handbook and a list of Frequently Asked Questions are also available by calling 1-207-287-2651.

Fill out this section for tanks that use monthly reconciliation of Daily Inventory combined with annual SIA.

	Daily Inventory	TANK #		TANK #		TANK #		TANK #	
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
1	INVENTORY RECORDS RECONCILED MONTHLY?								
2	OVER/SHORT LESS THAN 1%?								
3	FILL PIPE DROP TUBE IN PLACE?			N/A					
	MANUAL INVENTORY								
4	GAUGE STICK IN GOOD CONDITION?								
	ATG INVENTORY								
5	WATER SENSOR CHECKED BY HAND?								
6	PRODUCT SENSOR CHECKED BY HAND?								
	PASS OR FAIL?								

Note: Please explain failing results in comments below. List any problems noted during inspection, even those that were corrected.

COMMENTS: _____

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Maine Department of Environmental Protection

UST Annual Inspection Report

Automatic Tank Gauging (singlewalled tanks only)

7	Make and Model:

Fill out this section for tanks that use monthly 0.1 gph testing using an ATG for leak detection.

		TANK#		TANK#		TANK#		TANK#	
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
8	ATG programmed to test for 0.1 gph leak?								
9	Monitoring console or control box present and working? (indicator lights, horn and printer work, paper roll installed)			N/A					
10	One test run within last 30 days with tank at least 60% full?								
11	Water sensor checked by hand?								
12	Product level sensor checked by hand?								
	PASS OR FAIL?								

Note: Please explain failing results in Comments below. list any problems noted during inspection, even those that were corrected.

Groundwater Monitoring

Fill out this section for singlewalled heating oil tank installed before Sept. 16, 1991.

		TANK#		TANK#		TANK#		TANK#	
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
13	Monitoring wells accessible?								
14	Monitoring wells marked and secured?			N/A					
15	Bailer present, functional and clean?								
16	Water in well?								
17	No floating oil or smell of oil?								
18	Log of weekly well inspections?								
	Pass or Fail?								

Note: Please explain failing results in Comments below. list any problems noted during inspection, even those that were corrected.

Comments: _____

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Maine Department of Environmental Protection

UST Annual Inspection Report

Interstitial Monitoring (Tanks and Piping)

19	Make and Model: D/W STP 3 TANK D/W FRP PIPE

Fill out this section doublewalled tanks or piping that are electrically monitored.

		TANK# 1						TANK#						TANK#						TANK#					
		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP		TANK		PIPE		DISP	
20	Interstitial monitoring system is : Electronic (E), Manual (M), or None (X)	E		E																					
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	Manual Monitoring																								
21	Sump is accessible for inspection?																								
22	Written log of sump checks available?																								
	Electronic Monitoring																								
23	Monitoring console is fully operational?	x		x																					
24	Sensors are properly placed?	x		x																					
25	Sensors are functioning properly?	x		x																					
	All Systems																								
26	No oil in sumps or interstitial space?	x		x																					
27	No water in sumps or interstitial space?	x		x																					
	PASS OR FAIL?	X		X																					

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Comments: _____

Overfill Prevention

		TANK# 1		TANK#		TANK#		TANK#	
28	Ball float (BF), Flapper(F), Electronic(E), Vent Whistle(W) or None (X)?	BF							
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
	Ball float								
29	Checked and working properly?	X							
30	Set at 90% full level?	X							
	Auto shut off/flapper?								
31	Checked and working properly?								
32	Set at 95% full level?								
	Electronic high level alarm								
33	Checked and working properly?								
34	Set at 90% full level?								
	Vent whistle								
35	Checked and working properly?								
36	Set at 90%								
37	Vent within 8ft of fill?								
	Pass or Fail	X							

Note: please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Spill Buckets

		TANK# 1		TANK#		TANK#		TANK#	
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
38	Spill buckets present?	X							
39	Clean?	X							
40	Liquid tight?	X							
41	Lid in good condition?	X							
42	Lid not touching fill riser?	X							
	PASS OR FAIL	X							

Note: please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Comments: _____

_____

_____

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Maine Department of Environmental Protection

UST Annual Inspection Report

Automatic Line Leak Detectors (LLD)

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

43	Make and Model:

		TANK#		TANK#		TANK#		TANK#	
44	Mechanical (M) or Electronic (E) LLD?								
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
45	LLD Present?								
46	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
47	Slow flow when 3gph leak @ 10PSI is simulated?			N/A					
	Electronic LLD's only								
48	LLD set up checked to insure proper settings?								
49	System alarms and/or shuts off turbine when a 3pgh @ 10PSI is simutated?								
	For tanks with ATG's only								
50	Passing 0.1 gph test in past 30 days?								
	PASS OR FAIL								

Note: please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Comments:

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Maine Department of Environmental Protection

UST Annual Inspection Report

Stage I Vapor Recovery (Gasoline tanks only)

51	Gas thruput for last calendar year gals. Yr.	TANK #		TANK #		TANK #		TANK #	
52	Stage I Vapor Recovery system is 2 Point/Manifold (M) or Coaxial (c)								
		PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
	Two Point/ Manifold System								
53	Vapor recovery poppet cap and gasket in good condition?								
54	Poppet valve moves easily and closes tight?								
55	Manhole lid in good condition?								
	Coaxial								
56	Fill Pipe in good condition?								
	All systems								
57	Fill cap and gasket in good condition?								
58	Drop tube?								
59	Ends within 6 inches of tank bottom?								
60	Pressure/vacuum vent cap in place?								
61	Last 12 months of throughput records?								
	PASS or FAIL?								

N/A

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Crash Valves

		DISPENSER#													
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
62	Crash valves at correct height?																
63	Crash valves secured?																
64	Crash valves operational?																
	PASS or FAIL?																

N/A

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Comments: _____

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Maine Department of Environmental Protection

UST Annual Inspection Report

Cathodic Protection (Galvanic Systems)

		TANK# 1		TANK#		TANK#		TANK#	
	Enter readings in Volts	PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
65	Tank Reading (over tank center line)	- .623							
			x						
66	Product Pipe Reading?								
67	Vent Pipe Reading?								
	PASS or FAIL?		x						

Note: Please explain failing results in Comments below. List any problems noted during inspection, even those that were corrected.

Out of Service Tanks

Fill out this section for any tank that is no longer active (no product added or removed).

		TANK #		TANK #		TANK #		TANK #	
68	Date taken out of service (Month/Day/Year)								
		YES	NO	YES	NO	YES	NO	YES	NO
69	Less than 1" of product?			N/A					
	For tanks out of service more than 3 months, check the following:								
70	Tank vented and fill pipe locked?								
71	Product piping capped? Pumps and manways secure?								

Comments: Suggest going back in the Fall or spring. retest. maybe it will pass on wet soil. thus tank is heated. #5 oil.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Hazardous Materials & Solid Waste Control
#17 State House Station
Augusta, Maine 04333-0017

CATHODIC PROTECTION LOGSHEET

UNDERGROUND OIL FACILITY REGISTRATION NUMBER 14610

FACILITY NAME: MDI Hospital
LOCATION: Bar Harbor

(THIS CATHODIC PROTECTION SYSTEM MUST BE TESTED YEARLY)

TANK SIZE	PRODUCT	TANK READINGS	PRODUCT PIPE READINGS	VENT PIPE READINGS
10,000	#5 Oil	-.862 VDC		

Leonard Carr — TESTER'S NAME(PRINT)
Leonard Carr — TESTER'S SIGNATURE
4-8-98 — DATE
314 — INSTALLER #

GP 4/23/98

REMINDERS

.. TO FIND SOMEONE TO TEST YOUR CATHODIC PROTECTION SYSTEM CHECK WITH:

- •THE INSTALLER WHO PUT THE TANK(S) AND PIPING IN,
- •YOUR OIL/MOTOR FUEL SUPPLIER,
- •THE PHONE BOOK YELLOW PAGES UNDER TANKS; OR,
- •CALL THE DEPARTMENT AT 207-287-2651 FOR A LIST OF CERTIFIED TANK INSTALLERS

. ALWAYS SCHEDULE THE TESTING DURING THE RAINY SEASONS WHEN THE SOIL IS NOT FROZEN.

. YOUR TEST RESULTS SHOULD BE AT LEAST -0.85 VOLTS, (i.e. -0.86, -0.89, -0.91, ETC.). IF THE TEST WAS DONE IN DRY SOIL CONDITIONS AND FAILED, SCHEDULE ANOTHER TEST DURING THE NEXT RAINY SEASON.

. PLEASE SEND A COPY OF THE LOGSHEET TO THE DEPARTMENT AT THE ADDRESS LISTED ABOVE.

. THE DEPARTMENT REQUESTS THAT YOU NOTIFY US BEFORE HAVING YOUR CATHODIC PROTECTION SYSTEM REPAIRED OR REPLACED. ALL REPAIR WORK ON GALVANIC CATHODICALLY PROTECTED UNDERGROUND TANKS AND PIPING MUST BE DONE BY A MAINE LICENSED UNDERGROUND TANK INSTALLER. WORK ON IMPRESSED CURRENT SYSTEMS MUST BE SUPERVISED BY A CORROSION EXPERT.

. STATE REGULATIONS ALSO REQUIRE THAT A CATHODIC PROTECTION SYSTEM THAT HAS BEEN REPAIRED BE CHECKED 6-12 WEEKS AFTER THE REPAIR TO ENSURE THAT IT IS WORKING CORRECTLY.
(Chapter 691.5(D)(7).

QUESTIONS?? CALL US AT: **(207) 287-2651** THE OIL ENFORCEMENT UNIT

STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Date of Certificate:
January 15, 2025

FACILITY REGISTRATION CERTIFICATE FOR

Aboveground and Underground Storage Tank

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

Facility:

MEDICAL ASSOC BUILDING
17 HANCOCK ST
BAR HARBOR

Facility Registration Number: 14611

Date of Registration: December 22, 1987

Facility Phone: 207-288-5630

Operator:

MEDICAL ASSOCIATE BUILDING
17 HANCOCK ST
BAR HARBOR, ME 04609-
207-288-5630

Sensitive Area Status:
NEAR PRIVATE WATER

Facility Use: COMMERCIAL

Owner:

MT DESERT ISLAND HOSPITAL
PO BOX 8
BAR HARBOR, ME 04609-0008
207-288-5081

Aboveground and Underground Storage Tanks

Number of Active Aboveground Tanks: 0
Number of Active Underground Tanks: 0

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

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

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

Attn: Underground Tanks Program

If you have any questions concerning this process, please call (207)287-7688 and ask for the administrator of the Underground Storage Tanks Program

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INDIVIDUAL TANK DATA FOR SITE NUMBER: 14611

Tank	Tank Under/ Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Substatus	Tank Status Date
1	Below Ground	Steel - Bare Or Asphalt Coated.	500	Unknown	09/01/1982	Removed		09/01/1991

Chamber	Chamber Size	Product Stored	Pipe Under/ Above ground	Date Piping Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	500	#2 Fuel Oil	Below Ground		Unknown	Galvanized Steel	Unknown

MOUNT DESERT ISLAND HOSPITAL

10 Wayman Lane, P.O. Box 8
Bar Harbor, ME 04609-0008
Telephone: 207-288-5081
Fax: 207-288-5874

Box 61

February 18, 1993

To All Vendors:

Mount Desert Island Hospital is now undergoing a major computer conversion. We would appreciate your patience with any temporary problem you may experience during the interim. Mount Desert Island Hospital is determined to make this transition as smooth as possible, with minimal disruptions.

To assist us, please note that Mount Desert Island Hospital requires a Purchase Order number on all correspondence, invoices, and packing slips. Items received without a PO number may experience a delay in processing.

Please note our correct mailing and shipping addresses. The Post Office has stopped forwarding incorrectly addressed mail. A delay in payment may be expected if invoices do not reach us due to an incorrect address.

Reg# 14611 & 14609
Need New Mailing Address

MAILING ADDRESS:
Mount Desert Island Hospital
PO Box 8
Bar Harbor, Me 04609

SHIPPING ADDRESS:
Mount Desert Island Hospital
10 Wayman Lane
Bar Harbor, Me 04609

Thank you for your cooperation and patience in this period.

Sincerely yours,

Accounts Payable and Materials Management

14611

~~14609 to 11~~

Facility Reg. No.: / 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

~~Hoyt~~ 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

RECEIVED
MAR 15 10 57 AM '91
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ADMINISTRATIVE SERVICES
BUREAU OF OIL & HAZARDOUS MATERIALS CONTROL

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 B. 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

(Detach here and return bottom portion with payment)

STATE LAW PROVIDES THAT THE OWNER OR OPERATOR OF AN UNDERGROUND OIL STORAGE FACILITY SHALL PAY AN ANNUAL FEE TO THIS DEPARTMENT OF $35 FOR EACH TANK LOCATED AT THE FACILITY, EXCEPT THAT SINGLE FAMILY HOMEOWNERS ARE NOT REQUIRED TO PAY A FEE FOR A TANK AT THEIR PERSONAL RESIDENCE.

STATE LAW ALSO PROVIDES THAT THE OWNER OR OPERATOR OF AN UNDERGROUND OIL STORAGE FACILITY THAT STORES MOTOR FUEL OR IS USED IN THE MARKETING AND DISTRIBUTION OF OIL SHALL PAY AN ANNUAL FEE OF $130 PER TANK NOT CONSTRUCTED OF FIBERGLASS, CATHODICALLY PROTECTED STEEL OR OTHER NON-CORROSIVE MATERIAL.

Listed below are the number of tanks that qualify for payment under each of these regulations for the noted facility:

1	*tanks @ $*	*35.00*	= $	35.00
0	*tanks @ $*	*130.00*	= $	.00

Total due on January 1, 1991 $ 35.00

Please make check payable to: RISK POOL ACCOUNT
(note facility registration number on the check)

and mail to:

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF OIL AND HAZARDOUS MATERIALS CONTROL
STATE HOUSE STATION #17
AUGUSTA, MAINE 04333
ATTN: Underground Tank Payment Clerk

FOR DEP USE ONLY

REGIS #	14611
DATE	12/7/90
CHECK #	32061
CHECK AMOUNT	140-
BY	CF

If you have any questions concerning this billing, please call the Division of Licensing & Enforcement at (207)289-2651 and ask for Underground Tank Registration personnel.

