

PROPERTY LOCATED AT: **45 Traditional Way, Tremont, ME 04612****PROPERTY DISCLOSURE**

Under Maine Law, certain information must be made available to buyers prior to or during preparation of an offer. This statement has been prepared to assist prospective buyers in evaluating this property. This disclosure is not a warranty of the condition of the property and is not part of any contract between Seller and any Buyer. Seller authorizes the disclosure of the information in this statement to real estate licensees and to prospective buyers of this property. The Seller agrees to provide prompt notice of any changes in the information and this form will be appropriately changed with an amendment date. Inspections are highly recommended.

DO NOT LEAVE ANY QUESTIONS BLANK. STRIKE, WRITE N/A OR UNKNOWN IF NEEDED.**SECTION I - WATER SUPPLY**

TYPE OF SYSTEM: ☐ Public ☒ Private ☐ Seasonal _____ ☐ Unknown
☒ Drilled ☐ Dug ☐ Other _____

MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the
 (public/private/other) water system?

Pump (if any): ☐ N/A ☐ Yes ☒ No ☐ Unknown
 Quantity: ☐ Yes ☒ No ☐ Unknown
 Quality: ☒ Yes ☐ No ☐ Unknown

If Yes to any question, please explain in the comment section below or with attachment.

WATER TEST: Have you had the water tested? ☒ Yes ☐ No
 If Yes, Date of most recent test: **8/14/24** Are test results available? .. ☒ Yes ☐ No
 To your knowledge, have any test results ever been reported as unsatisfactory
 or satisfactory with notation? ☒ Yes ☐ No
 If Yes, are test results available? ☒ Yes ☐ No
 What steps were taken to remedy the problem? Coliform was slightly elevated. Seller shocked well and re-tested.

IF PRIVATE: (Strike Section if Not Applicable):

INSTALLATION: Location: **Northwest corner of property.**

Installed by: **unknown**

Date of Installation: **2022**

USE: Number of persons currently using system: **4, varies, rental**

Does system supply water for more than one household? ☐ Yes ☐ No ☐ Unknown

Comments: **Seller tested and shocked well to remove coliform. Re-tested with clear results (cannot locate that test)**

Source of Section I information: **Seller**

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[Signature]

[Signature]

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SECTION II - WASTE WATER DISPOSAL

TYPE OF SYSTEM: ☐ Public ☒ Private ☐ Quasi-Public _____ ☐ Unknown

IF PUBLIC OR QUASI-PUBLIC (Strike Section if Not Applicable):

Have you had the sewer line inspected?..... ☐ Yes ☐ No

If Yes, what results: _____

Have you experienced any problems such as line or other malfunctions? ☐ Yes ☐ No

What steps were taken to remedy the problem? _____

IF PRIVATE (Strike Section if Not Applicable):

Tank: ☒ Septic Tank ☐ Holding Tank ☐ Cesspool ☐ Other: _____
☐ Overboard Discharge (38 MRS Section 413(3) and (3-A))

Tank Size: ☐ 500 Gallon ☐ 1000 Gallon ☐ Unknown ☒ Other: **2000 gallon capacity, 2 tanks**

Tank Type: ☒ Concrete ☐ Metal ☐ Unknown ☐ Other: _____

Location: **Behind house.** OR ☐ Unknown

Date installed: 2022 Date last pumped: **unknown** Name of pumping company: _____

Have you experienced any malfunctions? ☐ Yes ☒ No

If Yes, give the date and describe the problem: _____

Date of last servicing of tank: _____ Name of company servicing tank: _____

Leach Field: ☒ Yes ☐ No ☐ Unknown

If Yes, Location: **Northeast side of home.**

Date of installation of leach field: 2021 Installed by: **unknown**

Date of last servicing of leach field: _____ Company servicing leach field: _____

Have you experienced any malfunctions? ☐ Yes ☒ No

If Yes, give the date and describe the problem and what steps were taken to remedy: _____

Do you have records of the design indicating the # of bedrooms the system was designed for? ☒ Yes ☐ No

If Yes, are they available? ☐ Yes ☐ No

Is System located in a Shoreland Zone? ☐ Yes ☒ No ☐ Unknown

Comments: **5 bedroom design, 3 bedroom house and 2 bedroom guest house.**

Source of Section II information: **Seller, Septic Design attached.**

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PROPERTY LOCATED AT: 45 Traditional Way, Tremont, ME 04612**SECTION III - HEATING SYSTEM(S)/HEATING SOURCE(S)**

Heating System(s) or Source(s)	SYSTEM 1	SYSTEM 2	SYSTEM 3	SYSTEM 4
TYPE(S) of System	Heat Pump	Fireplace		
Age of system(s) or source(s)	2024	2026		
TYPE(S) of Fuel	Electricity	Propane		
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)				
Name of company that services system(s) or source(s)	Dave's World			
Date of most recent service call	Annually			
Malfunctions per system(s) or source(s) within past 2 years	Dust in filters, tech repaired			
Other pertinent information	Under warranty	Vermont Castings		

Are there fuel supply lines? ☒ Yes ☐ No ☐ UnknownAre any buried? ☒ Yes ☐ No ☐ UnknownAre all sleeved? ☒ Yes ☐ No ☐ UnknownChimney(s): ☐ Yes ☒ NoIf Yes, are they lined: ☐ Yes ☐ No ☐ UnknownIs more than one heat source vented through one flue? ☐ Yes ☐ No ☐ UnknownHad a chimney fire: ☐ Yes ☐ No ☐ UnknownHas chimney(s) been inspected? ☐ Yes ☐ No ☐ Unknown

If Yes, date: _____

Date chimney(s) last cleaned: _____

Direct and/or Power Vent(s): ☒ Yes ☐ No ☐ UnknownHas vent(s) been inspected? ☒ Yes ☐ No ☐ UnknownIf Yes, date: serviced annuallyComments: 2 propane tanks, 1 for fireplace and 1 for the generator. Cassette style heat pump on first floor, ducted on second floor. System can be monitored by app.Source of Section III information: Easy to winterize system. Seller**SECTION IV - HAZARDOUS MATERIAL**

The licensee is disclosing that the Seller is making representations contained herein.

