

PROPERTY LOCATED AT: 12 Pretty Marsh Road, Mount Desert, ME 04660

### 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: 06/13/2025 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? Chemical Food Pump installed in 2015.  
UV light installed in 2021.

IF PRIVATE: (Strike Section if Not Applicable):

INSTALLATION: Location: Near carport on house side.

Installed by: Campbell Well Drilling

Date of Installation: 1972. When house was built.

USE: Number of persons currently using system: one (1)

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

Comments: Well pump replaced in 2002. See Attachment #1. Water test results, 2025

Source of Section I information: Seller

Buyer Initials \_\_\_\_\_

Seller Initials ML RFB

PROPERTY LOCATED AT: 12 Pretty Marsh Road, Mount Desert, ME 04660

**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: \_\_\_\_\_

Tank Size:  500 Gallon  1000 Gallon  Unknown  Other: \_\_\_\_\_

Tank Type:  Concrete  Metal  Unknown  Other: \_\_\_\_\_

Location: **In front of deck on the east side of the house.** \_\_\_\_\_ OR  Unknown

Date installed: 1972? Date last pumped: July 2025 Name of pumping company: Royal Flush

Have you experienced any malfunctions? \_\_\_\_\_  Yes  No

If Yes, give the date and describe the problem: \_\_\_\_\_

Date of last servicing of tank: 2025 Name of company servicing tank: Royal Flush

Leach Field: \_\_\_\_\_  Yes  No  Unknown

If Yes, Location: **Near woods on the left side of the house as you face it.**

Date of installation of leach field: Unknown Installed by: Unknown

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

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: Jerald C Smith Septic System Inspection & Design 4/29/2025 - See Attachment #2. & #3 John W. Goodwin, JR Septic Replacement estimate - See attachment #4

Source of Section II information: Seller

Buyer Initials \_\_\_\_\_

Seller Initials DS  
NGL DS  
RFB \_\_\_\_\_

PROPERTY LOCATED AT: 12 Pretty Marsh Road, Mount Desert, ME 04660

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	Radiant Heat H2O Furnace	Three Minisplit Heat Pumps	Woodstove	
Age of system(s) or source(s)	2018 - 8 yrs. old	2021 & 2022	2 years old.	
TYPE(S) of Fuel	Propane	Electric	Electric	
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)	1065 gal. 2023 when occupie	Unknown	varies	
Name of company that services system(s) or source(s)	Graves Plumbing & Heating	Stanley Electric	Clean Sweep Chimney Servic	
Date of most recent service call	not required per	June 2026 (routine)	April 2025 (routine)	
Malfunctions per system(s) or source(s) within past 2 years	None	None	None	
Other pertinent information	Based on full year of occupancy 2024-2025		New stove 2024	

Are there fuel supply lines? .....  Yes  No  Unknown  
 Are any buried? .....  Yes  No  Unknown  
 Are all sleeved? .....  Yes  No  Unknown  
 Chimney(s): .. **Non masonary chimney/double walled metal pipe** .....  Yes  No  
 If Yes, are they lined: .....  Yes  No  Unknown  
 Is more than one heat source vented through one flue? .....  Yes  No  Unknown  
 Had a chimney fire: .....  Yes  No  Unknown  
 Has chimney(s) been inspected? .....  Yes  No  Unknown  
 If Yes, date: April 2025  
 Date chimney(s) last cleaned: April 2025

Direct/Power Vent(s): .....  Yes  No  Unknown  
 Has vent(s) been inspected? ..... **Not needed per Graves Plumbing.** .....  Yes  No  Unknown  
 If Yes, date: \_\_\_\_\_

Comments: **There is a metal chimney for the woodstove. The propane hot water furnance has a direct vent.**  
 Source of Section III information: **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  Unknown  
 Are tanks registered with DEP? .....  Yes  No  Unknown  
 Age of tank(s): \_\_\_\_\_ Size of tank(s): \_\_\_\_\_  
 Location: **N/A**

Buyer Initials \_\_\_\_\_ Page 3 of 8 Seller Initials DS  
NKL DS  
RFL

PROPERTY LOCATED AT: 12 Pretty Marsh Road, Mount Desert, ME 04660

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

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

Comments: No underground tanks ever on property to best of Sellers knowledge.