EIOUBL (7/87)
(Rev 3 - 9/90)

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 1

1. REGISTRATION NUMBER: 14611
(Complete only if a registration number has been previously assigned.)

2. FACILITY INFORMATION

A. Name: Medical Associates Bldg

B. Mail Address: 17 Hancock St

C. Street Address: 17 Hancock St

D. Town/City: Bar Harbor

E. Zip Code: 04609 F. Telephone: (207) 288-5630

G. Directions to Site:

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

DEC 22 1987

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: RAC Date: 1/11/88 Map Number: 21 Comment:

L. Facility Use (Check One):

____ Wholesale Oil Distribution
____ Retail Oil Distribution
X Oil Storage at Commercial Establishment
____ Oil Storage at Industrial Establishment
____ Oil Storage/Single Residence
____ Oil Storage/Multiple Residence
____ Oil Storage/Farm
____ 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: M.D.I Hospital

C. Town/City: Bar Harbor D. State: Me

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

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: Medical Assoc. Bldg
Location (Town/City): Bar Harbor
Owner: M.D.I 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: Cooper, Stewart, Gilmore & Horner, P.A.
   B. Mail Address: 17 Hancock St
   C. Street Address: Same
   D. Town/City: Bar Harbor E. State: Me
   F. Zip Code: 04609 G. Telephone: (207) 288-5630

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
   _____ 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.

12/10/87	Brian McCarthy	Dir Plant Ops
Date	Owner or Authorized Employee (Please PRINT or TYPE)	Title (Please PRINT or TYPE)

Brian McCarthy
SIGNATURE

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: Medical Associates Bldg

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

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).

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)	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
	___ 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

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: Medical Assoc. Bldg

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.

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B - 0704 - 96

Report Status: FINAL

SUBJECT / OWNER OR OPERATOR

Name (Last, First, MI): JENKINS, DENNIS

Address: PO BOX 6 Town: BAR HARBOR

State: ME Zip Code: 04609 Telephone: (207) 288-5868 Ext:

Comments: TANK REMOVAL.

LOCATION / FACILITY INFORMATION

Name of Spill Location: FIRST EXPRESS

Address: 312 MAIN STREET Location ID: 25462

Minor Civil Division: **BAR HARBOR** Local Name:

Latitude **N**: 44 23 4.2 Longitude **W**: 68 12 12.3

SPILL / EVENT INFORMATION

Spill Type: B (Table A) Amount Spilled: 0.99 G (Gallons, Cubic Yards, Pounds, Barrels)

Product Reported Spilled: 20 (Table B) Product Actually Found: 20 (Table B)

Date Of Spill: Time Of Spill:

Date Reported: December 30, 1996 Time Reported:

Cause: 09 (Table C) Detection Method: 6 J (Table D)

Incident Code: A - CM - L - U (Table E)

Response Time Involved: 10.0 Wells At Risk: 0 Wells Impacted: 0

Investigator(s) **RANDALL, ROBERT** NFN

REPORTING INFORMATION

Name(Last, First, MI): G.R. ADAMS JR., INC.

Address: 1185 HAMMOND STREET Town: BANGOR

State: ME Zip Code: 04401 Telephone: (207) 942-9573 Ext:

Spill Number: B - 0704 - 96

CLEAN-UP INFORMATION

Spilled Product Recovered: Method: K (Table K)

Other Product Recovered: Method: K (Table K)

Contaminated Soil: (Cubic Yards or Tons)

Disposal Info: Minor contam around tank - remained on site.

OTHER ACTIONS

Expenditure(s):

From Surface Water Fund: N

From Ground Water Fund: N

From Hazardous Waste Fund: N

Third Party Damage Claim Expected: N

Enforcement Referral: N

Insurance Fund Claim: N

Technical Services Referral: N

UNDERGROUND TANK(S) INFORMATION

Tank Registration Number:

Number of Tanks Removed: 2

NARRATIVE

D-TREE=I.

After obtaining a waiver from the 30-day written notification requirement, Dennis Jenkins (Bar Harbor, #288-5868) began the removal of two underground tanks at the First Express on Main Street in Bar Harbor on 12/30/96. G.R. Adams Jr., Inc. (Bangor, #942-9573) was the licensed tank installer on site for the project; Doug Gott & Sons, Inc. (SW Harbor, #244-7461) did the excavation; and S.W. Cole Engineering, Inc. (Bangor, #848-5714) was hired to do a site assessment.

The first tank removed was a 2000 gallon #2 fuel oil and the second tank was a 1000 gallon gasoline. They were both asphalt coated, had galvanized piping, and were backfilled with non-standard material. The #2 oil tank contained 3 inches of oil on top of 3 inches of water and the gasoline tank contained 9 inches of water, but no product. These have been out of service for quite a few years. Both tanks were believed to be over 30 years old. Soil surrounding the excavation was a silty-clay type of material and ground water was present in the hole. Minor contamination was found around the fill pipe. Due to the potential for a confined space explosion hazard (gasoline) in nearby basements and sewer systems, this property would come under DEP's intermediate cleanup guidelines. However, since very little contamination was involved, all of the material remained on site and was used for backfill in the excavation. No additional work is required. The area is on town water.

REC: File report.

Maine Department of Environmental Protection
Bureau of Hazardous Materials & Solid Waste Control
State House Station #17
Augusta, Maine 04333-0017
Attention: Tank Removal Notice
Telephone: (207) 287-2651

7/93

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

THIS FORM MUST BE FILED WITH THE D.E.P. AND YOUR LOCAL FIRE DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: DENNIS S. JENKINS
Mailing Address: PO BOX 6 Telephone #: 288-5865
City: BAR HARBOR State: ME Zip Code: 04609
Contact Person (name, address & telephone #): TED ABBOTT
312 MAIN ST BAR HARBOR, ME 04609 288-5885
Name of Facility: FIRST EXPRESS Registration #: PENDING
Facility Location (town & street): 312 MAIN ST BAR HARBOR, ME 04609

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

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	? ≈ 30yr +	? 1000 gallon	OIL
2	? " "	? 1000 gallon	GAS
3			
4			

2. Directions to this facility (be specific):
312 MAIN ST. BAR HARBOR, ME. 04609
ON CORNER OF MAIN ST & WAYMAN LANE

3. Is or was the tank(s) used to store Class I liquids (e.g. gasoline, jet fuel)? Yes X No ___
IF YES, REMOVAL OF THE TANK(S) MUST BE DONE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER.
Tank Installer's Name: G R ADAMS **Certification Number:** 139 **Signature:**

4. Environmental site assessments are required for all tanks except those used for storing heating oil, not for resale, or for farm or residential motor fuel tanks under 1,100 gallons where the product is used on site. **Site Assessor's Name and Address** (if applicable):
BOB SAUNDERS - SW COLE ENG. 6 CLEBERLY DR. BANGOR, ME 04401
WAIVED BY M.F. Alexander II 12/20/96

5. Name and telephone number of contractor who will do the tank removal:
DOUG GOTT & SONS, INC - 110 BAR HARBOR ROAD, SOUTHWEST HARBOR, ME 04679

6. Expected date of removal (month/day/year): Dec 30, 1996

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

Date: 12/13/96 Signature:

Printed Name and Title: DENNIS S. JENKINS, OWNER

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

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B - 0126 - 99

Report Status: FINAL

SUBJECT / OWNER OR OPERATOR

Name (Last, First, MI): MAIN STREET RESTAURANT / MCDANIEL, MR. JOHN

Address: 297 MAIN STREET, PO BOX 215 Town: BAR HARBOR

State: ME Zip Code: 04609 Telephone: (207) 288-3585 Ext:

Comments: SUPPLY LINE LEAK DURING THE "OFF SEASON". PERHAPS LEAKING UP TO 70 G. OF #2 OIL.

LOCATION / FACILITY INFORMATION

Name of Spill Location: MAIN STREET RESTAURANT

Address: 297 MAIN STREET, PO BOX 215 Location ID: 32331

Minor Civil Division: **BAR HARBOR** Local Name:

Latitude **N**: Longitude **W**:

SPILL / EVENT INFORMATION

Spill Type: A (Table A) Amount Spilled: 70.00 G (**G**allons, Cubic **Y**ards, **P**ounds, **B**arrels)

Product Reported Spilled: 02 (Table B) Product Actually Found: 02 (Table B)

Date Of Spill: Time Of Spill:

Date Reported: March 24, 1999 Time Reported: 1130

Cause: 03 (Table C) Detection Method: 6 L (Table D)

Incident Code: A - CM - P - A (Table E)

Response Time Involved: 12.0 Wells At Risk: 0 Wells Impacted: 0

Investigator(s) **MALECK, TOM** TM

REPORTING INFORMATION

Name(Last, First, MI): BRIAR, MR. DEAN / DEAD RIVER COMPANY

Address: 52 COTTAGE STREET Town: BAR HARBOR

State: ME Zip Code: 04609 Telephone: (207) 288-3309 Ext:

CLEAN-UP INFORMATION

Spilled Product Recovered: 15.00 G Method: C G (Table K)

Other Product Recovered: Method: (Table K)

D-Tree Code: D-Tree Date:

Contaminated Soil: (Cubic Yards or Tons)

Disposal Info: sorbent pads and later w sorbent booms to DEP temporary storage in Bangor.

OTHER ACTIONS

Expenditure(s):		Third Party Damage Claim Expected:	N
From Surface Water Fund:	N	Enforcement Referral:	N
From Ground Water Fund:	N	Insurance Fund Claim:	N
From Hazardous Waste Fund:	N	Technical Services Referral:	N

UNDERGROUND TANK(S) INFORMATION

Tank Registration Number: Number of Tanks Abandoned:

NARRATIVE

B-126-99
Bar Harbor

Wednesday March 24, 1999 1130

I received a phone call from Mr. Dean Briar (288-3309), of Dead River, in Bar Harbor. According to Mr. Briar there was oil on the ground at the Main Street Restaurant the oil was from a furnace feed line leak that could have occurred any time over the winter. Oil ran off the Property of the Restaurant to the adjacent parking lot of the Main Street Motel. Sorbent pads and speedi-dri was put down on the asphalt parking lot. This material was there when I arrived.

I met with the Property owner, Mr. John McDaniel (288-3585), of 10 Deer Isle Avenue. He was concerned that he was in the process of opening his restaurant for the season and that this line leak would create problems as far as contamination and odors in the storage room. I explained and made plans for the clean up. Doug Gott Construction was hired to hand dig a shallow oil cut-off trench. This was done to prevent oil from running onto the adjacent property and also to collect oil that was continuing to move from under the concrete slab that is the floor of the storage/furnace building. Sorbent boom was placed in the trench and Speedi-dri was used on the concrete and asphalt surfaces. I asked him to consider using a power washer to clean wood siding and concrete if necessary. On March 29 an application was filed for the AST Fund.

I returned to Bar Harbor on Thursday June 10th to see if the site was cleaned. I removed about 2 sorbent pads and 2 length of sausage type sorbent boom. One section of the boom was nearly saturated with oil and water. I replaced this material with 1 sorbent boom in the 14-inch deep trench. The contaminated boom was taken to DEP temporary storage in Bangor. I asked Mr. McDaniel to call me in a month.

DEP HYDROCARBON SPILL DECISION TREE (February 1995)

Spill No. B 704 96

Investigator: R.F. RANDALL Town: BAR HARBOR

Site Name, Address: FIRST EXPRESS; 312 MAIN STREET; BAR HARBOR

Date: 12 30 96

Please circle your responses:	If "Yes" Go To	If "No" Go To
1. Is a **public water supply well** located within 2000 feet of the leak or discharge site, or is the site located within wellhead protection zones 1 or 2 of a public water supply well?	12	(2)
2. Is the leak or discharge site located in or over a **sand and gravel** deposit?	2A	(3)
2A. Is the entire area, within a 2000 foot radius of the leak or discharge site, a **non-attainment zone**?	2B	12
2B. Is there potential for **vapor problems** within buildings or for a confined space fire or explosion hazard?	13	11A
3. Was the release directly into **bedrock** or is the bedrock groundwater system contaminated?	9	(4)
4. Was the release directly into a **glacial till** deposit?	9	(5)
5. Was the release into a **silt or clay** deposit?	(6)	N/A
6. Is there at least **10 feet of silt and/or clay** between the contaminated zone and underlying more permeable surficial deposits (such as glacial till or sand and gravel) or bedrock?	7	(9)
7. Are the area's **gradients** approximately horizontal (topographic gradient flat or groundwater gradient <1%)?	8	9
8. Does the seasonal low of the water table fall below the top of the underlying aquifer (sand and gravel deposit or bedrock)? If unknown, the answer is yes.	9	10
9. Is the area within 2000 feet downgradient or 1000 feet upgradient served by a **public water supply**?	(10)	12
10. Is there potential for **vapor problems** within buildings or for a confined space explosion hazard?	13	(11)
11. Is the entire area, within a 2000 foot radius of the leak or discharge site, a **non-attainment zone**?	11A	(13)
11A. Is the site now or in the past been in a predominantly industrial land use?	14A	14B

Check clean-up goal decided upon:

_____ 12. Stringent (ST) Clean-Up Goals Remove all free product. Remove or remediate contaminated soil containing greater than 10 ppm total fuel oil or kerosene, or 5 ppm total gasoline as determined by DEP-approved laboratory methods. Remediate groundwater containing greater than 50 ug/l total hydrocarbons (gasoline, kerosene, or fuel oil by DEP approved laboratory analytical methods or field techniques), 50 ug/l MTBE, and 5 ug/l benzene by DEP or EPA approved methods.

✓ 13. Intermediate (IN) Clean-Up Goals Remove all free product. Remove or remediate contaminated soil containing greater than 10 mg/kg total fuel oil or kerosene, or 5 mg/kg total gasoline as determined by DEP-approved laboratory methods or equivalent DEP-approved field techniques.

_____ 14A. Baseline-1 (BL1) Goals Remove all free product. Remove or remediate soil saturated with gasoline, kerosene, or fuel oil.