A. UNDERGROUND STORAGE TANKS - Are there now, or have there ever been, any underground storage tanks on the property? ☐ Yes ☐ No ☒ Unknown

If Yes, are tanks in current use? ☐ Yes ☐ No ☐ Unknown

If no longer in use, how long have they been out of service? _____

If tanks are no longer in use, have tanks been abandoned according to DEP? ☐ Yes ☐ No ☐ UnknownAre tanks registered with DEP? ☐ Yes ☐ No ☐ Unknown

Age of tank(s): _____ Size of tank(s): _____

Location: _____

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What materials are, or were, stored in the tank(s)? _____

Have you experienced any problems such as leakage: ☐ Yes ☐ No ☐ Unknown

Comments: _____

Source of information: Seller

B. ASBESTOS - Is there now or has there been asbestos:

As insulation on the heating system pipes or duct work? ☐ Yes ☒ No ☐ Unknown

In the ceilings? ☐ Yes ☒ No ☐ Unknown

In the siding? ☐ Yes ☒ No ☐ Unknown

In the roofing shingles? ☐ Yes ☒ No ☐ Unknown

In flooring tiles? ☐ Yes ☒ No ☐ Unknown

Other: ☐ Yes ☒ No ☐ Unknown

Comments: _____

Source of information: Seller

C. RADON/AIR - Current or previously existing:

Has the property been tested? ☐ Yes ☒ No ☐ Unknown

If Yes: Date: _____ By: _____

Results: _____

If applicable, what remedial steps were taken? _____

Has the property been tested since remedial steps? ☐ Yes ☐ No ☐ Unknown

Are test results available? ☐ Yes ☐ No

Results/Comments: _____

Source of information: Seller

D. RADON/WATER - Current or previously existing:

Has the property been tested? ☐ Yes ☒ No ☐ Unknown

If Yes: Date: _____ By: _____

Results: _____

If applicable, what remedial steps were taken? _____

Has the property been tested since remedial steps? ☐ Yes ☐ No ☐ Unknown

Are test results available? ☐ Yes ☐ No

Results/Comments: _____

Source of information: Seller

E. METHAMPHETAMINE - Current or previously existing:

☐ Yes ☒ No ☐ Unknown

Comments: _____

Source of information: Seller

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Initial
lms

DS
Wad

PROPERTY LOCATED AT: 45 Traditional Way, Tremont, ME 04612**F. LEAD-BASED PAINT/PAINT HAZARDS** - (Note: Lead-based paint is most commonly found in homes constructed prior to 1978)Is there now or has there ever been lead-based paint and/or lead-based paint hazards on the property?
..... ☐ Yes ☒ No ☐ Unknown ☐ Unknown (but possible due to age)

If Yes, describe location and basis for determination: _____

Do you know of any records/reports pertaining to such lead-based paint/lead-based paint hazards: ☐ Yes ☒ No

If Yes, describe: _____

Are you aware of any cracking, peeling or flaking paint? ☐ Yes ☒ No

Comments: _____

Source of information: Seller, Realtor observation.**G. OTHER HAZARDOUS MATERIALS** - Current or previously existing:TOXIC MATERIAL: ☐ Yes ☐ No ☒ UnknownLAND FILL: ☐ Yes ☐ No ☒ UnknownRADIOACTIVE MATERIAL: ☐ Yes ☐ No ☒ Unknown

Other: _____

Source of information: Seller**Buyers are encouraged to seek information from professionals regarding any specific issue or concern.****SECTION V - ACCESS TO THE PROPERTY**Is the property subject to or have the benefit of any encroachments, easements, rights-of-way, leases, rights of first refusal, life estates, private ways, trails, homeowner associations (including condominiums and PUD's) or restrictive covenants? ☒ Yes ☐ No ☐ UnknownIf Yes, explain: Covenant Restrictions, ROW on Traditional WaySource of information: DeedIs access by means of a way owned and maintained by the State, a county, or a municipality over which the public has a right to pass? ☐ Yes ☒ No ☐ UnknownIf No, who is responsible for maintenance? Homeowners on Traditional Way

Road Association Name (if known): _____

Source of information: Seller

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PROPERTY LOCATED AT: 45 Traditional Way, Tremont, ME 04612**SECTION VI – FLOOD HAZARD**

For the purposes of this section, Maine law defines "flood" as follows:

- (1) A general and temporary condition of partial or complete inundation of normally dry areas from: (a) The overflow of inland or tidal waters; or (b) The unusual and rapid accumulation or runoff of surface waters from any source; or
- (2) The collapse or subsidence of land along the shore of a lake or other body of water as a result of erosion or undermining caused by waves or currents of water exceeding anticipated cyclical levels or suddenly caused by an unusually high water level in a natural body of water, accompanied by a severe storm or by an unanticipated force of nature, such as a flash flood or an abnormal tidal surge, or by some similarly unusual and unforeseeable event that results in flooding as described in subparagraph (1), division (a).

For purposes of this section, Maine law defines "area of special flood hazard" as land in a floodplain having 1% or greater chance of flooding in any given year, as identified in the effective federal flood insurance study and corresponding flood insurance rate maps.

During the time the seller has owned the property:

Have any flood events affected the property? ☐ Yes ☒ No ☐ Unknown

If Yes, explain: _____

Have any flood events affected a structure on the property? ☐ Yes ☒ No ☐ Unknown

If Yes, explain: _____

Has any flood-related damage to a structure occurred on the property? ☐ Yes ☒ No ☐ Unknown

If Yes, explain: _____

Has there been any flood insurance claims filed for a structure on the property? ☐ Yes ☒ No ☐ Unknown

If Yes, indicate the dates of each claim: _____

Has there been any past disaster-related aid provided related to the property or a structure on the property from federal, state or local sources for purposes of flood recovery? ☐ Yes ☒ No ☐ Unknown

If Yes, indicate the date of each payment: _____

Is the property currently located wholly or partially within an area of special flood hazard mapped on the effective flood insurance rate map issued by the Federal Emergency Management Agency on or after March 4, 2002? ☐ Yes ☒ No ☐ Unknown

If yes, what is the federally designated flood zone for the property indicated on that flood insurance rate map?