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: Duct work replaced 2018; Floors replaced 2005/6; Roof replaced 2012. No asbestos found.

Source of information: Seller

**C. RADON/AIR** - Current or previously existing:

Has the property been tested? .....  Yes  No  Unknown

If Yes: Date: June 2025 By: MR CHAI, INC

Results: 8.9 - 12.3 pCi/L.

If applicable, what remedial steps were taken? Radon Air Mitigation System installed by Norlen's Water Treatment.

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

Are test results available? .....  Yes  No

Results/Comments: 1.4 pCi/L - after the mitigation system was installed. See Attachment #5 - 10/14/2025 Test Results

Source of information: Seller

**D. RADON/WATER** - Current or previously existing:

Has the property been tested? .....  Yes  No  Unknown

If Yes: Date: 06/13/2025 By: MR CHAI, Inc & A & Laboratory

Results: Satisfactory.

If applicable, what remedial steps were taken? N/A

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

Are test results available? .....  Yes  No

Results/Comments: See Attachment #1 - 06/13/2025 Water test results - radon highlighted.

Source of information: Seller

**E. METHAMPHETAMINE** - Current or previously existing:  Yes  No  Unknown

Comments: None

Source of information: Seller

Buyer Initials \_\_\_\_\_

Seller Initials DS  
Mcl DS  
Rfk \_\_\_\_\_

PROPERTY LOCATED AT: 12 Pretty Marsh Road, Mount Desert, ME 04660

**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: None

Source of information: Seller

**G. OTHER HAZARDOUS MATERIALS** - Current or previously existing:

TOXIC MATERIAL: .....  Yes  No  Unknown

LAND FILL: .....  Yes  No  Unknown

RADIOACTIVE MATERIAL: .....  Yes  No  Unknown

Other: N/A

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  Unknown

If Yes, explain: Right of way over the Fernalds property.

Source of information: Deed

Is 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  Unknown

If No, who is responsible for maintenance? Owner

Road Association Name (if known): N/A

Source of information: Seller

Buyer Initials \_\_\_\_\_

Seller Initials DS  
ML DS  
RFB \_\_\_\_\_

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**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: 23009C1202D Year: 7/20/2016 (Attach a copy)

Comments: Zone X. Area of Minimal Flood Hazard

Source of Section VI information: Seller and FEMA - See Attachment #6

Buyer Initials \_\_\_\_\_

Seller Initials

DS  
MEJ  
DS  
RFK

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**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

Are there any actual or alleged violations of a shoreland zoning ordinance including those that are imposed by the state or municipality? .....  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

Year Principal Structure Built: 1972 What year did Seller acquire property? 2000

Roof: Year Shingles/Other Installed: 2012

Water, moisture or leakage: None

Comments: None

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: Rare leakage (approx. every few years) only after multi-day heavy rain. Sealed 2 yrs. ago. No observed leakage since.

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

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

Comments: None

Electrical:  Fuses  Circuit Breaker  Other: \_\_\_\_\_  Unknown

Comments: Electric work done through Atom Electric.

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: original structure was a Lindal Home.

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: None

Source of Section VII information: Seller

Buyer Initials \_\_\_\_\_

Seller Initials

DS  DS  
ML RKE

PROPERTY LOCATED AT: 12 Pretty Marsh Road, Mount Desert, ME 04660

**SECTION VIII - ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

DocuSigned by:  
Narasimhan Karl Larkin 6/18/2026  
SELLER - C8FA500FE9134CE... DATE  
Narasimhan Karl Larkin, Trustee of the Kirby Family 2021 Trust

DocuSigned by:  
Rishi Fredric Kirby 6/18/2026  
SELLER - 8E709CBA8B15409... DATE  
Rishi Fredric Kirby, Trustee of the Kirby Family 2021 Trust