_____ 14B. Baseline-2 (BL2) Goals Remomve all free product. Remove or remediate contaminated soil to: 500-1,000 ppm gasoline or 200-400 ppm heating oil or kerosene, each as measured by the DEP field headspace analysis or its Department approved equivalent field method.

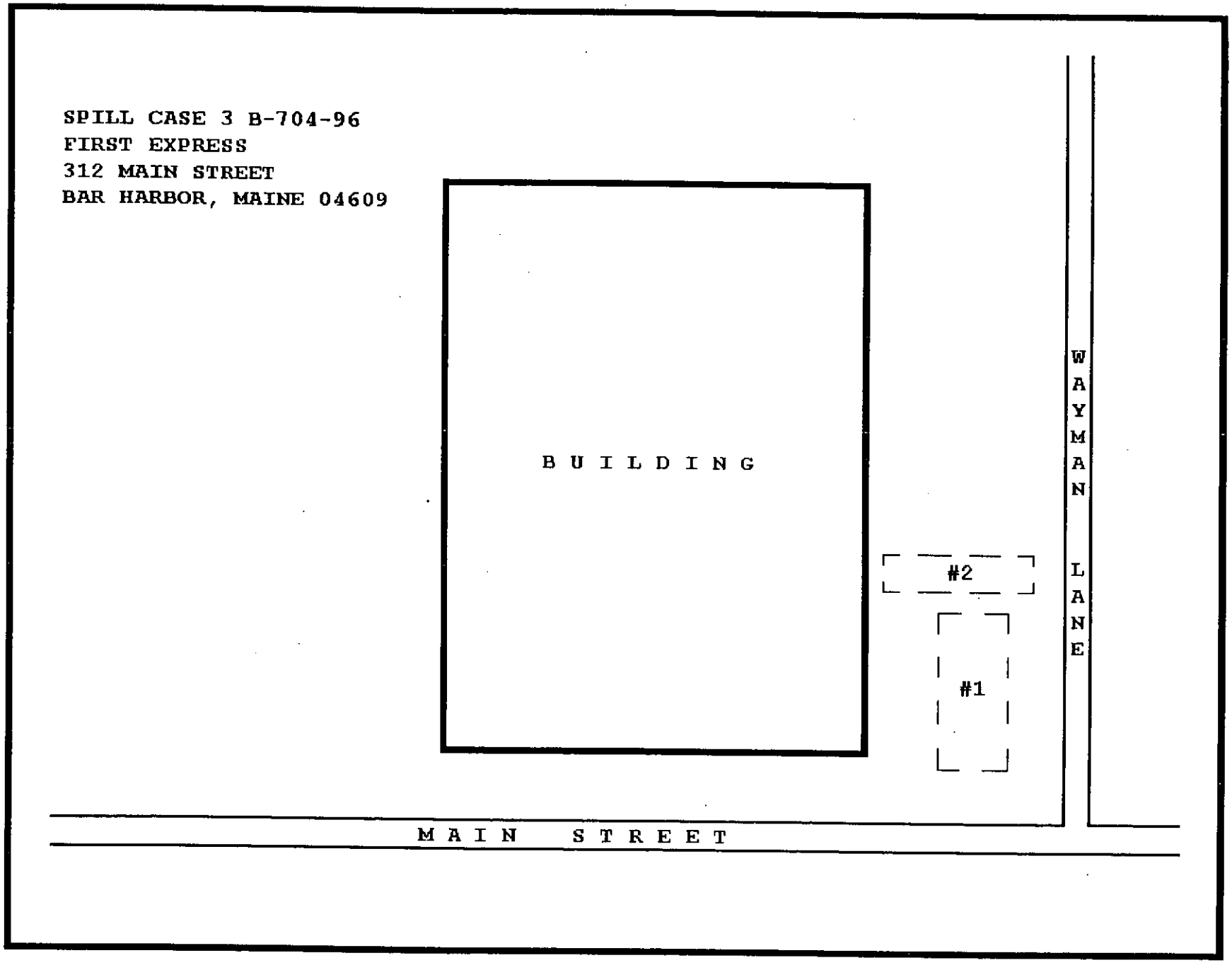
_____ Other (Specify): _____ Complete justification below.

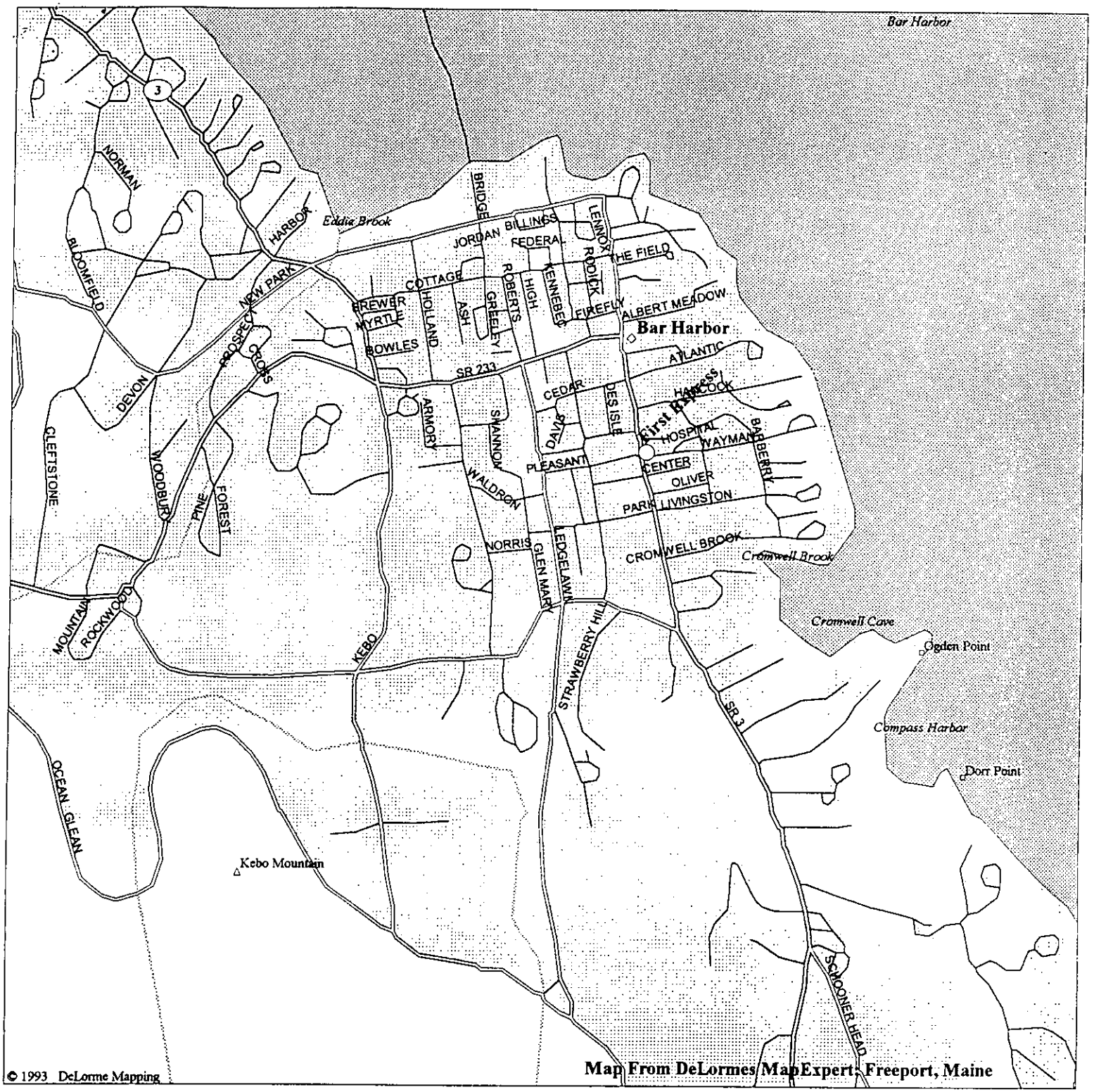
Note: Where there is significant uncertainty regarding the identity of the product, the lower oil standards shall apply; and, in the stringent category, groundwater shall be analyzed for MTBE and benzene.

JUSTIFICATION OF ALTERNATE CLEAN-UP GOAL:

NOTE: This form must be included in the case's Spill Report if completed by Division of Response Services staff. Other Bureau staff must include this documentation in the project file.

SPILL CASE 3 B-704-96
FIRST EXPRESS
312 MAIN STREET
BAR HARBOR, MAINE 04609





LEGEND

- Population Center
- State Route
- Geo Feature
- Town, Small City
- Hill
- Street, Road
- Major Street/Road
- State Route
- River
- Open Water
- Contour

Scale 1:15,625 (at center)

1000 Feet

500 Meters

SPILL CASE # B-704-96
Mag 15.00
Mon Jan 06 15:49:20 1997

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B - 0430 - 00

Report Status: FINAL

SUBJECT / OWNER OR OPERATOR

Name (Last, First, MI): DEAD RIVER OIL CO.

Address: 269 WATER ST. Town: ELLSWORTH

State: ME Zip Code: 04605 Telephone: ( ) - Ext:

Comments: 2 GALLON SPILL OF #2 FROM A PAIR OF AST

LOCATION / FACILITY INFORMATION

Name of Spill Location: MAIN STREET MOTEL

Address: 315 MAIN STREET Location ID: 34390

Minor Civil Division: **BAR HARBOR** Local Name:

Latitude **N**: Longitude **W**:

SPILL / EVENT INFORMATION

Spill Type: A (Table A) Amount Spilled: 2.00 G (**G**allons, Cubic **Y**ards, **P**ounds, **B**arrels)

Product Reported Spilled: 02 (Table B) Product Actually Found: 02 (Table B)

Date Of Spill: August 11, 2000 Time Of Spill:

Date Reported: August 11, 2000 Time Reported: 0818

Cause: 09 (Table C) Detection Method: 2 L (Table D)

Incident Code: B - OT - L - A (Table E)

Response Time Involved: 2.0 Wells At Risk: 0 Wells Impacted: 0

Investigator(s) **LUCE, DARRYL**

REPORTING INFORMATION

Name(Last, First, MI): DEAD RIVER OIL CO.

Address: 269 WATER ST. Town: ELLSWORTH

State: ME Zip Code: 04605 Telephone: ( ) - Ext:

CLEAN-UP INFORMATION

Spilled Product Recovered: 2.00 G Method: C G (Table K)

Other Product Recovered: Method: (Table K)

D-Tree Code: D-Tree Date:

Contaminated Soil: 0.01 T (Cubic Yards or Tons)

Disposal Info: return to Dead River shop for later disposal

OTHER ACTIONS

Expenditure(s):

From Surface Water Fund: N

From Ground Water Fund: N

From Hazardous Waste Fund: N

Third Party Damage Claim Expected: N

Enforcement Referral: N

Insurance Fund Claim: N

Technical Services Referral: N

UNDERGROUND TANK(S) INFORMATION

Tank Registration Number:

Number of Tanks Abandoned:

NARRATIVE

Dead River Oil Co. called to report a small spill of #2 fuel at the Main St. Motel in Bar Harbor. On 8/9/2000 they had filled a manifold pair of outside ASTs and were notified by the motel on 8/11/2000 that there was the smell of fuel oil and staining around the tank. They found that oil had run down the side of the tank due to the fuel expanding in the tank. They wiped down the tank and removed a 5 gallon pail of dirt and crushed rock. This debris was returned to their Ellsworth shop.

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B - 0166 - 96

Report Status: FINAL

ORIGINAL

SUBJECT / OWNER OR OPERATOR

Name (Last, First, MI): BURWALDO'S TEXACO/TOM BURTON & BRUCE WALLS

Address: 317 MAIN ST Town: BAR HARBOR

State: ME Zip Code: 04609 Telephone: (207) 288-3241 Ext:

Comments: USTS FLOATED DURING A PIPING UPGRADE

LOCATION / FACILITY INFORMATION

Name of Spill Location: BURWALDO'S TEXACO

Address: 317 MAIN ST Location ID: 25233

Minor Civil Division: **BAR HARBOR** Local Name: BAR HARBOR

Latitude **N:** Longitude **W:**

SPILL / EVENT INFORMATION

Spill Type: B (Table A) Amount Spilled: 10.00 G (Gallons, Cubic Yards, Pounds, Barrels)

Product Reported Spilled: 23 (Table B) Product Actually Found: 23 (Table B)

Date Of Spill: Time Of Spill:

Date Reported: March 29, 1996 Time Reported: 1300

Cause: 30 (Table C) Detection Method: 6 H (Table D)

Incident Code: C - SS - S - U (Table E)

Response Time Involved: 8.0 Wells At Risk: 0 Wells Impacted: 0

Investigator(s) **MALECK, TOM**

REPORTING INFORMATION

Name(Last, First, MI): FURROUGH, MR. BUTCH/G.R. ADAMS JR. INC

Address: POB 302 Town: HAMPDEN

State: ME Zip Code: 04444 Telephone: (207) 942-9533 Ext:

Spill Number: B - 0166 - 96

CLEAN-UP INFORMATION

Spilled Product Recovered: 8.50 G Method: G (Table K)

Other Product Recovered: Method: (Table K)

Contaminated Soil: 2.00 Y (Cubic Yards or Tons)

Disposal Info: d-tree=B2. Contaminated sand segregated on scene, after tank installation, the sand was spread thinly near the surface

OTHER ACTIONS

Expenditure(s):

From Surface Water Fund: N

From Ground Water Fund: N

From Hazardous Waste Fund: N

Third Party Damage Claim Expected: N

Enforcement Referral: N

Insurance Fund Claim: N

Technical Services Referral: N

UNDERGROUND TANK(S) INFORMATION

Tank Registration Number: 12896 Number of Tanks Removed: 3

NARRATIVE

3/29/96 @1300

I was in the process of wrapping up the tank removals at Carrolls IGA in Trenton when Butch Furrough of GR Adams drove into the parking lot. Butch explained that the GR Adams Petroleum Contracts was in the process of upgrading the piping at Burwaldo's Texaco in Bar Harbor when one of the tanks broke loose and floated. He said that there was some contaminated noted. When I arrived at Burwaldo's I said that they would be wise to hire a site assessor as they were now involved with a tank removal.