Relevant Panel Number: _____ Year: _____ (Attach a copy)

Comments: _____

Source of Section VI information: **Seller, FEMA map attached.**

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PROPERTY LOCATED AT: 45 Traditional Way, Tremont, ME 04612**SECTION VII - GENERAL INFORMATION**

Are there any tax exemptions or reductions for this property for any reason including but not limited to: Tree Growth, Open Space and Farmland, Veteran's, Homestead Exemption, Blind, Working Waterfront?.....
 ☐ Yes ☒ No ☐ Unknown

If Yes, explain: _____

Is a Forest Management and Harvest Plan available?..... ☐ Yes ☒ No ☐ Unknown

Is the property subject to any of the following relating to shoreland zoning ordinances: a) A notice of violation issued by a municipal official or state agency; b) A pending enforcement action; c) Litigation; d) A court judgment; or e) A settlement or consent agreement?..... ☐ Yes ☒ No ☐ Unknown

If Yes, explain: _____

Equipment leased or not owned (including but not limited to, propane tank, hot water heater, satellite dish, water filtration system, photovoltaics, wind turbines): Type: Propane Tanks owned by Coastal Energy

Year Principal Structure Built: 2022-2024 What year did Seller acquire property? 2022

Roof: Year Shingles/Other Installed: 2023

Water, moisture or leakage: None

Comments: _____

Foundation/Basement:

Is there a Sump Pump? ☐ Yes ☒ No ☐ Unknown

Water, moisture or leakage since you owned the property: ☐ Yes ☒ No ☐ Unknown

Prior water, moisture or leakage? ☐ Yes ☒ No ☐ Unknown

Comments: _____

Mold: Has the property ever been tested for mold? ☐ Yes ☒ No ☐ Unknown

If Yes, are test results available? ☐ Yes ☐ No

Comments: _____

Electrical: ☐ Fuses ☒ Circuit Breaker ☐ Other: _____ ☐ Unknown

Comments: _____

Has all or a portion of the property been surveyed? ☒ Yes ☐ No ☐ Unknown

If Yes, is the survey available? ☒ Yes ☐ No ☐ Unknown

Manufactured Housing - Is the residence a:

Mobile Home ☐ Yes ☒ No ☐ Unknown

Modular ☐ Yes ☒ No ☐ Unknown

Known defects or hazardous materials caused by insect or animal infestation inside or on the residential structure

..... ☐ Yes ☒ No ☐ Unknown

Comments: Subdivision survey attached.

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KNOWN MATERIAL DEFECTS about Physical Condition and/or value of Property, including those that may have an adverse impact on health/safety: None known.

Comments: _____

Source of Section VII information: Seller

SECTION VIII - ADDITIONAL INFORMATION

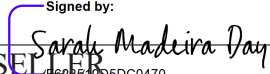
Hot and cold water is available at outdoor spigot.

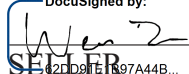
ATTACHMENTS EXPLAINING CURRENT PROBLEMS, PAST REPAIRS OR ADDITIONAL INFORMATION IN ANY SECTION IN DISCLOSURE: ☒ Yes ☐ No

Seller shall be responsible and liable for any failure to provide known information regarding known material defects to the Buyer.

Neither Seller nor any Broker makes any representations as to the applicability of, or compliance with, any codes of any sort, whether state, municipal, federal or any other, including but not limited to fire, life safety, building, electrical or plumbing.

As Sellers, we have provided the above information and represent that all information is correct. To the best of our knowledge, all systems and equipment, unless otherwise noted on this form, are in operational condition.

Signed by: 7/22/2026

 SELLER
 162881965DC0470...
Sarah Madeira Day
 DATE

DocuSigned by: 7/22/2026

 SELLER
 164270947E1697A44B...
Wesley G Day
 DATE

SELLER DATE

SELLER DATE

I/We have read and received a copy of this disclosure, the arsenic in wood fact sheet, the arsenic in water brochure, and understand that I/we should seek information from qualified professionals if I/we have questions or concerns.

BUYER DATE

BUYER DATE

BUYER DATE

BUYER DATE



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Div. Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION City, Town, or Plantation: <u>TREMONT</u> Street or Road: <u>TRADITIONS WAY</u> Subdivision, Lot #: <u>LOT 5</u>		>> CAUTION: LPI APPROVAL REQUIRED << Town/City: <u>Tremont</u> Permit #: <u>1980</u> Date Permit Issued: <u>08/23/21</u> Fee \$ <u>285</u> Double Fee Charged () Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. #: <u>1373</u> Fee: \$ <u>62.50</u> state min. fee \$ <u>222.50</u> Locally adopted fee Copy: ☐ Owner ☒ Town ☐ State	
OWNER/APPLICANT INFORMATION Name (last, first, MI): <u>HECKEL, DAVID</u> ☐ Owner ☐ Applicant Mailing Address of: <u>605 S. SPRUCE STREET</u> ☒ Owner ☐ Applicant <u>LITITZ, PA 17543</u> Daytime Tel. #: <u>(717) 314-1021</u> email address:		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules. Municipal Tax Map #: <u>005</u> Lot #: <u>033-05</u>	
OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit. Signature of Owner or Applicant: _____ Date: _____		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. <u>N/A</u> Local Plumbing Inspector Signature: <u>[Signature]</u> (1st Date Approved) <u>10/7/2021</u> (2nd Date Approved)	