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 \_\_\_\_\_



**PROPERTY DISCLOSURE ATTACHMENT INDEX: 12 Pretty Marsh Road, Mount Desert**

- 1. A&L LABORATORY WATER TEST RESULTS, 2025**
- 2. JERALD C SMITH & SON SEPTIC SYSTEM INSPECTION REPORT, 2025**
- 3. SEPTIC SYSTEM DESIGN FOR A REPLACEMENT SYSTEM, 2025**
- 4. JOHN W. GOODWIN, JR ESTIMATE FOR PROPOSED SEPTIC DESIGN.**
- 5. A & L LABORATORY RADON AIR TEST RESULTS, 2025**
- 6. FEMA MAP PER SECTION VI – FLOOD HAZARD.**



# A & L LABORATORY

A DIVISION OF GRANITE STATE ANALYTICAL SERVICES,

155 Center Street, Building C, Auburn, Maine 04210  
 Phone (207) 784-5354 website www.allaboratory.com

### CERTIFICATE OF ANALYSIS FOR DRINKING WATER

**DATE PRINTED:** 06/13/2025  
**CLIENT NAME:** MRCHAI, Inc.  
**CLIENT ADDRESS:** 60 Thundermist Rd  
 Bar Harbor, ME 04609  
**SAMPLE ID #:** 2506-02036-001  
**SAMPLED BY:** Michael Chaisson  
**SAMPLE ADDRESS:** Kirby  
 12 Pretty Marsh Road  
 Mount Desert ME 04660  
**MORE LOC INFO:** Drilled Well Kitchen

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	▽
Fails State Guideline	✕
Attention	⚠

**DATE AND TIME COLLECTED:** 06/09/2025 01:45PM  
**DATE AND TIME RECEIVED:** 06/10/2025 07:45AM  
**ANALYSIS PACKAGE:** A & L-IC-Comp+RN-ME  
**RECEIPT TEMPERATURE:** 21° CELSIUS

**CLIENT JOB #:** \_\_\_\_\_

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
Arsenic*	<0.001	mg/L	✓		0.001	0.010 mg/L	EPA 200.8	JP-NH	06/12/2025 11:00AM
Calcium	3.39	mg/L			0.1	No Limit	EPA 200.8	JP-NH	06/12/2025 11:00AM
Copper*	0.0258	mg/L	✓		0.001	1.3 mg/L	EPA 200.8	JP-NH	06/12/2025 11:00AM
Hardness (calc.)	13.0	mg CaCO3/L			0.25	No Limit	EPA 200.8	JP-NH	06/12/2025 11:00AM
Iron	<0.1	mg/L	✓		0.1	0.3 mg/L	EPA 200.8	JP-NH	06/12/2025 11:00AM
Lead*	<0.001	mg/L	✓		0.001	0.015 mg/L	EPA 200.8	JP-NH	06/12/2025 11:00AM
Magnesium	1.11	mg/L			0.1	No Limit	EPA 200.8	JP-NH	06/12/2025 11:00AM
Manganese*	0.0643	mg/L	▽		0.001	0.05 mg/L	EPA 200.8	JP-NH	06/12/2025 11:00AM
Sodium	5.58	mg/L			0.1	No limit	EPA 200.8	JP-NH	06/12/2025 11:00AM
Uranium*	<1	ug/L	✓		1	30 ug/L	EPA 200.8	JP-NH	06/12/2025 11:00AM
Uranium	<0.67	pCi/L	✓		0.67	20 pCi/L	EPA 200.8 Calc.	JP-NH	06/12/2025 11:00AM
Chloride*	9	mg/L	✓		2	250 mg/L	EPA 300.0	JR-ME	06/10/2025 11:27AM
Fluoride*	<0.2	mg/L	✓		0.2	4.0 mg/L	EPA 300.0	JR-ME	06/10/2025 11:27AM
Nitrate as N*	<0.2	mg/L	✓	T	0.2	10 mg/L	EPA 300.0	JR-ME	06/10/2025 11:27AM
Nitrite as N*	<0.2	mg/L	✓	T	0.2	1 mg/L	EPA 300.0	JR-ME	06/10/2025 11:27AM
pH*	7.19	SU	✓	H	-	6.5 - 8.5 SU	SM 4500H+B	JR-ME	06/10/2025 10:09AM
Radon*	666	pCi/L	✓		100	4000 pCi/L	SM 7500-RN B	TT-ME	06/10/2025 03:35PM
Coliform Bacteria*	Absent	P-A/100mL	✓		Absent	No Limit	SM 9223 B	JR-ME	06/11/2025 10:30AM
E. coli Bacteria*	Absent	P-A/100mL	✓		Absent	Absent	SM 9223 B	JR-ME	06/11/2025 10:30AM
Total Coliform / E.coli Bacteria Preparation (Colilert®) 20th ED SM 9223 B JR-ME 06/10/2025 09:30AM									