I went to Burwaldow's Texaco and noted the contamination. Arnold Fessenden was the site assessor on this site. This site had obvious high water and some apparent localized soil contamination. Clean up levels were set at 1,000 ppm due to the fact that this is most likely a B2 (baseline two) clean up and there is a nearby structure that has a full basement contamination seemed limited to the area of the tank excavation. The highest concentration of gasoline contaminated sand after clean up was about 522.

About two cubic yards of contaminated course sand was removed from the excavation and set aside until the excavation was filled. This sand was spread thinly near the surface. See also UST Site Assessment done by Arnold Fessenden, C. G.

G. R. ADAMS, JR., INC.

PETROLEUM CONTRACTOR

P.O. BOX 302
HAMPDEN, MAINE 04444

Company: DEP

ATTN: Tom Mallock

RE:

Date: 4/18/96

From: Butch Furrough

Number of Pages Including Cover: 2

Comments:

Tom Malloch

Maine Department of Environmental Protection
Bureau of Hazardous Materials & Solid Waste Control
State House Station #17
Augusta, Maine 04333-0017
Attention: Tank Removal Notice
Telephone: (207) 287-2651

7/93

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

THIS FORM MUST BE FILED WITH THE D.E.P. AND YOUR LOCAL FIRE DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE SCHEDULED REMOVAL

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: Tom Burton Bruce Walls
Mailing Address: 317 Main Street Telephone #: (207) 288-3241
City: Bar Harbor State: Me Zip Code: 04609
Contact Person (name, address & telephone #): Tom Burton

Name of Facility: Burwalds Texaco Registration #:
Facility Location (town & street): 317 Main St Bar Harbor

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

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	10 years	6000	Unlead
2	10 years	6000	Plus
3	10 years	6000	Super
4			

2. Directions to this facility (be specific):
Ellsworth to Bar Harbor to main St

3. Is or was the tank(s) used to store Class I liquids (e.g. gasoline, jet fuel)? Yes___ No___
IF YES, REMOVAL OF THE TANK(S) MUST BE DONE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER.
Tank Installer's Name: Clyde C Farrow **Certification Number:** 132 **Signature:** Clyde C Farrow

4. Environmental site assessments are required for all tanks except those used for storing heating oil, not for resale, or for farm or residential motor fuel tanks under 1,100 gallons where the product is used on site. **Site Assessor's Name and Address (if applicable):**
Arnie Fessenden

5. Name and telephone number of contractor who will do the tank removal:
G.R. Adams Jr Inc (207) 942-8577

6. Expected date of removal (month/day/year): 4/10/96

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

Date: 4/10/96 Signature: Clyde C Farrow

Printed Name and Title: Clyde C Farrow Installer

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

Reimbursement ____

C-CM-N

JLW 1-22-87

OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B/242/86

SUBJECT

Name (Last, First, MI): Morang-Robinson Auto
Address: 269 Main St. Town: Bar Harbor State: ME
Zip: 04609 Telephone Number: (207) - 288 - 3500 (Optional)

SPILL INFORMATION

Location (Town): Bar Harbor Spill type: 3 (Table A)
Amount spilled: _____ (gals, yds3, lbs, or bbls)
Type of spill: 00 (Table B)
Date of spill: __/__/__ (Yr/Mo/Dy) Time of spill: ____ (Military)
Date reported: 86/7/7 (Yr/Mo/Dy) Time reported: 0830 (Military)
Cause: ___ (Table C) Detection method: 09 (Table D)
Incident code: F N (Table E) DEP response time involved: 8 (Hours)
No. of wells at risk: 0 No. of wells impacted: 0
Investigators' names: 1. Tom Maleck TM
2. _____
3. _____ M.F.M.

PERSON REPORTING INCIDENT

Name (Last, First, MI): Sargent, Bill
Address: Washington Junction Town: Ellsworth State: ME
Zip: 04609 Telephone Number: (207) -667 - 4646 (Optional)

CLEAN-UP INFORMATION

Total product recovered: _____ (gals, yds3, lbs, or bbls)
Method: ____ (Table K) Non-recyclable: _____ (gals, or bbls)
Solids combustible: _____ (yds3, or tons)
Solids non-combustible _____ yds3
Recyclable material: _____ (gals, yds3, lbs, or bbls)
Number of filters installed: __ Number of aerators installed: __
Disposal Information: _____

OTHER ACTIONS

Reimbursement: to SF (surface water) N (Y or N)
to GF (ground water) N (Y or N)
to HWF (haz waste) N (Y or N)
Third party damage claim expected: N (Y or N)
Enforcement referral: N (Y or N)

REMARKS/RECOMMENDATIONS/NARRATIVE:

Monday July 7, 1986 - 0830

Two tanks, one 6,200 gallon gasoline tank and one 3000 gallon former gasoline tank were removed by Iring Oil's contractor excavator Paul O'Halleran of Ellsworth.. The tanks were in fair to good condition and were taken by O'Halleran construction for destruction.

See back for THREAT & EXPOSURE

EXPOSURE CODES AND TRAINING CREDITS

Spill Number _/___/__

RESPONDER 1 (Last, First, MI): _____
Name of material: _____ UN ID No.: ____
UN chemical class: _ (Table F) Exposure level: _ (Table G)
Protection code: __ (Table H) Health code: _ (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ____ Catagory: ___ Hours: ____
Catagory: ___ Hours: ____ Catagory: ___ Hours: ____
Catagory: ___ Hours: ____

RESPONDER 2 (Last, First, MI): _____
Name of material: _____ UN ID No.: ____
UN chemical class: _ (Table F) Exposure level: _ (Table G)
Protection code: __ (Table H) Health code: _ (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ____ Catagory: ___ Hours: ____
Catagory: ___ Hours: ____ Catagory: ___ Hours: ____
Catagory: ___ Hours: ____

RESPONDER 3 (Last, First, MI): _____
Name of material: _____ UN ID No.: ____
UN chemical class: _ (Table F) Exposure level : _ (Table G)
Protection code: __ (Table H) Health code: _ (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ____ Catagory: ___ Hours: ____
Catagory: ___ Hours: ____ Catagory: ___ Hours: ____
Catagory: ___ Hours: ____

RESPONDER 4 (Last, First, MI): _____
Name of material: _____ UN ID No.: ____
UN chemical class: _ (Table F) Exposure level: (Table G)
Protection code: __ (Table H) Health code: _ (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ____ Catagory: ___ Hours: ____
Catagory: ___ Hours: ____ Catagory: ___ Hours: ____
Catagory: ___ Hours: ____

Enforcement___ Reimbursement___

OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B /415/ 86

SUBJECT

Name (Last, First, MI): Morang, Robinson
Address: 269 Main St. Town: Bar Harbor State: ME
Zip: 04609- Telephone Number: (207) -288 -4900 (Optional)

SPILL INFORMATION

Location (Town): Bar Harbor Spill type: 3 (Table A)
Amount spilled: _____ (gals, yds3, lbs, or bbls)
Type of spill: 00 (Table B)
Date of spill: __/__/__ (Yr/Mo/Dy) Time of spill: ____ (Military)
Date reported: 86/9/22 (Yr/Mo/Dy) Time reported: 0810 (Military)
Cause: ___ (Table C) Detection method: 09 (Table D)
Incident code: C(CM)N (Table E) DEP response time involved: 4½ (Hours)
No. of wells at risk: 0 No. of wells impacted: 0
Investigators' names: 1. Tom Maleck TM
2. _____ n.EA.
3. _____

PERSON REPORTING INCIDENT

Name (Last, First, MI): Morang - Robinson Auto Co
Address: 269 Main St. Town: Bar Harbor State: ME.
Zip: 04609- Telephone Number: (207) - 288 -4900 (Optional)

CLEAN-UP INFORMATION

Total product recovered: _____ (gals, yds3, lbs, or bbls)
Method: ____ (Table K) Non-recyclable: _____ (gals, or bbls)
Solids combustible: _____ (yds3, or tons)
Solids non-combustible _____ yds3
Recyclable material: _____ (gals, yds3, lbs, or bbls)
Number of filters installed: __ Number of aerators installed: __
Disposal Information: _____

OTHER ACTIONS

Reimbursement: to SF (surface water) N (Y or N)
to GF (ground water) N (Y or N)
to HWF (haz waste) N (Y or N)
Third party damage claim expected: N (Y or N)
Enforcement referral: N (Y or N)

REMARKS/RECOMMENDATIONS/NARRATIVE:

On Monday September 22, 1986, 0810, I arrived in Bar Harbor at Morang-Robinson Auto Company for removal of an abandoned 1000 gallon underground gasoline storage tank. Paul O'Halloran (667-5191) of Ellsworth Falls was doing the excavation.

The tank was in good condition considering its been 36 years + underground. The removed piping was in fair shape. Only a very slight gasoline smell was noted in the excavation. No soil was removed.

See back for TRAINING & EXPOSURE

ORIGINAL

EXPOSURE CODES AND TRAINING CREDITS

Spill Number B 415/86

RESPONDER 1 (Last, First, MI): Maleck, Tom L.
Name of material: Regular gasoline UN ID No.: 1203
UN chemical class: 3.1 (Table F) Exposure level: 2 (Table G)
Protection code: E (Table H) Health code: 1 (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___

RESPONDER 2 (Last, First, MI): _____
Name of material: _____ UN ID No.: ____
UN chemical class: . (Table F) Exposure level: _ (Table G)
Protection code: __ (Table H) Health code: _ (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___

RESPONDER 3 (Last, First, MI): _____
Name of material: _____ UN ID No.: ____
UN chemical class: . (Table F) Exposure level : _ (Table G)
Protection code: __ (Table H) Health code: _ (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___

RESPONDER 4 (Last, First, MI): _____
Name of material: _____ UN ID No.: ____
UN chemical class: . (Table F) Exposure level: _ (Table G)
Protection code: __ (Table H) Health code: _ (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___

This tank was removed to the property of Paul O'Halloran where it will be dismantled.

NOTICE OF UNDERGROUND OIL STORAGE TANK REMOVAL

Bangor Office

(File with DEP and local fire department 10 days in advance) RECEIVED: 9/10/86

STAFF:

1. REGISTRATION NUMBER: _____
(Complete only if a registration number has been previously a: Tom M. TANK REMOVAL

2. FACILITY INFORMATION
   a. Facility Name: Morang-Robinson Auto Co.
   b. Facility Mailing Address: 269 Main St. Box 155 , B OARK OUT: TANK (1)
   c. Telephone Number: 207 288 4900

3. TANK OWNER INFORMATION
   a. Name: Morang-Robinson Auto Co.
   b. Mailing Address: 269 Main St. Bar Harbor, Maine 04609
   c. Town/City: _____ State: ____ Zip: _____
   d. Telephone Number: 288 4900

4. CONTRACTOR:
   a. Name: Paul O'Halloran, Inc. Ellsworth, Me.
   b. Telephone Number: 667-5191

5. EXPECTED REMOVAL DATE: 9 /22 / 86

6. TANK INFORMATION:

Tank No.	Approximate Age (Years)	Tank size (Gallons)	Type Product Most Recently Stored
1			
2.			
3.	36 years plus	1000	High Test Gasoline
4.			
5.			
6.			

B-415-86 Bar Harbor

Tank Abandonment Inspection Form

Inspector: T Malecki

Date of Inspection: 9-22-86

Notice Provided? Yes 10 days prior? Yes

Time of Arrival on Scene: 0810

Removal or Filling in Place? Removal

A. General Information
1. Facility Name Morang Robinson Auto
2. Facility Address 269 Main St Bar Harbor
3. Owner's Name
4. Owner's Address and Phone Number 288-490
5. Contractor's Name Paul O'Halloran
6. Contractor's Address and Phone Number
7. Fire Dept. present (Yes/No): No

B. Tank and Piping Information

1. Tank Registration No. (if any)						
2. Tank Capacity	1000g					
3. Tank Age (if known)	36+					
4. Tank Condition	Good					
5. Tank Construction	Steel					
6. Tank Destination						
7. Piping Construction	Galv					
8. Piping Condition	fair					
9. Tank Contents	Gasoline					
10. Piping Removed?						
11. Were Tanks on Bedrock?	NO					

C. Disposal Information
1. Soil Type
2. Any Contamination? slightly Type?
Evidence? Gasoline
3. Amount of Contamination (Approx.)
4. Disposal site of Contaminated Soil
5. Approximate Distance to Drinking Water Supplies
public
private
6. How contents of the Facilities were Removed
7. How Contents were Disposed of
8. Other clean-up necessary?
9. Were any soil or water samples taken?
10. Were any photographs taken?

D. Site Plan & Comments (on back)
(To include nearby tanks, foundations, drinking water wells, monitoring wells, cables, lines, surface water, etc.)
Not to Scale

NOTICE OF UNDERGROUND OIL STORAGE TANK REMOVAL Bangor Office

(File with DEP and local fire department 10 days in advance) RECEIVED: 9/10/86

STAFF: Tom M.

1. REGISTRATION NUMBER: _____
(Complete only if a registration number has been previously a: TANK REMOVAL

2. FACILITY INFORMATION
   a. Facility Name: Morang-Robinson Auto Co.
   b. Facility Mailing Address: 269 Main St. Box 155 , B DATE OUT: TANK (1)
   c. Telephone Number: 207 288 4900

3. TANK OWNER INFORMATION
   a. Name: Morang-Robinson Auto Co.
   b. Mailing Address: 269 Main St. Bar Harbor, Maine 04609
   c. Town/City: _____ State: ____ Zip: _____
   d. Telephone Number: 288 4900

4. CONTRACTOR:
   a. Name: Paul O'Halloran, Inc. Ellsworth, Me.
   b. Telephone Number: 667-5191

5. EXPECTED REMOVAL DATE: 9 /22 / 86

6. TANK INFORMATION:

Tank No.	Approximate Age (Years)	Tank size (Gallons)	Type Product Most Recently Stored
1			
2.			
3.	36 years plus	1000	High Test Gasoline
4.			
5.			
6.			