PERMIT INFORMATION

TYPE OF APPLICATION ☒ 1. First Time System ☐ 2. Replacement System Type Replaced: _____ Year installed: _____ ☐ 3. Expanded System ☐ a. Minor Expansion <25% ☐ b. Major Expansion ≥ 25% ☐ 4. Experimental System ☐ 5. Seasonal Conversion	THIS APPLICATION REQUIRES ☒ 1. No Rule Variance ☐ 2. First Time System Variance ☐ a. Local Plumbing Inspector Approval ☐ b. State & Local Plumbing Inspector Approval ☐ 3. Replacement System Variance ☐ a. Local Plumbing Inspector Approval ☐ b. State & Local Plumbing Inspector Approval ☐ 4. Minimum Lot Size Variance ☐ 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S) ☒ 1. Complete Non-engineered System ☐ 2. Primitive System (graywater & alt. toilet) ☐ 3. Alternative Toilet, specify: _____ ☐ 4. Non-engineered Treatment Tank (only) ☐ 5. Holding Tank, _____ gallons ☐ 6. Non-engineered Disposal Field (only) ☐ 7. Separated Laundry System ☐ 8. Complete Engineered System (2000 gpd or more) ☐ 9. Engineered Treatment Tank (only) ☐ 10. Engineered Disposal Field (only) ☐ 11. Pre-treatment, specify: _____ ☐ 12. Miscellaneous components
SIZE OF PROPERTY _____ sq. ft. <u>1.17</u> acres	DISPOSAL SYSTEM TO SERVE ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> ☐ 2. Multiple Family Dwelling, No. of Units: _____ ☒ 3. Other: (SPECIFY) <u>2 BEDROOM GUEST COTTAGE</u> Current Use: ☐ Seasonal ☐ Year Round ☒ Undeveloped	TYPE OF WATER SUPPLY ☒ Proposed ☐ Existing ☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private ☐ 4. Public ☐ 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK ☒ 1. Concrete ☐ a. Regular <u>2-1000 GAL.</u> ☐ b. Low Profile <u>TANKS</u> ☐ c. with lift station <u>N-SERIES</u> ☐ d. water tight ☐ e. two compartment ☐ 2. Plastic ☐ 3. Other: _____ CAPACITY: <u>2000</u> gallons	DISPOSAL FIELD TYPE & SIZE ☐ 1. Stone Bed ☐ 2. Stone Trench ☒ 3. Proprietary Device <u>36 TYPE 843 GSF UNITS</u> ☐ a. Cluster Array ☐ c. Linear ☐ b. Regular load ☐ d. H-20 load ☐ 4. Other: _____ SIZE: <u>1728</u> sq. ft. ☐ lin. ft.	GARBAGE DISPOSAL UNIT ☒ 1. No ☐ 2. Yes ☐ 3. Maybe If Yes or Maybe, specify one below: ☐ a. Multi-compartment Tank ☐ b. _____ Tanks in Series ☐ c. Increase in Tank Capacity ☐ d. Filter on Tank Outlet	DESIGN FLOW <u>450</u> gallons per day BASED ON ☐ 1. Table 4A (dwelling unit(s)) ☐ 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>3 BEDROOM</u> HOUSE: <u>270 GPD</u> 2 BED ROOM GUEST COTTAGE: <u>180 GPD</u> <u>450 GPD</u> ☐ 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION: <u>3 ID/A III</u> at Observation Hole # <u>1</u> Depth <u>10</u> " S.C.W.T. OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING ☐ 1. Medium - 2.6 sq. ft./gpd ☒ 2. Medium-Large - 3.3 sq. ft./gpd ☐ 3. Large - 4.1 sq. ft./gpd ☐ 4. Extra Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP ☐ 1. Not Required ☐ 2. May be Required ☒ 3. Required Specify only for engineered systems DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44° 14' 14" N</u> Lon. <u>68° 02' 16" W</u> If g.p.s., state margin of error: <u>2.0'</u>

SITE EVALUATOR STATEMENT

I certify that on 6-29-2021 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: [Signature] 319 SE# 7-4-21 Date
 WILLIAM A. LaBELLE, JR. (207) 537-5900 E-mail Address: labelleseptic@rivah.net

Site Evaluator Name Printed Telephone Number E-mail Address
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation
TREMONT

Street, Road, Subdivision
**LOT 5
TRADITIONS WAY**

Owner or Applicant Name
DAVID HECKEL

SITE PLAN

Scale 1" = _____ Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)

(SEE ATTACHED SITE PLAN)

TABLE 7A

Reduction in setbacks between a Private Potable Water Supply
and a disposal field with a design flow of less than 1,000 gpd

Depth of well casing or linear seal below ground level	Reduction in the minimum 100 ft. setback distance
>40 feet to 55 feet	100 down to 90 feet
>55 feet to 70 feet	100 down to 80 feet
>70 feet to 86 feet	100 down to 70 feet
>86 feet	100 down to 60 feet

TP#3: 3-D/A, III, 10" S.G.W.T.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1 ☒ Test Pit ☐ Boring
6 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
FINE	FRIABLE	DARK YELLOWISH BROWN 10YR3/6	N.E.
SANDY			
LOAM	FIRM		ORGANIC STRUCTURE
(ASSUMED LEDGE BEFORE 48")			

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Profile	Classification Condition	Slope	Limiting Factor	☒ Ground Water	☐ Restrictive Layer	☐ Bedrock	☐ Pit Depth
3	D/A, III	0-6%	10"				

Observation Hole #2 ☒ Test Pit ☐ Boring
6 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
FINE	FRIABLE	DARK YELLOWISH BROWN (10YR3/4)	N.E.
SANDY			
LOAM	FIRM		
(ASSUMED LEDGE BEFORE 48")			

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Profile	Classification Condition	Slope	Limiting Factor	☒ Ground Water	☐ Restrictive Layer	☐ Bedrock	☐ Pit Depth
3	C/A, III	0-6%	18"				