\_\_\_\_\_  
 Rebecca L. Labranche  
 Laboratory Director

207-416-3833  
207-416-3173

**Jerald C Smith & Son**  
669 Troy Road, Burnham, Maine 04922  
Septic System Inspections  
System Evaluations / Trouble Shooting / Repairs

**PROPERTY INFORMATION**

Address:	12 Pretty Marsh Road	Lot Size:	UNKN
Municipality:	Mount Desert, Maine 04660	Tax Map No:	UNKN
County:	Hancock	Lot No:	UNKN
Buyer:	Last Name: Kirby First Name: Shiela		

**SYSTEM INFORMATION**

Collected During Records Search and Site Visit

Type:	<input checked="" type="checkbox"/> Pre June 1974	<input type="checkbox"/> Post June 1974	Design Capacity	GAL
Dates:	Designed	Permitted	Permit No.	
Current Use:	<input checked="" type="checkbox"/> Single Family Dwelling - ? BDRMS	<input type="checkbox"/> Multiple Family Dwelling - UNITS	Commercial	Other
Treatment Tank:	<input type="checkbox"/> 1,000 GAL	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Plastic
Disposal Area:	<input type="checkbox"/> Cesspool	<input checked="" type="checkbox"/> Trench	<input type="checkbox"/> Stone Bed	<input type="checkbox"/> Proprietary Device:
Designer:			License No.	
Installer:			Vol. Cert. No.	

**INSPECTION INFORMATION**

Conclusions Drawn from Records Search and Site Visit

Findings:	Malfunction per Rules Identified:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	See Narratives
	System Deficiencies Identified:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	x See Narratives
	Further Investigation Suggested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	See Narratives
Conclusion:	<input type="checkbox"/> No Corrective Action Needed	<input checked="" type="checkbox"/> Corrective Action Recommended		

**Disclaimer:** On the date noted below I completed an inspection of the subsurface wastewater disposal system serving the subject property. The inspection included a review of the property owner, municipal and state records as appropriate, and a visit to the property. This report was completed in accordance with minimum reporting criteria established by the Maine Department of Human Services and adapted in part from the "Maine Septic System Inspection Guidelines" prepared by the Maine Association of Site Evaluators. The information contained in this document accurately describes the conditions observed relative to the specific items referenced in this report that existed on the inspection date. No warranty is made or implied that the conditions described herein are representative of past conditions; will continue beyond the inspection date; or that the subsurface wastewater disposal system will function in compliance with the Maine Subsurface Wastewater Disposal Rules. No interference can be made regarding the condition, status, or functionality of any system characteristic not specifically described in this report.

SEE REVERSE SIDE OF THIS PAGE FOR GENERAL INFORMATION REGARDING THE INSPECTION PROCESS

Jerald C. Smith 818 4/29/2025  
Subsurface Wastewater Disposal System Inspector Vol. Cert. No. Date

Jerad L. Smith 828 4/29/2025  
Subsurface Wastewater Disposal System Inspector Vol. Cert. No. Date

207-416-3833  
207-416-3173

**Jerald C Smith & Son**  
669 Troy Road, Burnham, Maine 04922  
*Septic System Inspections*  
*System Evaluations / Trouble Shooting / Repairs*

INSPECTION ITEMS		YES	NO	UNKN	N/A	COMMENTS
1	System Records Search Done		X			see narratives
a.	Design Plan Exists		X			pre June-1974
b.	Permit Exists		X			pre June-1974
c.	Water Use Records Exist		X			private water
d.	Maintenance Records Exist			X		
						Corrective Action Recommended (See Narrative)
1 Records	X	<b>No System Deficiencies Noted.</b>				NO
1.a.		System plan unable to be located.				
1.b.		Plan with permit sticker unable to be located.				
1.c.		See narratives below.				