UNDERGROUND TANK INFORMATION

Spill Number /415/ 86

	UST Reg. Number	Size of Tank	Tank Construct. (Table L)	Tank Age (Table M)	Piping Construct. (Table L)	Status (Table P)
Tank 1	NA/	1000 gal.	A	7	M	Ab
Tank 2						
Tank 3						
Tank 4						
Tank 5						
Tank 6						
Tank 7						
Tank 8						
Tank 9						
Tank 10						
Tank 11						
Tank 12						
Tank 13						
Tank 14						
Tank 15						
Tank 16						
Tank 17						
Tank 18						
Tank 19						
Tank 20						

Reimbursement

1-5-87
C.S.

OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B-415/86

SUBJECT

Name (Last, First, MI): MORANG ROBINSON
Address: 269 MAIN ST Town: BAR HARBOR State: ME
Zip: 04609 Telephone Number: (207) - 288 - 4900 (Optional)

SPILL INFORMATION

Location (Town): BAR HARBOR Spill type: 3 (Table A)
Amount spilled: _____ (gals, yds3, lbs, or bbls)
Type of spill: 00 (Table B)
Date of spill: / / (Yr/Mo/Dy) Time of spill: ____ (Military)
Date reported: 86/9/22 (Yr/Mo/Dy) Time reported: 0810 (Military)
Cause: ___ (Table C) Detection method: G-9 (Table D)
Incident code: (CM) N (Table E) DEP response time involved: 4½ (Hours)
No. of wells at risk: 0 No. of wells impacted: 0
Investigators' names: 1. Tom MALECK
2. _____
3. _____

PERSON REPORTING INCIDENT

Name (Last, First, MI): MORANG - Robinson Auto Cc
Address: 269 Main ST Town: Bar Harbor State: Me
Zip: 04609 Telephone Number: (207) - 288 - 4900 (Optional)

CLEAN-UP INFORMATION

Total product recovered: _____ (gals, yds3, lbs, or bbls)
Method: ___ (Table K) Non-recyclable: _____ (gals, or bbls)
Solids combustible: _____ (yds3, or tons)
Solids non-combustible _____ yds3
Recyclable material: _____ (gals, yds3, lbs, or bbls)
Number of filters installed: ___ Number of aerators installed: ___
Disposal Information: _____

OTHER ACTIONS

Reimbursement: to SF (surface water) N (Y or N)
to GF (ground water) N (Y or N)
to HWF (haz waste) N (Y or N)
Third party damage claim expected: N (Y or N)
Enforcement referral: N (Y or N)

REMARKS/RECOMMENDATIONS/NARRATIVE:

See back for TRAINING & EXPOSURE

EXPOSURE CODES AND TRAINING CREDITS

Spill Number 8/415/86

RESPONDER 1 (Last, First, MI): Maleck Tom L
Name of material: Regular Gasoline UN ID No.: 1203
UN chemical class: 3.1 (Table F) Exposure level: 1 (Table G)
Protection code: E (Table H) Health code: 1 (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___

RESPONDER 2 (Last, First, MI): _____
Name of material: _____ UN ID No.: ___
UN chemical class: . (Table F) Exposure level: (Table G)
Protection code: (Table H) Health code: (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___

RESPONDER 3 (Last, First, MI): _____
Name of material: _____ UN ID No.: ___
UN chemical class: . (Table F) Exposure level : (Table G)
Protection code: (Table H) Health code: (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___

RESPONDER 4 (Last, First, MI): _____
Name of material: _____ UN ID No.: ___
UN chemical class: . (Table F) Exposure level: (Table G)
Protection code: (Table H) Health code: (Table I)
TRAINING (Table J)
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___ Catagory: ___ Hours: ___
Catagory: ___ Hours: ___

UNDERGROUND TANK INFORMATION

Spill Number 8/415/86

	UST Reg. Number	Size of Tank	Tank Construct. (Table L)	Tank Age (Table M)	Piping Construct. (Table L)	Status (Table P)
Tank 1	NA/	1000gal	A	7	M	Ab
Tank 2						
Tank 3						
Tank 4						
Tank 5						
Tank 6						
Tank 7						
Tank 8						
Tank 9						
Tank 10						
Tank 11						
Tank 12						
Tank 13						
Tank 14						
Tank 15						
Tank 16						
Tank 17						
Tank 18						
Tank 19						
Tank 20						

Enforcement ____ Reimbursement ____

OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B/423/88

SUBJECT TANK REMOVAL

Name (Last, First, MI): Morang-Robinson Auto Co.
Address: 269 Main St. Town: Bar Harbor State: ME
Zip: 04609 Telephone Number: (207) - 288 - 5878 (Optional)

SPILL INFORMATION

Location (Town): Bar Harbor Spill type: B (Table A)
Amount spilled: 6 (gals, yds3, lbs, or bbls)
Type of spill: 81 (Table B)
Date of spill: / / (Yr/Mo/Dy) Time of spill: ____ (Military)
Date reported: 88/9/15 (Yr/Mo/Dy) Time reported: 0810 (Military)
Cause: 17 (Table C) Detection method: 6J (Table D)
Incident code: C(OT)LU (Table E) DEP response time involved: 4 (Hours)
No. of wells at risk: 0 No. of wells impacted: 0
Investigators' names: 1. Maleck, Tom TM
2. ____
3. ____

N.F.M.

PERSON REPORTING INCIDENT

Name (Last, First, MI): Peasley, Bill
Address: Peasley & O'Halloran Town: Ellsworth State: ME
Zip: 04605 Telephone Number: 207) - 667 - 5191 (Optional)

CLEAN-UP INFORMATION

Total product recovered: 4 (gals, yds3, lbs, or bbls)
Method: G, I (Table K) Non-recyclable: ____ (gals, or bbls)
Solids combustible: ____ (yds3, or tons)
Solids non-combustible 4 yds3
Recyclable material: ____ (gals, yds3, lbs, or bbls)
Number of filters installed: 0 Number of aerators installed: ____
Disposal Information: Soil aerated & going to be paved over.

OTHER ACTIONS

Reimbursement: to SF (surface water) N (Y or N)
to GF (ground water) N (Y or N)
to HWF (haz waste) N (Y or N)
Third party damage claim expected: N (Y or N)
Enforcement referral: N (Y or N)

NAME(S) OF CHEMICAL(S) INVOLVED :

BRIEF REMARKS : (For more detailed Recommendations and Narratives use a separated sheet of paper.)

TANK ABANDONMENT INFORMATION

SPILL NUMBER B / 423 / 88 DATE OF INVESTIGATION 88 / 9 / 15

Facility name Morang-Robinson Auto Co.
Address 269 Main St.
Phone Number (207) 269-5878
Contractor name Peasley & O'Halloran Construction
Address RFD 4 Box 170, Ellsworth, ME 04605
Phone number (207) 667-5191

_____ 10 day notice provided
_____ notice waived
_____ Less than 10 days provided
_____ No notice given

*** PLEASE CHECK APPROPRIATE FIELDS ***

Samples taken : SOIL ___ GROUNDWATER ___ TANK CONTENTS ___
PHOTOGRAPHS TAKEN ___

Please number the tanks viewed	1				
General Tank Information					
UST Reg. #	3523				
Size of Tank	1000				
Tank Construction (Tbl L)					
Tank Age (Tbl M)					
Piping Const. (Tbl L)					
Status (Tbl P)					
Tank Condition					
Holes observed					
More than 10 holes					
Tank not observed					
Pipe Condition					
Piping not to Regulation					
No leaks observed	x				
Broken fittings					
Leaking fittings					
Corrosion leaks					
Piping removed	x				
Piping not observed					
Tank Installstion Condition					
Tank on bedrock					
Tank within 3' of bedrock					
Water table seen in hole					
Back filled with sand					
" " w/ crushed stone					
Non standard fill used	x				
Soil Contamination					
None observed					
Odor only observed	x				
Soil contaminated					
Free product observed					
Distance to Drinking Water					
Public supply within 1000'					
Nearest private supply within 300' not owned by the tank owner					
Tank Contents					
Reg. gasoline					
Leaded gasoline					
#2 Fuel or Diesel					
#6 oil					
Other Waste oil	x				

Thursday Sept. 15, 1988 --- 0810

Excavation of a 1,000 gallon waste oil tank was begun about 0800 this morning. This tank was originally installed around 1947 and was used for gasoline. For the past 12 plus years this has been a waste oil tank.

During excavation, gasoline vapors were liberated and there was some oil discoloration noted near the fill pipe where waste oil had been spilled in the past. This contamination was put in a separate pile during the tank removal.

The tank though very old and set in clay & gravel was in fair shape and had no holes in it. The tank was transported to Brewer Junk. When the excavation was filled, the small pile of contaminated soil was spread thinly to allow some aeration, prior to repaving of the area.

REC: File report.

SEP 02 1988

NOTICE OF UNDERGROUND OIL STORAGE TANK REMOVAL
(File with DEP and local fire department 10 days in advance)

1. REGISTRATION NUMBER: 3523
(Complete only if a registration number has been previously assigned by DEP)

2. FACILITY INFORMATION
   a. Facility Name: Morang - Robinson Auto Co
   b. Facility Mailing Address: 269 Main St Bar Harbor
   c. Telephone Number: 288-5878

3. TANK OWNER INFORMATION
   a. Name: Same
   b. Mailing Address: Same
   c. Town/City: Bar Harbor State: Me Zip: 04
   d. Telephone Number: 288-5878

4. CONTRACTOR:
   a. Name: Peasley & O'Halloran Const.
   b. Telephone Number: 667-5191

5. EXPECTED REMOVAL DATE: 9/8/88

6. TANK INFORMATION:

Tank No.	Approximate Age (Years)	Tank size (Gallons)	Type Product Most Recently Stored
1	20 yrs	@1000	Motor Oil
2.			
3.			

7. DIRECTIONS TO FACILITY (Please be specific): RT-3 Main St Bar Harbor

8. SIGNATURE OF FACILITY OWNER OR REPRESENTATIVE:
William W. Peasley Jr Date: 8-23-88

RETURN COMPLETED FORM TO:

Maine Dept. of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station 17
Augusta, ME 04333
Attn: Tank Removal Notice

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & HAZARDOUS MATERIALS REPORT FORM

Spill Number B - 0384 - 99

Report Status: FINAL

SUBJECT / OWNER OR OPERATOR

Name (Last, First, MI): MORANG ROBINSON AUTO

Address: BOX 155 Town: BAR HARBOR

State: ME Zip Code: 04609 Telephone: (207) 288-5878 Ext:

Comments:

LOCATION / FACILITY INFORMATION

Name of Spill Location: MORANG ROBINSON AUTO

Address: 269 MAIN ST. Location ID: 31586

Minor Civil Division: **BAR HARBOR** Local Name:

Latitude **N**: Longitude **W**:

SPILL / EVENT INFORMATION

Spill Type: A (Table A) Amount Spilled: 60.99 G (Gallons, Cubic Yards, Pounds, Barrels)

Product Reported Spilled: 81 (Table B) Product Actually Found: 81 (Table B)

Date Of Spill: July 08, 1999 Time Of Spill:

Date Reported: July 08, 1999 Time Reported: 0810

Cause: 01 (Table C) Detection Method: 4 L (Table D)

Incident Code: A - CM - L - A (Table E)

Response Time Involved: 5.5 Wells At Risk: 0 Wells Impacted: 0

Investigator(s) **WARD, BERNARD** JW NFN.

REPORTING INFORMATION

Name(Last, First, MI): BAR HARBOR FIRE DISPATCHER

Address: FIRE STATION Town: BAR HARBOR

State: ME Zip Code: 04609 Telephone: (207) 288-5554 Ext:

CLEAN-UP INFORMATION

Spilled Product Recovered: 50.99 G Method: C G (Table K)

Other Product Recovered: 200.00 G Method: B (Table K)

D-Tree Code: D-Tree Date:

Contaminated Soil: 2.50 Y (Cubic Yards or Tons)

Disposal Info: Incinerated and asphalt batch plant

OTHER ACTIONS

Expenditure(s):

From Surface Water Fund: N

From Ground Water Fund: N

From Hazardous Waste Fund: N

Third Party Damage Claim Expected: N

Enforcement Referral: N

Insurance Fund Claim: N

Technical Services Referral: N

UNDERGROUND TANK(S) INFORMATION

Tank Registration Number:

Number of Tanks Abandoned:

NARRATIVE

On July 8, 1999 at 0810 we received a call from the Bar Harbor Fire Department reporting a spill of used motor oil at the Morang Robinson Auto Co. in Bar Harbor. The fire department estimated that between fifty and one hundred gallons of used motor oil leaked from an outside 275 gallon storange tank. A corrosion hole on the tank's bottom caused the spill. The fire department and company workers had spread sorbents on the spill and stopped the leak with a wooden plug. The area is on town water.

I arrived on site that morning and met Mr. Robert Buck, who is the owner of Morang Robinson Auto. The cause of the spill was as the fire department said and I thought that between fifty and seventy-five gallons spilled. The oil was contained in the back parking lot and I had the workers start recovering the dirty sorbents.

Since part of the spill area was dirt we made arrangements to excavate the contaminated soil and transport it to Thibodeau's batch plant in Prospect in Mr. Buck's dump truck. We excavated between two and three yards of contaminated soil and Speedi-Dri.

SPILL EXPENDITURE TRACKING FORM

I.

TO: Doris Breton, BHMSWC

FROM: J. WARD

DATE: 7/12/99

SPILL REPORT NUMBER: B - 384 - 99

FINAL INVOICE: X

ADDENDUM: _____

SUBJECT (check off below):

_____ Individual Ability to Pay (IAPP) Candidate

_____ Potential AST/UST Fund Coverage Applicant (waiting for determination)

_____ Mystery Spill

_____ AST/UST Fund Coverage Claim (approved)

__X__ Request Reimbursement

_____ Do not Request Reimbursement (attach memo with explanation)

_____ R.P. to be Determined

II.

NAME AND ADDRESS OF RESPONSIBLE PARTY:

MORANG ROBINSON AUTO CO.
BOX 155
BAR HARBOR ME. 04609
ATTN. ROBERT BUCK

III.

TYPE OF PRODUCT SPILLED: USED MOTOR OIL DATE OF SPILL: 7/8/99

TOWN WHERE SPILL OCCURRED: BAR HARBOR INVESTIGATOR: J. WARD

IV.