W.C. R. D.
Site Evaluator's Signature

319
S. E. #

7-4-21
Date

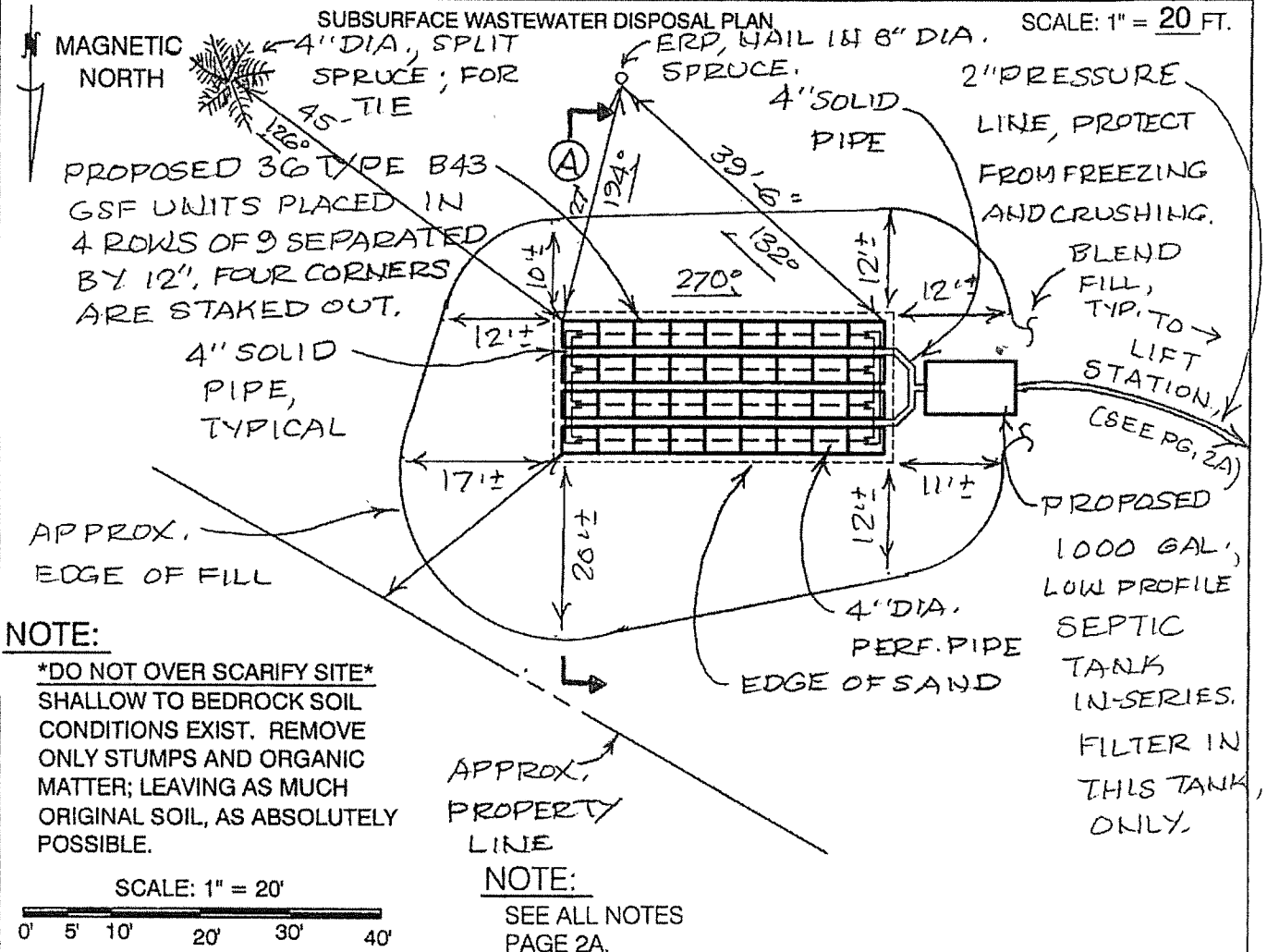
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation
TREMONT

Street, Road, Subdivision **LOT 5**
TRADITIONS WAY

Owner or Applicant Name
DAVID HECKEL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT	
Depth of Backfill (Upslope)	27"	Finished Grade Elevation	MIN. -41"			Location & Description	NAIL 50"
Depth of Backfill (Downslope)	27"-38"	Top of Distribution Pipe or Proprietary Device	-42"		N/A		ABOVE GROUND IN AN
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field (GSF UNITS)	-66"				8" DIA. SPRUCE.
						Reference Elevation is:	0"

NOTES: DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands, water bodies and water courses must be done in compliance with Section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
5. Install water tight risers of appropriate size to within 6" of finished grade on tank inlet, cleanout and outlet covers (recommend all to finish grade). Install water tight risers of appropriate size to finish grade on outlet tank covers, which house a filter, in-tank pump chambers and separate pump tanks. (Section 6-F of the subsurface code).
6. Protect lift stations, pump tanks and 2" pressure lines from freezing.
7. Full basement below grade foundation or frost wall must be 20' minimum from edge of disposal field and no full basement, slab, columns or posts must be 15' minimum from edge of disposal field.

W. O. 2. 1
Site Evaluator's Signature

319
S.E. #

7-4-21
Date

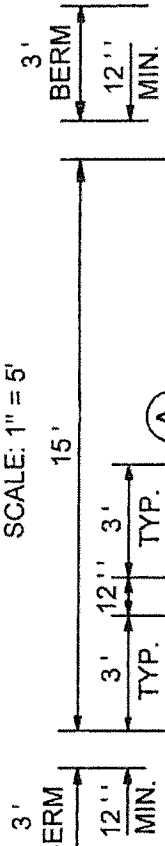
5-77-5

GSF UNITS CROSS SECTION

NOTE:

GRADE UPSLOPE TO DIVERT
SURFACE WATER AWAY FROM
SYSTEM.

SCALE: 1" = 5'



NOTE:

DO NOT OVER SCARIFY SITE
SHALLOW TO BEDROCK SOIL
CONDITIONS EXIST. REMOVE
ONLY STUMPS AND ORGANIC
MATTER, LEAVING AS MUCH
ORIGINAL SOIL, AS ABSOLUTELY
POSSIBLE.

TOP 4" OF FILL TO BE A GOOD LOAM
SOIL MIX TO ESTABLISH A GOOD
VEGETATIVE COVER; SEED
AND MULCH TO PREVENT EROSION,
SEC. 11-G.

FILL MATERIAL SHALL BE 8"-12" THICK
OVER GSF UNITS AND SHALL BE GRAVELLY
COARSE SAND TO THE STANDARDS IN
SEC. 11-E IN THE SUBSURFACE RULES.

4" PERF. PIPE, TYPICAL
12" CLEAN FILL OVER
SYSTEM, (MINIMUM).

GEOTEXTILE FABRIC, DO NOT BLOCK
HOLES IN PERF. PIPE.

EDGE OF 3 FT. BERM

CROWN FINISH GRADE
AT CENTER @ 3% SLOPE

EDGE OF 3 FT. BERM

FILL EXTENSIONS
NO GREATER THAN
4:1, (25% SLOPE).

EXISTING GRADE
LIMITING FACTOR
FILL UNDER AND AROUND SYSTEM TO BE
COARSE GRAVELLY SANDS.
6" OF MEDIUM TO COARSE SAND.

BOTTOM OF GSF UNITS MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 2" PER 100'.

REMOVE VEGETATION AND SCARIFY ORIGINAL
SOIL UNDER ENTIRE FILL AREA, SEC. 11-B.
(SEE NOTE ABOVE).

THOROUGHLY MIX, DISK OR ROTO-TILL
CLEAN, COARSE, SHARP SAND INTO
TOP 6 INCHES OF ORIGINAL SOIL TO
CREATE A TRANSITION ZONE, SEC. 11-B.