1. System Records Narrative: In my opinion, a pre June-1974 septic system exists. Systems were not designed, permitted nor inspected after installation prior to June of 1974.

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207-416-3833  
207-416-3173

### Jerald C Smith & Son

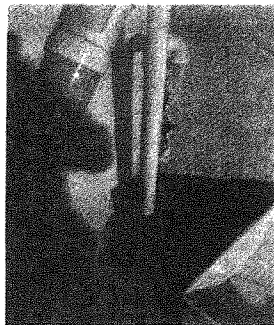
669 Troy Road, Burnham, Maine 04922

Septic System Inspections

System Evaluations / Trouble Shooting / Repairs

INSPECTION ITEMS		YES	NO	UNKN	N/A	COMMENTS
2	Internal Plumbing Review Done	X				see narratives
a.	Structure Currently Occupied		X			
b.	Garbage Disposal Present			X		not recommended for private septic systems
c.	Water Treatment Unit Present		X			
d.	Clothes Washer Present	X				clothes washer hook-up connected to the septic
e.	All Fixtures Connected to System	X				all fixtures connected to the septic system
						<b>Corrective Action Recommended</b> <small>(See Narrative)</small>
2	Internal	<b>No System Deficiencies Noted.</b>				
2.a.		Plumbing fixture(s) not connected to a system.				
2.b.		Garbage Disposal Present.				
2.c.		Sump pump connected to septic system.				
2.d.	X	See narratives below.				YES

2. Internal Plumbing Narrative: All of the plumbing fixtures appeared to be connected to the septic system. An internal lift station exists for the downstairs sink. Observed portions of the lift tank were satisfactory. The effluent pump was cycled and found in operable condition. However, it was vented inside. There was no high-water audible alarm. However, an alarm cannot be installed in this particular lift station. I recommend corrective actions.



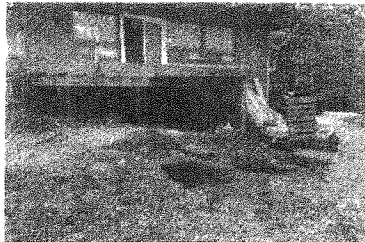
207-416-3833  
207-416-3173

**Jerald C Smith & Son**  
669 Troy Road, Burnham Maine 04922  
Septic System Inspections  
System Evaluations / Trouble Shooting / Repairs

INSPECTION ITEMS	YES	NO	UNKN	N/A	COMMENTS
3 Septic Tank Present	X				see narratives
a. General Condition OK	X				concrete
b. Size OK	X				1,000-gallons
c. Access for Pumping OK		X			14-18 in. below the surface
d. Baffles OK	X				4 in. PVC tee baffle
e. Liquid Levels OK	X				at the outlet invert
f. Solids Level OK		X			exceeded 1/3 capacity

			Corrective Action Recommended
3 Tank		<b>No System Deficiencies Noted.</b>	
3.a.	X	> 12" excavation needed to pump tank.	YES
3.b.		Cracks/corrosion visible in observed portion of tank.	
3.c.		Tank undersized for current use.	
3.d.		Observed tank not water tight.	
3.e.		Observed sag present in the outlet pipe.	
3.f.		Concrete outlet baffle corroded with portions missing.	
3.g.	X	Solids/scum exceed 1/3 capacity of tank	YES
3.h.		12"x17" outlet access cover damaged.	

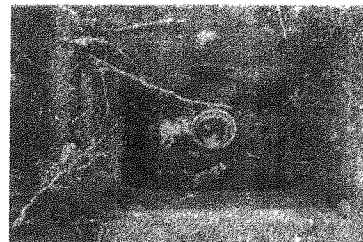
3. Septic Tank Narrative: A 1,000-gallon concrete septic tank was located to the left of the dwelling, 14-18 in. below the surface. The inlet, center and outlet access covers were exposed and removed for the inspection. Observed portions of the tank and baffles were satisfactory. The original concrete outlet baffle had been replaced by a 4 in. PVC tee baffle that is glued to the outlet pipe. Solid levels exceeded 1/3 capacity of the tank. The inlet pipe, which consisted of schedule 40 PVC, was scoped and found in satisfactory condition and had proper pitch. The outlet pipe was also scoped and found to have satisfactory pitch. In my opinion, the septic tank will be in satisfactory condition once it is pumped to remove the solids. I also recommend that a riser be installed on the center access for ease of service, due to the depth.