ACCOUNT NUMBER (check off below):

__X__ 014-06A-1546-342 Coastal/Surface

_____ 014-06A-1546-442 Groundwater

_____ 014-06A-1517-442 UST Insurance Claim

_____ 014-06A-1519-442 AST Insurance Claim

_____ 014-06A-1546-142 Hazardous Waste

_____ LUST/Trust Clean up (large contract subaccounts only-please list below)

_____

_____ Other (list account number)

_____

V.

Please list contractor/vendor name or DEP stock item, invoice number, and amount of invoices.

SUMMARY OF ITEMS/SERVICES		COST
2 BALES OF SORBENT PADS	@ $20	$40
TOTAL OF INVOICES/SERVICES:		$40.00

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ANGUS S. KING, JR.
GOVERNOR

MARTHA KIRKPATRICK
COMMISSIONER

November 3, 1999

Robert Buck
Morang Robinson Auto Co.
Box 155
Bar Harbor, ME 04609

Dear Mr. Buck,

As a result of a spill investigation and subsequent clean up activities performed by Department staff at your property in Bar Harbor, Me., the Department of Environmental Protection has incurred "clean-up" expenses amounting to **$40.00.**

The Department is required by law, 38 M.R.S.A., Sub-section 551 (6), to seek reimbursement of all sums expended from the Maine Coastal and Inland Surface Oil Clean-up Fund. Please accept this letter as a written request for reimbursement.

For your records, enclosed is a spreadsheet that reflects expenses paid to date by the Department. Additional breakdown of expenses is as follows:

2 bales of sorbent pads @ $20.00 each = $40.00

TOTAL AMOUNT DUE: $40.00

Please make your check or money order payable **to Treasurer, State of Maine, reference Spill number B-384-99, and mail it to the following address:**

Department of Environmental Protection
Attn: Patricia Fish
17 State House Station
Augusta, Maine 04333-0017

Should you have any "technical" questions relative to this spill investigation, please contact Jake Ward at (207) 941-4577. Should you have any questions relative to the information contained in this letter, please contact me at (207) 287-7831.

Sincerely,

Patricia Fish

Patricia Fish, Administrative Asst.
Division of Program Services
Enclosures
cc: Jake Ward, Bangor Response

AUGUSTA
17 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0017
(207) 287-7688
RAY BLDG., HOSPITAL ST.

BANGOR
106 HOGAN ROAD
BANGOR, MAINE 04401
(207) 941-4570 FAX: (207) 941-4584

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

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

web site: www.state.me.us/dep

MAINE DEPARTMENT OF ENVIRONMENT PROTECTION
OIL & HAZARDOUS MATERIALS REPORT

Spill Number: **B-580-2001**

Report Status: Final Report

MCD Town: BAR HARBOR
Local Name: BAR HARBOR
Primary Responder: TOM L MALECK
Primary Product: None {00}
Subject/Owner: MORANG-ROBINSON AUTO CO.

I. EVENT

Spill Info

Type: Investigation Only {I}
Source: No Source {NO}
Cause: Other - No Cause {00}

Spill Date/Time

Date and Time Unknown

Reporter Type/Detection Method

Type: Citizen Complaint {3}
Method: Other {1}

Reported Date/Time

10/12/2001 10:00

Subject/Owner

Contact: --MORANG-ROBINSON AUTO CO.
269 MAIN STREET
BAR HARBOR ME 04609 USA
207 288-5878
Comment: UST's

Reporter

Contact: CATHERINE BARRETT--
HANCOCK STREET
BAR HARBOR ME 04609 USA
207 2884236
Comment: Complainant wondering about the status of possible tanks at Morang-Robinson Auto Co. and tanks near the Main Street Restaurant.

Primary Responder and Other Employees

TOM L MALECK (Primary Responder)

No Further Response Action Required

II. SITE

Location

Location Type: Business - Commercial {CM}
Name: MORANG-ROBINSON AUTO CO.
Street Address: 269 MAIN STREET
MCD Town: BAR HARBOR
Local Name: BAR HARBOR
State/Province: ME

Spill Point

UTM North
UTM East

Wells and Media Affected

Wells Affected: 0 Wells Impacted / 0 Wells At Risk
Media Affected: None{N}

Tanks Involved

None

III. CLEANUP

Product Reported

None {00}

Products Found/Amount Spilled

None {00}/ (Primary Product)

Material Recovered

Recovery/Treatment Method

None {K}

Cleanup DTREE

Disposal Information

Information indicated all tanks had been removed by late March of 1995.

IV. NARRATIVE

B-580-01
Bar Harbor

Friday October 12, 2001 1000

I received a complaint for investigation when Mrs. Catherine Barrett (288-4236) phoned to inquire about the underground tanks at Morang-Robinson Auto Company, on Main Street in Bar Harbor. She stated that the property had changed hands and it was her understanding that there were still underground petroleum tanks on the property. I checked the registered tank list and although it was most likely not the most recent update, I informed her that some of the tanks had been removed and I had no information on the others.

I phoned Augusta to see if they had more up to date information. There was no one in the tanks unit at that time. The following Tuesday I phoned Augusta again. I was informed that their information on tanks registration numbers 3523 and 10454 indicated that all tanks had been removed by late March of 1995.

This information was relayed to Catherine Barrett when she phoned from her Florida residence on the following Thursday.

V. ATTACHMENTS

Attachment Type	Description	File Name

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & HAZARDOUS MATERIALS REPORT

Spill Number: **B-288-2018**

Report Status: Final Report

MCD Town: BAR HARBOR
Local Name: BAR HARBOR
Primary Responder: JOHN M SELLECK
Primary Product: #2 Fuel Oil {02} - 2 gals. ESTIMATE
Subject/Owner: SNELL HOUSE - -

I. EVENT

Spill Info

Type: Oil Incident {O}
Source: Storage Unit - Aboveground Storage Tank {TA}
Cause: Mechanical Failure - Valve {07}

Spill Date/Time

Date and Time Unknown

Reporter Type/Detection Method

Type: Contractor/Consultant {6}
Method: Visual Product {L}

Reported Date/Time

05/11/2018 15:49

Subject/Spiller (Potential Responsible Party)

Contact: --SNELL HOUSE
21 ATLANTIC AVENUE
BAR HARBOR ME 04609 USA
207-288-3309
Comment:

Reporter

Contact: --DEAD RIVER COMAPNY
114 COTTAGE STREET
BAR HARBOR ME 04609 USA
207-288-3309
Comment:

Primary Responder and Other Employees

JOHN M SELLECK (Primary Responder)

II. SITE

Location

Location Type: Residential - Multi Family {MF}
Name: SMALL LEAK IN BASEMENT
Street Address: 21 ATLANTIC AVENUE
MCD Town: BAR HARBOR
Local Name: BAR HARBOR
State/Province: ME

Spill Point

UTM North
UTM East

Wells and Media Affected

Wells Affected: 0 Wells Impacted / 0 Wells At Risk
Media Affected: Interior Surface{S}

Tanks Involved

Above Ground Tank(s) Involved-Tank Inside

III. CLEANUP

Product Reported

#2 Fuel Oil {02}

Cleanup DTREE

Products Found/Amount Spilled

#2 Fuel Oil {02}/ - 2 gals. ESTIMATE (Primary Product)

Material Recovered

Other Material {OM} - 75 lbs. ESTIMATE

Recovery/Treatment Method

Sorbents {C}

Disposal Information

Dead River Company disposed of speedi-dri.

IV. NARRATIVE

The oil safety valve failed on the aboveground storage tank(AST) allowing 1-2 gallons of #2 fuel oil to leak out onto the floor. I observed a large amount of clean speedi-dri under and around the AST. Dead River Company will be back to remove the speedi-dri. Petroleum vapors were not an issue during my visit.

I left my number with the caretaker and informed him to call me if the vapors became a problem. No calls were received over the next few weeks.

No further action by the Division of Response Services is expected at this time.

V. ATTACHMENTS

Attachment Type	Description	File Name

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & HAZARDOUS MATERIALS REPORT

Spill Number: **B-264-2019**

Report Status: Final Report

MCD Town: BAR HARBOR
Local Name: BAR HARBOR
Primary Responder: JOHN M SELLECK
Primary Product: NONE {00}
Subject/Owner: -NONE -

I. EVENT

Spill Info

Type: Non-Oil, Non-Hazardous Incident {I}
Source: No Source {NO}
Cause: Other - No Cause {00}

Spill Date/Time

Date and Time Unknown

Reporter Type/Detection Method

Type: Citizen Complaint {3}
Method: Other {I}

Reported Date/Time

05/06/2019 16:15

Subject/Spiller (Potential Responsible Party)

Contact: NONE --

USA

Comment:

Reporter (Potential Responsible Party)

Contact: PAUL WOODFIN--

USA
207-288-4500

Comment:

Primary Responder and Other Employees

JOHN M SELLECK (Primary Responder)

No Further Response Action Expected

II. SITE

Location

Location Type: Residential - Multi Family {MF}
Name: SEWAGE
Street Address: 21 ATLANTIC AVENUE
MCD Town: BAR HARBOR
Local Name: BAR HARBOR
State/Province: ME

Spill Point

UTM North
UTM East

Wells and Media Affected

Wells Affected: 0 Wells Impacted / 0 Wells At Risk
Media Affected: None{N}

Tanks Involved

None

III. CLEANUP

Product Reported

NONE {00}

Cleanup DTREE

Products Found/Amount Spilled

NONE {00}/ (Primary Product)

Material Recovered

None {NO} - 0 gals. ESTIMATE

Recovery/Treatment Methods

None {K}

Disposal Information

none

IV. NARRATIVE

A sewer pipe broke inside the basement of a house. No oil was found.

No further action by the Division of Response Services is expected at this time.

V. ATTACHMENTS

Attachment Type	Description	File Name

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & HAZARDOUS MATERIALS REPORT

Spill Number: **B-626-2004**

Report Status: Final Report

MCD Town: BAR HARBOR
Local Name: BAR HARBOR
Primary Responder: ROBERT F SHANNON
Primary Product: Mercury {99} - 0 gals. ACTUAL
Subject/Owner: YOUNG DENTISTRY -GORDON YOUNG- OWNER

I. EVENT

Spill Info

Type: Hazardous Material Incident {H}
Source: No Source {NO}
Cause: Other - No Cause {00}

Spill Date/Time

Date and Time Unknown

Reporter Type/Detection Method

Type: Subject/Spiller {2}
Method: Other {I}

Reported Date/Time

11/10/2004 00:00

Subject/Owner (Potential Responsible Party)

Contact: GORDON YOUNG-OWNER-YOUNG DENTISTRY
8 LIVINGSTON RD
BAR HARBOR ME 04609 USA
207-288-3272

Comment: Mr. Young is a 91 year old ex-dentist who wanted to properly dispose of un-opened, un-used liquid mercury from his practice.

Reporter

Contact: GORDON YOUNG-OWNER-YOUNG DENTISTRY
8 LIVINGSTON RD
BAR HARBOR ME 04609 USA
207-288-3272

Comment:

Primary Responder and Other Employees

ROBERT F SHANNON (Primary Responder)

No Further Response Action Expected

II. SITE

Location

Location Type: Residential - Single Family {SF}
Name: GORDON YOUNG
Street Address: 8 LIVINGSTON RD
MCD Town: BAR HARBOR
Local Name: BAR HARBOR
State/Province: ME

Spill Point

UTM North
UTM East

Wells and Media Affected

Wells Affected: 0 Wells Impacted / 0 Wells At Risk
Media Affected: None{N}

Tanks Involved

None

III. CLEANUP

Product Reported

Mercury {99}

Cleanup DTREE

Products Found/Amount Spilled

Mercury {99}/ - 0 gals. ACTUAL (Primary Product)

Material Recovered

Unspilled Product {VP} - 15 lbs. ESTIMATE

Recovery/Treatment Method

Remove {R}

Disposal Information

There was no spill of mercury. This was a pick up for proper disposal.

IV. NARRATIVE

On 11/16/04, I met Mr. Gordon Young at his residence, which is located at 8 Livingston Road in Bar Harbor. Mr. Young is a retired dentist who had approximately 15 pounds of liquid mercury. The mercury was un-opened and would have been used in dentistry in the past. Mr. Young is ninety one years old and was cleaning his basement when he found the mercury and would like to dispose of it properly.

I took control of the mercury and over packed and safely stored it in the Department of Environmental Protection's HazStor locker. It will be disposed of by Clean Harbors as hazardous waste.

V. ATTACHMENTS

Attachment Type	Description	File Name

STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Date of Certificate:
January 15, 2025

FACILITY REGISTRATION CERTIFICATE FOR

Aboveground and Underground Storage Tank

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

Facility:

FIRST EXPRESS
312 MAIN ST
BAR HARBOR

Facility Registration Number: 19505

Date of Registration: December 17, 1996

Facility Phone: 207-288-5885

Operator:

JENKINS, DENNIS S
PO BOX 6
BAR HARBOR, ME 04609-
207-288-5868

Sensitive Area Status:

Facility Use: COMMERCIAL

Owner:

JENKINS, DENNIS S
PO BOX 6
BAR HARBOR, ME 04609-
207-288-5868

Aboveground and Underground Storage Tanks

Number of Active Aboveground Tanks: 0
Number of Active Underground Tanks: 0

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

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

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

Attn: Underground Tanks Program

If you have any questions concerning this process, please call (207)287-7688 and ask for the administrator of the Underground Storage Tanks Program

---

INDIVIDUAL TANK DATA FOR SITE NUMBER: 19505

Tank	Tank Under/ Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Substatus	Tank Status Date
1	Below Ground	Steel - Bare Or Asphalt Coated.	2000	Unknown	10/01/1969	Removed		12/30/1996

Chamber	Chamber Size	Product Stored	Pipe Under/ Above ground	Date Piping Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	2000	#2 Fuel Oil	Below Ground		Unknown	Galvanized Steel	Unknown

INDIVIDUAL TANK DATA FOR SITE NUMBER: 19505

Tank	Tank Under/ Above ground	Tank Type	Tank Size	Tank Monitoring	Date Tank Installed	Tank Status	Tank Substatus	Tank Status Date
2	Below Ground	Steel - Bare Or Asphalt Coated.	1000	Unknown	10/01/1969	Removed		12/30/1996

Chamber	Chamber Size	Product Stored	Pipe Under/ Above ground	Date Piping Installed	Pipe Monitoring	Piping Type	Overfill Protection
1	1000	Unleaded Gasoline	Below Ground		Unknown	Galvanized Steel	Unknown

Facility Reg. No.: 19505 Location: 312 Mains St Bar Harbor 04609

Facility Name: First Express

This is to notify you that on 12/30/96.
the following underground oil storage tanks were removed by
(contractor): C.R Adams Jr Inc.