ELEVATIONS:

ELEV. REF. PT. (ERP): 0"

FINISHED GRADE:

TOP OF PIPE:

TOP OF GSF UNITS:

BOTTOM OF GSF UNITS:

BOTTOM OF SAND:

OWNER: DAVID HECKEL

LOCATION: TREMONT

W.A. Labelle, Jr.

DOC20

WILLIAM A. LABELLE, JR.

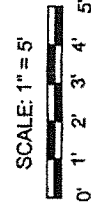
S.E.#

319

DATE

7-4-21

- 41" MIN.
- 49"
- 53"
- 60"
- 66"





Department of Health and Human Services
Health and Environmental Testing Laboratory

47 Independence Drive
#12 State House Station
Augusta, ME 04330-0012
Phone: (207)287-2727 Fax: (207)287-6832
TTY: 1-800-606-0215
EPA ID: 2023ME02

WESLEY DAY
6 FORESIDE RD
CUMBERLAND FORESIDE ME 04110

Logged: 8/14/2024 12:40:39PM

Folder #: 2413766

Office Use Only:
Do Not Bill
CASH
Private

Released: 9/6/2024

No. of Samples in Folder:(1)

2413766-01 NEW_WELL_TEST

CERTIFICATION

The HETL hereby certifies that all test results for this sample were analyzed by the method listed, including preservation, preparation, and holding times, unless otherwise indicated.

Dr. Samson Omole, Laboratory Director

Stephanie Mathias, Quality Assurance Officer

If we can be of further assistance to you, please call us at 287-1716.

Approved by:

Edward J. Adams, Ph.D.
Organic and Environmental Metals Supervisor

Kimberly Buffum
Radiochemistry Supervisor

If you would like your results quicker, and this report was delivered in the mail, email Edward Adams (edward.j.adams@maine.gov) with the client name on file (normally your name), sample number from this report, client ID (if applicable), and the preferred email address where reports should be sent and we will update your profile for future reports.

Continued from Previous Page

Lab Sample#: 2413766-01			Sample Address:						
Sample Matrix: DW-H2O			Sample Point:			Surface:			
Description: 45 TRADITIONAL WAY			Sample Date: 08/13/2024		Sample Time: 10:48:00				
Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
ANIONS_DW (300.0)									
Chloride	19	mg/L		250	1			08/14/2024 13:10:00	M.E.
Fluoride	0.13	mg/L		2.0	0.05			08/14/2024 13:10:00	M.E.
Nitrite Nitrogen	<0.05	mg/L		1	0.05			08/14/2024 13:10:00	M.E.
Nitrate Nitrogen	0.15	mg/L		10	0.05			08/14/2024 13:10:00	M.E.
E. coli (9223 B)	1	MPN/100ml	**	<1	1			08/14/2024 16:33:00	E.F.
METALS_200.8 (200.8)									
Total Hardness	42	mg/L			0			08/21/2024 20:49:51	D.R.
Arsenic	<0.5	ug/L		10	0.5			08/21/2024 20:49:51	D.R.
Calcium	14	mg/L			0.05			08/21/2024 20:49:51	D.R.
Copper	0.0019	mg/L		1.3	0.001			08/21/2024 20:49:51	D.R.
Iron	0.24	mg/L			0.05			08/21/2024 20:49:51	D.R.
Magnesium	1.7	mg/L			0.05			08/21/2024 20:49:51	D.R.
Manganese	0.075	mg/L	*		0.0005			08/21/2024 20:49:51	D.R.
Uranium	<0.5	ug/L		30	0.5			08/21/2024 20:49:51	D.R.
pH (4500-H+B)	7.5	S.U.		8.5		8.5	6.5	08/19/2024 10:10:00	L.S.
Coliform, Total (9223 B)	54	MPN/100ml	**	<1	1			08/14/2024 16:33:00	E.F.



A single star (*) in the Qualifier column indicates that your result for that test exceeds the EPA secondary standard, listed in the MCL column of the report, which may cause aesthetic or cosmetic effects such as taste, odor, color, or skin or tooth discoloration. When applicable, please refer to the attached report for analytes tested at a subcontracted laboratory to determine the quality and safety of your water.



A double star (**) in the Qualifier column indicates that your result for that test exceeds the highest-level EPA allows for public water supplies, listed in the MCL column of the report. Although EPA does not regulate your water, we are providing this information for your comparison. When applicable, please refer to the attached report for analytes tested at a subcontracted laboratory to determine the quality and safety of your water.

TOTAL COLIFORM

Coliform bacteria are organisms which live in the intestines of humans and animals. They also can be found in plants, soils and surface water. Presence of these bacteria indicate that other harmful organisms may be present in the water. Since testing for a specific disease-causing organism is difficult, the coliform bacteria test is considered the best way to determine whether or not a water supply is safe from bacterial contamination.

DRINKING WATER STANDARD AND HEALTH RISKS:

Water containing any coliform bacteria per 100 milliliters of water, should not be used for drinking or cooking unless boiled for 5 minutes or disinfected by other means. Bacteria and other organisms found in drinking water can cause intestinal upset as well as diseases such as dysentery, typhoid and hepatitis.

POSSIBLE SOURCE OF CONTAMINATION:

Most bacteria in wells or springs come from surface water contaminated by decayed animal waste or human activities. As surface water seeps downward through the soil towards the water table, these bacteria may be naturally removed by the soils. The extent of removal depends on the depth and character of the soil. In general, shallow wells and springs are more likely to be contaminated than deep wells. Wells and springs must be properly located, constructed and maintained in order to prevent surface water from entering the well or spring. Presence of coliform bacteria in wells or springs usually result from:

1. Well or spring covers that allow dust, rain, bird droppings, etc. to enter.
2. Wells or springs that are located in areas where surface water covers the source during wet periods of the year.
3. Defective steel well-casing seals.
4. Shallow wells or springs with rocked up side walls.
5. Recent changes or repairs to the well or spring, pumps, piping, etc.
6. Improper well location and/or construction.

If you have one or more of the problems described above, it should be corrected. If it is not corrected, the problem may reoccur, even after repeated disinfection.

CORRECTIVE ACTION:

The water system may be disinfected by mixing chlorine bleach (Clorox, Dazle, etc.) with the water in the well or spring in the following dosages: Abbreviations in Table => [QT= quart GAL= gallon C= cup FT= feet]

DUG WELL: DEPTH*	5 FT	10 FT	15 FT	20 FT
DOSAGE	1/2 GAL	1 GAL	1 1/2 GAL	2 GAL

*Approximate amount of water in the bottom of a well and not the total depth of the well. For a surface SPRING, use 2 gallons.