1,000-gallon concrete septic tank location



concrete splash-plate baffle



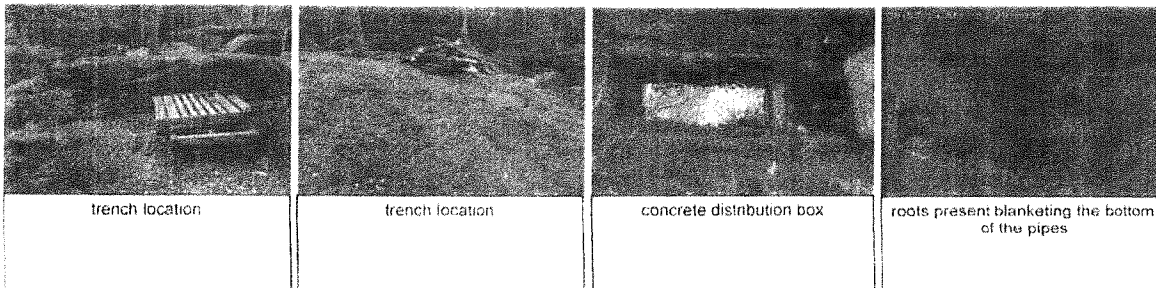
original concrete outlet baffle replaced by a 4 in. PVC tee baffle

**Jerald C Smith & Son**  
669 Troy Road, Burnham, Maine 04922  
*Septic System Inspections*  
System Evaluations / Trouble Shooting / Repairs

INSPECTION ITEMS	YES	NO	UNKN	N/A	COMMENTS
5 Disposal Area Present	X				see narratives
a. General Condition OK		X			2 trenches, past signs of a malfunction present
b. Effluent Contained Below Surface	X				meets state standards
c. Ground Cover OK	X				meets state standards
d. Water Supply Setback OK	X				100' + from the well
e. Major Waterbody Setback OK	X				meets state standards

			Corrective Action Recommended (See Narrative)
5 Field		<b>No System Deficiencies Noted.</b>	
5.a.		Pipe, stone, or proprietary device exposed or damaged	
5.b.		Malfunction per Chapter 3 Definition	
<small>Malfunctioning system: A system that is not operating or is not functioning properly. Indications of a malfunctioning system include but are not limited to, any of the following: ponding or outbreak of waste water or septic tank effluent onto the surface of the ground, seepage of waste water or septic tank effluent into parts of buildings below ground, back-up of waste water into the building served that is not caused by a physical blockage of the internal plumbing, or contamination of nearby water wells or waterbodies/courses.</small>			
5.c.	X	Observed distribution box damaged/corroded	YES
5.d.	X	Observed roots present in the perforated pipes.	YES
5.e.	X	Tree/tall vegetation growth present over disposal area.	YES
5.f.	X	Past signs of a malfunction present	YES


5. Disposal Area Narratives: A trench type disposal area was present. A camera was introduced into the outlet pipe of the septic tank and ran out app. 15' to a concrete distribution box. The d-box was exposed and the cover removed for the inspection. It was found corroded with roots present along the side walls and entering into the outflow pipes. The 2 pipes were scoped and found to have roots present blanketing the bottoms and entering through the holes. Staining was also present around the entire circumference of the pipes suggesting a past high liquid level. In my opinion, this disposal area was in unsatisfactory condition and shows past signs of a malfunction. I recommend that a replacement system be designed and installed.