	Tank Size	Product Stored
1.	1000	G
2.	1000	G
3.		
4.		

Authorized Signature

12/30/96
Date

STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

ANGUS S. KING, JR.
GOVERNOR

EDWARD O. SULLIVAN
COMMISSIONER

Reg # 19505
TANK # Removed
12-30-96
Size
2000 gal 1
2 12-30-96

QP 3/24/97

January 14, 1997

Mr. Butch Furrough
G.R. Adams Jr., Inc.
1270 Hammond Street
Bangor, Maine 04401

RE: UST Site Assessment Report/ December 30, 1996
Facility Registration No.(s) NA /Number of Tank(s) 1 & 2
Location of Assessment: Dennis Jenkins, 312 Main Street., Bar Harbor, Maine

Dear Mr. Furrough:

This letter is to acknowledge receipt of a site assessment report conducted at the time of the closure of the above referenced underground oil storage tank(s) (UST). The site assessment and the site assessment report satisfactorily meet the requirements of Maine's underground oil storage tank regulations (Chapter 691, Section 11 and Appendix P).

With receipt of a satisfactory site assessment report and abandonment notice, your UST registration records are amended to show the above tank(s) as abandoned. If the site assessment found oil contamination, the required second copy that you submitted has been forwarded to field personnel in the closest Department regional office for possible follow up if clean up is needed or additional remediation measures must be undertaken beyond those taken previously. In no way should the meaning of this letter be interpreted to also include approval of any recommendations or conclusions contained in this report regarding the need for or the levels of clean-up. Such approvals and decisions should be obtained directly from the Department field staff working on the clean-up of your site.

Please be sure that if contamination was found that it was properly reported to the Department and that a copy of the site assessment report was provided to the chief municipal official in the town in which the tanks were located.

Questions may be directed to the Bureau of Remediation & Waste Management at (207) 287-2651.

Sincerely,

George Seel

George Seel, Director
Technical Services

Serving Maine People & Protecting Their Environment

AUGUSTA
17 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0017
(207) 287-7688 FAX: (207) 287-7826
OFFICE LOCATED AT: RAY BUILDING, HOSPITAL STREET

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

BANGOR
106 HOGAN ROAD
BANGOR, ME 04401
(207) 941-4570 FAX: (207) 941-4584

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1235 CENTRAL DRIVE, SKYWAY PARK
PRESQUE ISLE, ME 04769
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S.W.COLE
ENGINEERING, INC.
GEOTECHNICAL CONSULTANTS

Six Liberty Drive, Bangor, ME 04401 TEL (207) 848-5714 FAX (207) 848-2403
Gray Plaza, P.O. Box 378, Gray, ME 04039 TEL (207) 657-2866 FAX (207) 657-2840
161 Water St., P.O. Box 220, Caribou, ME 04736 TEL (207) 496-1511 FAX (207) 496-1501

LETTER OF TRANSMITTAL

TO: G. R. Adams Jr., Inc.
Attn: Mr. Butch Furrough
1270 Hammond Street
Bangor, Maine 04401

DATE: January 06, 1997
JOB NO: 96-761 U
SUBJECT: UST Report

WE ARE SENDING YOU: X ATTACHED __UNDER SEPARATE COVER

X INVESTIGATION REPORT	__PRINTS	__SAMPLES
__LABORATORY TEST REPORT(S)	__COPY OF LETTER(S)	__OTHER
__FIELD TEST REPORT(S)	__SPECIFICATIONS	

DESCRIPTION: UST Site Assessment
312 Main Street
Bar Harbor, Maine

THESE ARE TRANSMITTED AS CHECKED BELOW:

X FOR YOUR INFORMATION — X FOR YOUR USE

X AS REQUESTED — __RETURNED

COPY TO: MDEP - Augusta, UST Administrator
MDEP - Bangor, Mr. Bob Randall
Town of Bar Harbor - Code Enforcement Officer, Bob Sharkey
First Express, Dennis Jenkins

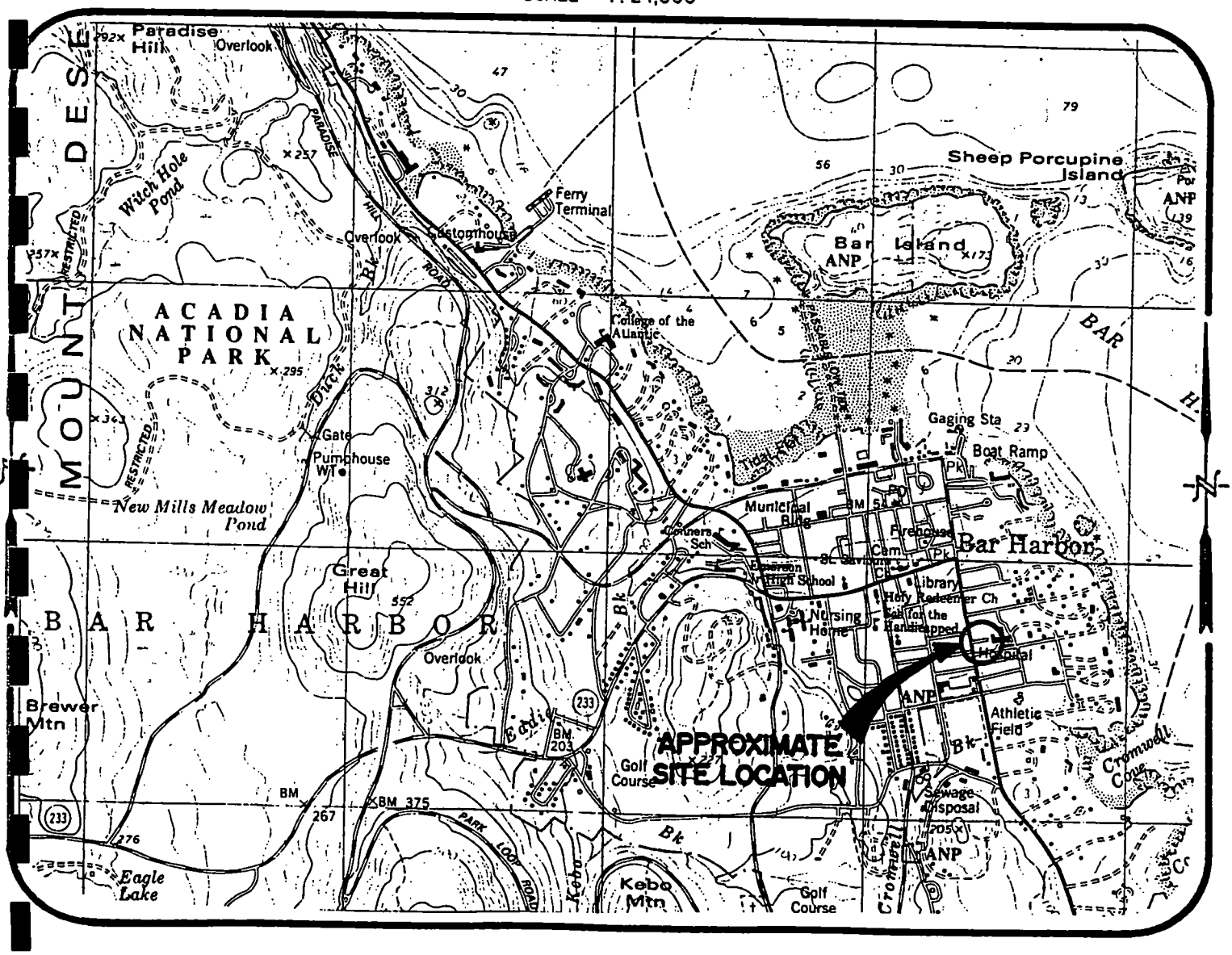
S. W. COLE ENGINEERING, INC.

BY: 
Wilbur E. Saunders

UST SITE ASSESSMENT
FIRST EXPRESS
312 MAIN STREET
BAR HARBOR, MAINE

96-761 U JANUARY 06, 1997

NOTE : BASE MAP TAKEN FROM 7.5 MINUTE SERIES USGS TOPOGRAPHIC MAP, BAR HARBOR, MAINE QUADRANGLE.
SCALE 1 : 24,000



SITE ASSESSMENT SUMMARY

OWNER:	Dennis Jenkins
OPERATOR:	Dennis Jenkins
FACILITY NAME:	First Express
REGISTRATION NUMBER:	*
DATE OF ASSESSMENT:	December 30, 1996
EVIDENCE OF DISCHARGE:	No
FACILITY MAILING ADDRESS:	312 Main Street Bar Harbor, Maine
TAX MAP AND LOT NUMBER:	Map 2, Block 1, Lot 1
OWNERSHIP HISTORY:	Weber Masonry - c.1946 to c.1984 Dennis Jenkins - c.1984 to Present
PAST USES OF LAND:	Masonry Contractor - c.1946 to c.1984 Office/Retail Building - c.1984 to Present

TANK HISTORY:

TANK	CAPACITY (GALLONS)	TANK TYPE	PIPING	LAST PRODUCT STORED	INSTALLATION DATE
1	1000	ACS	Gal	Gasoline	**
2	2000	ACS	Gal	#2 Fuel	**

ACS - Asphalt Coated Steel
Gal - Galvanized
* - Currently Being Registered
** - Tank 1 age thought to be pre 1950's; Tank 2 age thought to be post 1950's

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January 06, 1997

96-761 U

G. R. Adams Jr., Inc.
Attn: Butch Furrough
1270 Hammond Street
Bangor, ME 04401

SUBJECT: UST Site Assessment
312 Main St.
Bar Harbor, Maine

Introduction

In accordance with our yearly agreement, we have made an underground storage tank (UST) site assessment for the site. This report is subject to the limitations outlined in Attachment A.

On December 30, 1996, Doug Gott & Sons, Inc. of Southwest Harbor, Maine, removed one 1000 gallon gasoline tank and one 2000 gallon #2 fuel tank. Mr. Butch Furrough, a licensed tank installer, oversaw the tank removal and closure. S. W. COLE ENGINEERING, INC. personnel conducted a site assessment as required as part of Chapter 691, Appendix P of the "Regulation for Registration, Operation and Closure of Underground Oil Storage Facilities".

Purpose

The site assessment was conducted in order to monitor the soils in the area of the tank. The monitoring included observation for evidence of surface spills and potential tank and piping leaks which may have contaminated the soils and groundwater.

Site Location

The facility is owned by Dennis Jenkins and is located at 312 Main Street at the corner of Wayman Lane and Main Street in Bar Harbor, Maine. The location of the site is shown on a U. S. Geological Survey 7.5 Minute Topographic Map included at the front of this report.

Site History

It is our understanding that the tanks have been out of service since sometime in the early 1980's when they were abandoned. It is further understood that the tanks were thought to have been installed by Weber Masonry when the site was a masonry construction facility. The tanks were reported to have been used to fuel the truck fleet.

The ages of the tanks are unknown. Based on the style of tank construction, the 1000 gallon tank (thought to be gasoline) is of a pre 1950's construction and the 2000 gallon tank (thought to be #2 fuel) is of a post 1950's construction. A pre 1950's tank usually is characterized by an indented seam on the ends of the tank and the ends are convex. A post 1950's tank usually is characterized by having flush seams at the end of the tank and flat tank ends.

Site Geology

Published surficial geologic mapping (Sheet 1) indicates that the site is underlain by glacial marine silt and clay (Qp). The native soils encountered during the tank removal were similar to the mapping. The 1000 gallon tank was backfilled with native soil and debris such as brick and wood. The 2000 gallon tank was backfilled with sand. Groundwater was encountered within the excavation at a depth of about 6 feet.

Site Assessment

During excavation, soil samples were taken around and below the tanks and associated piping to monitor the soil gas concentrations. Excavations in the area of the tanks were approximately 7 feet in depth. The sample locations, approximate tank locations and site features are shown on the Exploration Location Sketch (Sheet 2). The sample locations shown are based on cloth tape measurements from existing site features.

The "Poly Bag Headspace Technique" outlined in Appendix Q of Chapter 691 was utilized for the testing of the soils. A MicroTip Model MP-100 Photoionization Detector (PID) with a 10.6 electron Volt lamp was used to monitor the headspace gas in the poly bag. Because the tank contents were unknown, the PID was calibrated to 100 parts per million (ppm) using 100 ppm isobutylene, and no MDEP set point was used. The average soil gas concentration and the temperature of the soil are shown on Sheet 3.

S. W. COLE ENGINEERING, INC. personnel visually inspected the underground tanks and associated piping after removal from the excavation. The piping was galvanized and exhibited extensive surficial rusting and pitting. No loose joints or holes were observed in the piping. Both tanks appeared to have been asphalt coated steel. The 1000 gallon tank exhibited slight surficial rust and some pitting. The 2000 gallon tank exhibited extensive surficial rust and pitting. No holes were observed in either tank.

Findings

Photographs taken during the tank removal are presented on Sheets 4 and 5. The purpose of the photographs is to show the condition of the tank, piping and soil conditions at the site.

The ages of the tanks were unknown at the time of the site assessment. Individual former pump islands were found to be connected to both tanks. It is unknown how long the tanks were out of service. They are currently being registered with the MDEP. The

tank piping and soil around the fill pipe to the 1000 gallon tank had an older "varnish" gasoline odor. The tank piping to the 2000 gallon tank had a fuel oil odor.

The exact locations of the tanks were unknown prior to making the excavations. Two vent pipes and one fill pipe were located. The 1000 gallon tank was found when excavation began in the area of one of the vent pipes and the fill pipe. The top of the tank was encountered about 3 feet below the ground surface. Soil samples were collected (S-1 through S-4) around piping and the tank. Three of the samples (S-1, S-3 and S-4) had soil gas concentrations of non-detect when tested with the PID. Sample S-2 had a soil gas concentration of 1782 ppm. The soil was in the area where the fill pipe connected to the tank and was limited in extent to about 1 foot around the fill pipe.