DRILLED WELL: DEPTH	50 FT	100 FT	150 FT	200 FT	250 FT	300 FT
DOSAGE*	2 1/2 C	1 1/2 QT	2 QT	2 1/2 QT	3 QT	3 1/2 QT

*PLEASE NOTE: A greater amount of chlorine may be needed to disinfect the water depending on the degree of contamination.

Once the chlorine has been mixed with the water, open all faucets, sillcocks and similar outlets individually until you smell chlorine in each outlet. Allow the mixture to stand in the system overnight, then flush the chlorine mixture from the system using an outside faucet and garden hose. DO NOT FLUSH THE MIXTURE INTO YOUR SEPTIC SYSTEM!! You may resume using the toilet facilities as the septic system is designed to handle this, but the septic system cannot handle the large amount of water needed to flush the chlorine from the well. Since the chlorine will kill the grass, be careful where you run the water outside. After disinfection, the water supply should be resampled. Resample kits for "bacteria only" are available. Resampling should be done only after the odor of chlorine disappears. It takes about 3 or 4 days of normal water usage before all of the chlorine smell disappears.

*NOTE: WATER TREATMENT USERS - CHECK WITH MANUFACTURER FIRST!

The EPA states that pH must be taken immediately, so the laboratory result is an estimate.

ARSENIC

HOW MUCH IS TOO MUCH ARSENIC IN WELL WATER?

As of 1/23/06, the EPA Maximum Contaminant Level (MCL) for arsenic in domestic well water is 10 micrograms of arsenic per liter of water (10 ug/L). This is the same guideline used by the World Health Organization.

THE HARM CAUSED BY ARSENIC

People who drink water high in arsenic for many years are more likely to get cancer. Drinking water very high in arsenic may also cause stomach pain, nausea, vomiting and diarrhea, numbness or tingling in the hands and feet, as well as effects on blood and the heart. How likely you are to get cancer or any other health effects from arsenic in water depends on three major factors: 1) How much arsenic is in your water; 2) How much tap water you regularly drink; 3) How long you have been drinking the water. If you are concerned about health problems possibly due to arsenic in your well water, you should discuss them with your doctor. You may also call one of the Bureau of Health's toxicologists toll-free at 866-292-3474.

I JUST FOUND OUT I HAVE HIGH ARSENIC WATER. WHAT SHOULD I DO?

If your water has more than 10 ug/L arsenic, we recommend you begin taking steps to reduce use of this water for drinking and making beverages. Switching to bottled water will greatly reduce how much arsenic gets into your body and will allow you to safely take your time in deciding what, if any, treatment you want to have installed to remove arsenic from your well water. Sometimes, simply switching to bottled water is all that is needed.

CAN I USE MY WELL WATER FOR COOKING IF IT HAS ARSENIC IN IT?

The answer depends on: a) how much arsenic is in your water, b) how much water is either absorbed or used when making a food, and c) how often you eat such foods. Pasta, rice, oatmeal and dried beans are good examples of foods that absorb a lot of water when cooked. Soup is a good example of a food where water is added by recipe. It is a good idea to avoid using high arsenic water with these types of foods. Steaming vegetables is ok - the arsenic is not in the steam, it stays in the liquid.

CAN I USE MY WELL WATER FOR BATHING IF IT HAS HIGH ARSENIC?

Current information shows that little arsenic gets into your body from bathing, at least for adults. If you have high arsenic water and are concerned about bathing your kids, you can contact Bureau of Health toxicologists toll-free at 866-292-3474 for more information.

IS THERE A WAY TO REMOVE ARSENIC FROM WELL WATER?

Yes. One of the most often used arsenic removal systems in homes is a type of filtering system called reverse osmosis (often just called "RO"). There are other treatment systems too that rely on a media that adsorbs arsenic. Check to see if the treatment system has been certified by the National Sanitation Foundation (www.nsf.org). Water treatment specialists can be found in the yellow pages of your phone book (talk to at least two. Be sure to test at least once a year after any system is installed to make sure it is working. For more information contact our Drinking Water Program at 287-2070.

SHOULD I TELL MY NEIGHBORS IF MY WELL TESTS HIGH FOR ARSENIC?

Yes. Sometimes high arsenic wells cluster in groups. Also, the Bureau of Health recommends that all private wells should be tested for arsenic.

CALCIUM

Method 200.8 is not an approved EPA Method for the analysis of calcium.

IRON AND MANGANESE

Most water contains some iron and manganese which naturally leaches from rocks and soils. Found naturally in soils, rocks, plants, and most water supplies, these minerals are essential to human health. Excess amounts in drinking water can cause discolored water, rusty-brown stains or black specs on fixtures and laundry. Excess amounts may also affect the taste of beverages and can build up deposits in pipes, heaters or pressure tanks.

DRINKING WATER STANDARDS AND HEALTH RISKS:

Iron and manganese in the amounts found in most drinking waters are not harmful to health. The EPA secondary drinking water standards of 0.3 milligram per liter for iron and 0.05 milligram per liter for manganese are set to indicate problems of taste, staining, and cloudiness.

Manganese is one of a small group of chemicals (including iron, copper and a few others) that reaches an undesirable level due to taste, odor, or color before it becomes a health hazard. For this reason, health-based guidelines for these chemicals are usually not available. Instead, secondary or aesthetic MCLs have been promulgated by the U.S. EPA. These SMCLs are not formally adopted by the state and thus are not legally enforceable. However, exceeding the SMCL usually means that the water is undesirable for human consumption. The SMCL for manganese is 0.05 mg/l.

The existence of an SMCL for a chemical does not preclude that chemical being present in water at a level that would be a health concern if consumed. Consumption of water containing large amounts of manganese has been documented to cause adverse health effects in a few cases. Because of the large amounts of wells being found in the state with high manganese levels, and because some people apparently consume water containing levels much higher than the SMCL, it was determined that a guideline for protection of public health was necessary in addition to the existing SMCL.

The MECDC has determined that a reasonable guideline for manganese would be about 0.3 mg/l.

