FILE COPY

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October 28, 2005

Nick Hodgkins Maine D.E.P. 17 State House Station Augusta, ME 04333

RE: Conveyance, State of Maine to Town of Thomaston

Dear Mr. Hodgkins:

Here is the preliminary plan of the map of the prison property by Landmark who surveyed this property for the State of Maine. In the bottom left corner see list of deeds and the corresponding lot signified by a letter of the alphabet. See map for location of each parcel. I hope this will be helpful.

Very truly yours,

GIBBONS & CALDERWOOD, L.L.P.

Paul L. Gibbons

PLG/nhg

Chad.Dacus

6/29/2022, 1:53 PM

Enclosure

Quality Review Approve Public

Remediation Site No: REM01600

Address1: MAIN ST, WADSWORTH ST, SHIP ST

Town/City1: THOMASTON

Site Name1: MAINE STATE PRISON

REM Program1: VOLUNTARY RESPONSE ACTION PROGRAM (VRAP)

Doc Type: 00 General Correspondence

Doc Date: 10/28/2005

Maine Voluntary Response Action Program Application for Assistance

Please complete this application to request technical assistance from the Voluntary Remedial Action Plan Program (VRAP) pursuant to Title 38 MRSA, Section 342, Subsection 15.

General Site Information	ı				COPY
Property name: <u>Former Maine State Prison</u>					0011
Street Address: Mair	St., Wadsworth	n St and Sh	ip St.		
City (or Township):T	homaston				
Tax map #:101]	Lot #:	<u>15</u>		
UTM Coordinates (Map	Datum: NAD83	3): <u>48454</u>	1 4880)225	
Total Acreage of Proper	y (all parcels):	1.5 A	cres	*	
Property Description Re	corded at Regist	ry of Deed	S		
County: Knox	Book: 23 Pag	ge: 468 Be	ook: <u>31</u> Pa	ge: <u>187</u>	
Book: <u>172</u> Page: <u>561</u> Bo	ok: 399 Page: 1	81 Book: 4	57 Page:	322 Book: 2	<u> 7 Page: 157</u>
Not all of these properties					
the State. The extent of			1-1		
			_		
Applicant Information					
Applicant/Organization*	: Town of Thon	<u>naston</u>			
Contact					
Person: Valmore Blastov	v, Jr.	Title: T	own Man	ager	
Address: PO Box 299					
City: Thomaston	State: <u>ME</u>	Z	ip: <u>04861</u>	-0299	
Phone: 207-354-6107					
Fax: 207-354-2132		_•			

The applicant is the individual or organization that will be the recipient of any applicable administrative or liability assurances provided by VRAP. The applicant is also responsible for payment of fees for Department review and oversight costs.

Current property owner (if different than applicant)
Name: State of Maine Title:
Organization: _Bureau of General Services
Address: _77 State House Station
City: <u>Augusta</u> State: <u>Maine</u>
Zip: <u>04333-0077</u> Phone: <u>624-7360</u>
Fax: 287-4039

Applicant's interest in the property Current Owner Mortgagee Interest Rent or lease Other: Y Potential Buyer
Involvement with other regulatory programs \underline{X} None known If yes, list the program/contact person from the Department:
Contact person(s) Please list the name(s) of your current environmental consultant and legal counsel. Consultant: Peter Garrett of Emery & Garrett Groundwater, Inc. Address: 24 Common St., FL 3, City: Waterville, State: ME Zip: 04901 Phone: 207-872-0613 FAX: 207-872-0626
Attorney: Paul Gibbons Of: Gibbons & Calderwood Address: 9 Washington St. City: Camden State: ME Zip: 04643 Phone: 207-236-3325 FAX: 207-236-8611
Certification
I hereby make a request of VRAP to assist me and the company/organization I represent in determining whether the above-described property has been the site of a release or threatened release of a hazardous substance, hazardous waste, hazardous matter, special waste, pollutant or contaminant, including petroleum products or by-products. I understand this assistance may include the review of agency records and files, and review and approval of my investigation plans and reports as well as remedial action plans and implementation.
I am aware that VRAP, at its discretion, may contact municipal officials regarding investigation/remedial actions at sites participating in the program.
I am aware that I must reimburse VRAP for the costs of providing this assistance. I understand that reimbursement requests may be made on a periodic basis and that failure to reimburse VRAP for the costs in a timely manner may result in disqualification from VRAP.
Typed/printed name: Peter Garrett Title: Principal
Signature: Date: October 3, 2005