While G. R. Adams Jr., Inc. personnel disconnected the piping to the 1000 gallon tank, the second tank location was investigated. The second vent pipe was uncovered and it was discovered that the second tank was aligned perpendicular to the 1000 gallon tank.

Mr. Bob Randall of the MDEP arrived on-site around 9:45 a.m. and was updated on the project. Personnel from Doug Gott & Sons, Inc. located a fill pipe below the grass. The tank was uncovered and was found to be about 1 foot below the ground surface and 2000 gallons in capacity. Soil samples (S-5 and S-6), collected around tank piping, had soil gas concentrations of non-detect.

G. R. Adams Jr., Inc. personnel checked both tanks for liquid(s). The 1000 gallon tank had about 9.5 inches of water and the 2000 gallon tank had about 2 inches of product and 2 inches of water. The contents of the 1000 gallon tank had a distinct gasoline odor. The piping to the 2000 gallon tank had a fuel oil odor.

Mr. Randall gave approval to pump the contents of the 2000 gallon tank into the 1000 gallon tank to allow removal of the 2000 gallon tank. If no holes were visible in the 2000

gallon tank, then he would allow the 1000 gallon tank to be pumped to the removed 2000 gallon tank to allow removal of the 1000 gallon tank.

While digging along the southerly side of the 2000 gallon tank, a water service shut off was encountered and broken. The shut-off was repaired by the Bar Harbor Water Co. Given the proximity of the water and sewer services to the easterly end of the 2000 gallon tank, the end of the tank was hand-dug rather than use an excavator. Soil samples (S-7 and S-8), taken alongside and below the 2000 gallon tank, had soil gas concentrations of non-detect.

The 2000 gallon tank appeared visually to have no holes, and the contents of the 1000 gallon tank were pumped into it. The 1000 gallon tank was then removed. A soil sample below the 1000 gallon tank (S-9) had a soil gas concentration of non-detect.

The tank excavations were backfilled with removed soil and off-site borrow.

Recommendations and Conclusions

The MDEP PID notification level of 200 ppm for gasoline was reached for the testing of soil associated with the 1000 gallon tank at the site. The amount of soil impacted was minor and had an old "varnish" gasoline odor. The remainder of soil tested around both the 1000 and 2000 gallon tanks was non-detect. The MDEP requires no further action at the site.

Closure

It has been a pleasure to be of assistance to you with your project. If you have any questions or if we may be of further assistance, please do not hesitate to contact us.

Very truly yours,

S. W. COLE ENGINEERING, INC.

Wilbur E. Saunders, Geologist

WES:slh

cc: MDEP - Augusta, UST Administrator
MDEP - Bangor, Mr. Bob Randall
Town of Bar Harbor - Code Enforcement Officer, Bob Sharkey

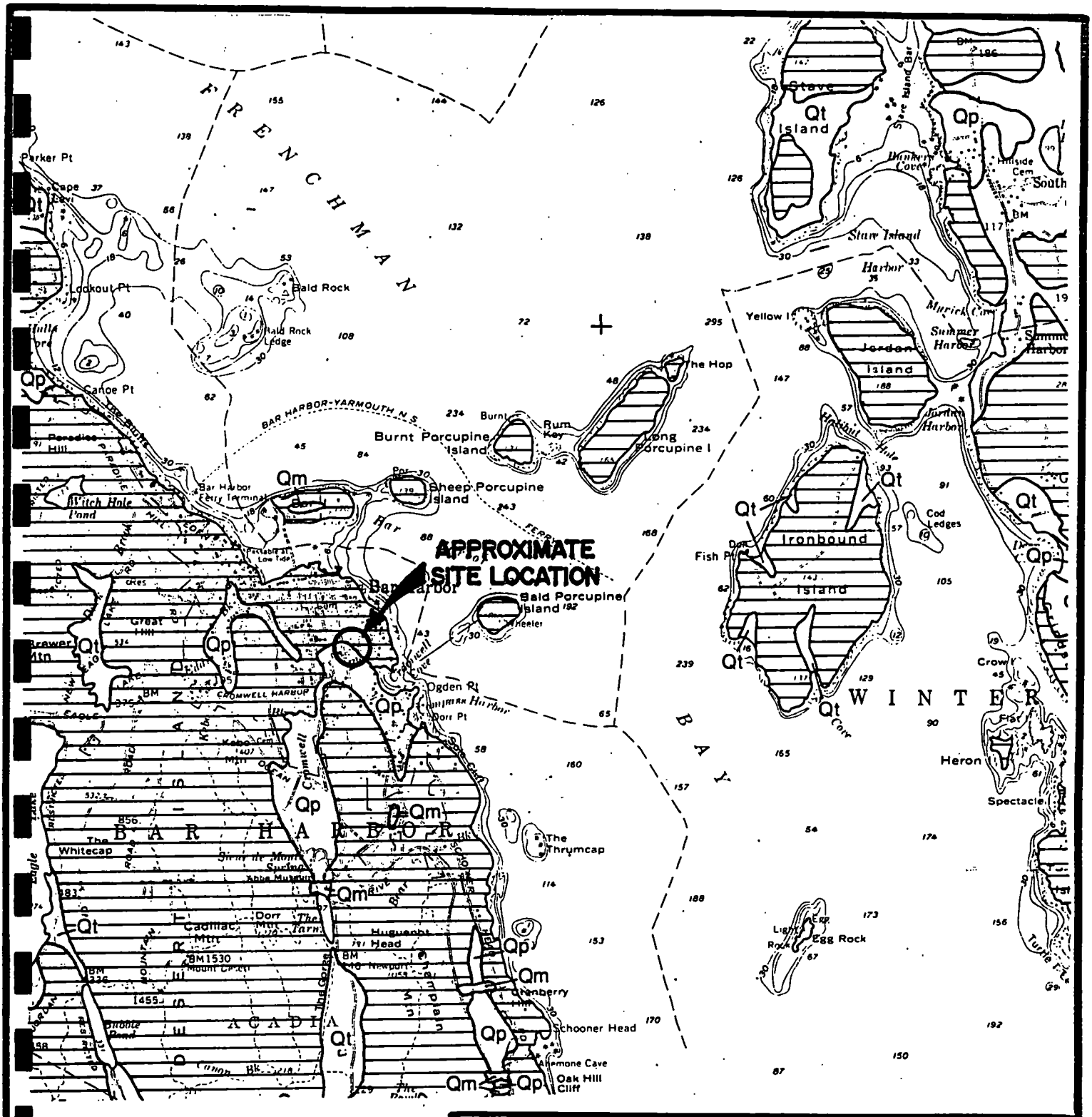
Attachment A
Limitations

This report has been prepared for the exclusive use of G. R. Adams Jr., Inc. for specific application to the property at 312 Main Street in Bar Harbor, Maine. This report has been prepared in accordance with generally accepted practices. No other warranty, expressed or implied, is made.

The scope of our assessment has been limited to the items specifically discussed (as outlined in Appendix P of Chapter 691 of the DEP Regulations for Registration, Installation, Operation and Closure of Underground Oil Storage Facilities, effective September 16, 1991) in the text of this report. Recommendations contained in this report are based substantially upon information provided by others regarding the site and on our findings during the physical site assessment. Should any additional data or information become available, it should be reviewed by S. W. COLE ENGINEERING, INC. and the conclusions and recommendations presented in this report should be modified as appropriate.

This report cannot reflect undetected variations which may occur nor can it reflect variations of subsurface conditions (groundwater quality or elevation) over time. S. W. COLE ENGINEERING, INC. has made no attempt to verify the compliance of the past or present owners and/or occupants of the property with local, state, or federal laws and regulations.

It must be noted that our findings do not represent scientific certainties and are based on professional judgement. S. W. COLE ENGINEERING, INC. does not represent that the subject site contains no hazardous substances or other latent conditions beyond that detected or observed by S. W. COLE ENGINEERING, INC. during this underground storage tank site assessment.



NOTE :

BASE MAP TAKEN FROM "SURFICIAL GEOLOGY OF THE BAR HARBOR QUADRANGLE, MAINE" (BORNS, 1974).

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S. W. COLE ENGINEERING, INC.
GEOTECHNICAL CONSULTANT

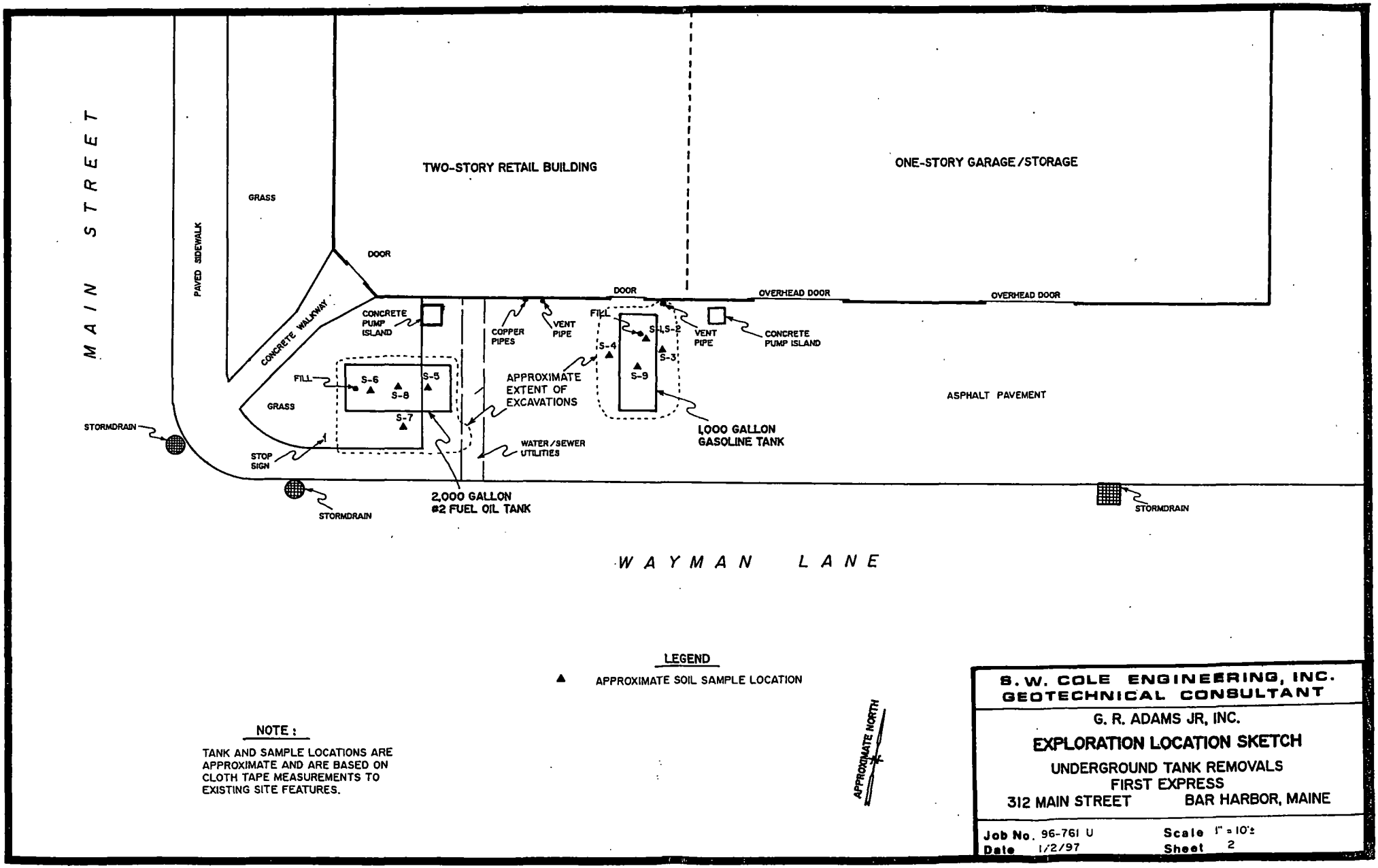
G. R. ADAMS JR, INC.

SURFICIAL GEOLOGY MAP

UNDERGROUND TANK REMOVALS
FIRST EXPRESS
312 MAIN STREET BAR HARBOR, MAINE

Job No. 96-761 U
Date 1/2/97

Scale 1:62,500
Sheet 1



S.W. COLE ENGINEERING, INC.
GEOTECHNICAL CONSULTANT

G. R. ADAMS JR, INC.

EXPLORATION LOCATION SKETCH

UNDERGROUND TANK REMOVALS
FIRST EXPRESS
312 MAIN STREET BAR HARBOR, MAINE

Job No. 96-761 U Scale 1" = 10'±
Date 1/2/97 Sheet 2

SOIL GAS HEADSPACE ANALYSIS

SAMPLE #	DEPTH (FT)	SUBSAMPLES (PPM) 1	2	3	AVG	TEMP°F	SOIL MATERIAL*
S-1	2	ND	ND	ND	ND	68	Qp
S-2	3	1502	2015	1828	1782	68	Qp
S-3	3	ND	ND	ND	ND	72	F
S-4	3.5	ND	ND	ND	ND	69	Qp
S-5	1	ND	ND	ND	ND	71	S
S-6	1	ND	ND	ND	ND	71	S
S-7	4	ND	ND	ND	ND	73	Qp
S-8	6.5	ND	ND	ND	ND	68	S
S-9	7	ND	ND	ND	ND	70	Qp

NOTES: PPM = PARTS PER MILLION
ND = NON-DETECT (LESS THAN 1.0 PPM)

SOIL GAS ANALYZED USING A MICROTIP MODEL MP-100 WITH A 10.6 ELECTRON VOLT (EV) LAMP. DETECTION LIMIT OF INSTRUMENT IS APPROXIMATELY 1.0 PPM FROM 0 TO 2000 PPM. ABOVE 2000 PPM, THE DETECTION CAPABILITY DECREASES.

*SOIL MATERIALS: Qp = GLACIAL MARINE SILT AND CLAY; F = FILL (NATIVE SOIL, BRICKS AND WOOD); S = SAND.