POSSIBLE SOURCE OF CONTAMINATION:

In some places iron occurs in high concentrations naturally because of the type of rocks and soils the water comes in contact with. If the water is acidic, ground water can also pick up additional iron from contact with well casing, pump, and piping. The more acidic the water, the more it will dissolve metal from the surface it contacts.

High iron in ground water also can be caused by landfill leachate or a leaking petroleum tank.

CORRECTING THE PROBLEM:

Iron and manganese can be removed by any one of a number of methods. Contact a water treatment specialist. They are listed in the yellow pages under Water Treatment.

EPA considers Iron to be a Secondary Drinking Water Standard that may cause cosmetic or aesthetic affects in drinking water above 0.3mg/L. Method 200.8 is not an approved EPA Method for the analysis of iron.

IF YOU HAVE ANY QUESTIONS ON HOW TO CORRECT THE PROBLEM, PLEASE CONTACT THE HEALTH & ENVIRONMENTAL TESTING LABORATORY AT 287-1716.

MAGNESIUM

Method 200.8 is not an approved EPA Method for the analysis of magnesium.

EXPLANATION OF FLUORIDE RESULTS

This fact sheet is to help you understand what your fluoride test result means for you and your family. Fluoride is a mineral that helps protect teeth against tooth decay when it is present in water in the correct amount. Children benefit the most, but this benefit will continue through life for everyone who drinks fluoridated water. You should compare your test result ("Result") to the explanations on this page to see what your test result means for you and your family, and discuss fluoride levels with your family health care provider to determine whether the levels are appropriate for you and your family.

If your lab result ("Result") is:

<.2 - .29 ppm*

Your fluoride test result shows a very small amount of fluoride in your water. This is not enough fluoride to help protect children's teeth against decay. If there are children in your family, you should talk with your family dentist or doctor to get a prescription for fluoride drops or tablets for your child(ren).

.3 - .6 ppm

Your fluoride test result shows that there is some fluoride in your water, but it may not be enough to protect your children's teeth against decay. You should talk with your family dentist or doctor to see if you need a prescription for fluoride drops or tablets for your child(ren).

>.6 ppm or higher*

Your fluoride test result shows that there is enough fluoride in your water to help protect your children's teeth against decay. You should talk with your family dentist or doctor about this result.

* This symbol ("<") means "less than." This symbol (">") means "greater than."

* "ppm" means "parts per million." "Parts per million" is also written "mg/L" which means "milligrams per liter."

Dietary Fluoride Supplementation Dosage Schedule in mg F/day. *+

Age of child (years)	Water fluoride concentration (ppm or mg/L**)		
	Less than 0.30 ppm	0.3 - 0.6 ppm	Greater than 0.60 ppm
6 months - 3 years	0.25	0	0
3 - 6 years	0.50	0.25	0
6 - at least 16 years	1.00	0.50	0

* 2.2 mg. sodium fluoride provides 1 mg. fluoride

+ Recommended by the American Dental Association (1994)

** ppm - parts per million is equivalent to mg./L

For more information contact the Maine Department of Human Services, Bureau of Health Oral Health Program

Tel #: (207) 287-2361; Fax #: (207) 287-4631; TTY#: (207) 287-8015

HARDNESS

Hardness is caused by minerals, primarily calcium and magnesium, which are picked up by water passing through underground mineral deposits. Hard water is not considered contaminated, but it does retard the cleaning action of soap and forms a scale on cooking utensils, hot water pipes and heaters. This build-up may eventually reduce pipe capacity and water pressure. Hardness is the total concentration of calcium and magnesium in water.

The U.S. Geological Survey general guidelines for classification of waters are: 0 to 60 mg/L (milligrams per liter) is classified as soft; 61 to 120 mg/L as moderately hard; 121 to 180 mg/L as hard; and greater than 180 mg/L as very hard

There is no standard for hardness. Hard water is not harmful to health. Calcium and magnesium are essential body elements. In fact, studies suggest that hard water is better for cardiovascular health than soft water, though the reasons for this are not yet known.

Water softeners are available from water treatment specialists. In the process of removing minerals, sodium is added to the water and may be unsuitable for a person on a low-sodium diet. See the yellow pages under "Water Treatment" for the name of a specialist in your area.

Method 200.8 is not an approved EPA Method for the calculation of Total Hardness.

IF YOU HAVE ANY QUESTIONS ON HOW TO CORRECT THE PROBLEM, PLEASE CONTACT THE HEALTH & ENVIRONMENTAL TESTING LABORATORY AT 287-1716.

Units & Measurement

"mg/L" = Milligrams per liter;

"ug/L" = Micrograms per Liter;

"mg/Kg" = Milligrams per Kilogram;

"ug/Kg" = Micrograms per Kilogram;

"NTU" = Nephelometric Turbidity Units;

"pCi/L" = Picocuries per Liter;

The MCL, Maximum Contaminant Level is listed for comparing your results with recommended levels.

In the "Qualifier" column, an " * " is placed to indicate any results that **exceed** this MCL.

If there are no " * " in the "Qualifier" column, your result is considered satisfactory for those tests.

All solid results are reported on a "Dry Weight" basis.

Blanks are analyzed, but sample results are not blank corrected.

RL-Reporting Limit is the lowest concentration which can be reliably reported on a routine basis.

"<" = Less than ">" = Greater than

MCL - Maximum Contaminant Level is the highest level allowed by EPA for public water supplies. Also used here as the maximum advisory limit set by the Maine Centers for Disease Control and Prevention.

Note: Results below the advisory limit, including < and J are considered satisfactory for that parameter.

Results are from the samples as received.

Disclaimer

Your report consists of the number of pages listed on the cover page. Any attachments after the last numbered page are for informational purposes only and are not part of the formal report.

The results in this report are for the submitted sample(s) only.

This report shall not be reproduced, except in full, without written permission from the Maine Health and Environmental Testing Laboratory.

Continued from Previous Page

Qualifiers Legend:**User selectable**

Code	Description
*	> Secondary Limit
**	> MCL
~	Approximately
Ach	Above Calibration Curve
B	Blank Contamination
Fl	Fluoride result is between 2 and 4 ppm
Hi	
J	<RL>MDL
Lo	
Nan	Not Analyzed
Nc	Not Confirmed
Nt	NonTarget Compound
R	Rejected
Rec	Recovery
T	Temperature does not meet criteria
U	Undetected