207-416-3833  
207-416-3173

**Jerald C Smith & Son**  
669 Troy Road, Burnham, Maine 04922  
*Septic System Inspections*  
*System Evaluations / Trouble Shooting / Repairs*

6. Corrective Actions:     1) Remove the downstairs wash-sink and effluent pump or vent the pump  
outside so sewer gases are not in the dwelling. 2) Pump the septic tank to remove solids. 3) I  
recommend that a riser be installed on the center access cover for ease of service, due to the  
depth. 4) Have a new replacement system be designed and installed to accommodate the  
number of bedrooms in the dwelling.  
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Dept. Health & Human Services Div. Environmental Health, 11515 207) 787-2020 Fax: (207) 787-1112
<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>
City, Town, or Plantation	Mount Desert	Town/City _____ Permit # _____
Street or Road	12 Pretty Marsh Rd	Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #		Local Plumbing Inspector Signature _____ L.P.I. # _____
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____
Name (last, first, MI)	Kirby, Sheila	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of Owner/Applicant	P.O. Box 994 Mt Desert, ME 04660	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 this application and the Maine Subsurface Wastewater Disposal Rules.
Daytime Tel #	207-266-9330	Municipal Tax Map # _____ Lot # _____
<b>OWNER OR APPLICANT STATEMENT</b> 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.		<b>CAUTION, INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (Date approved) _____
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (Date) state approved _____
<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Stone Bed</u> Year installed: <u>Pre 1974</u> <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="radio"/> 1. Complete Non-engineered System <input type="radio"/> 2. Primitive System (graywater & alt. toilet) <input type="radio"/> 3. Alternative Toilet, specify: _____ <input type="radio"/> 4. Non-engineered Treatment Tank (only) <input type="radio"/> 5. Holding Tank, _____ gallons <input type="radio"/> 6. Non-engineered Disposal Field (only) <input type="radio"/> 7. Separated Laundry System <input type="radio"/> 8. Complete Engineered System (2000 gpd or more) <input type="radio"/> 9. Engineered Treatment Tank (only) <input type="radio"/> 10. Engineered Disposal Field (only) <input type="radio"/> 11. Pre-treatment, specify: _____ <input type="radio"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> 2.6 <input type="checkbox"/> SQ FT <input type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other _____
<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>		
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ (specify) SIZE: <u>480</u> <input checked="" type="checkbox"/> sq. ft <input type="checkbox"/> lin. ft	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>1</u> / <u>C/III</u> at Observation Hole # <u>TP-2</u> Depth <u>24</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	<b>DESIGN FLOW</b> <u>360</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>44</u> <u>d</u> <u>21</u> <u>m</u> <u>19</u> <u>57</u> <u>s</u> Long. <u>68</u> <u>d</u> <u>20</u> <u>m</u> <u>08</u> <u>48</u> <u>s</u> if g.p.s. state margin of error: <u>30'</u>
<b>SITE EVALUATOR STATEMENT</b>		
I certify that on <u>5/27/25</u> (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	SE#00439 SE #	6/4/25 Date
Aaron Leighton Site Evaluator Name Printed	(207)-598-6515 Telephone Number	aleighton94@outlook.com E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

# SUBSURFACE WASTE WATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services  
 Division of Environmental Health  
 (207)287-5672 Fax: (207)287-3165

Town, City, Plantation  
 Somesville

Street, Road, Subdivision  
 12 Pretty Marsh Rd

Owner's Name  
 Kirby, Sheila

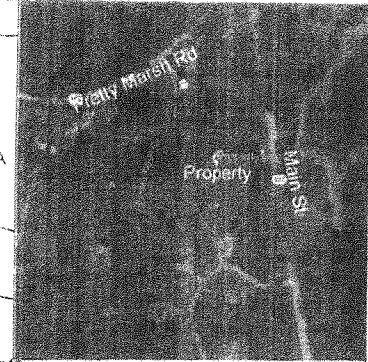
SITE PLAN Scale 1" = 50 ft. or as shown

ERP 1 - A nail with a pink ribbon in a 11" Maple tree 36' up from the ground.  
 ELEV: 0"

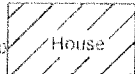
A-C 26' NE

Swing Tie 1: House Corner.

Well 125' from Stake A



From House 4" Solid Sch 40 Pipe, Pitch 1/8" per foot minimum.



Driveway

Swing Tie

Old Tank to be pumped and eliminated per Maine rules.

1000 Gallon Septic Tank

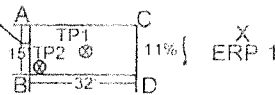
Approximate Location of existing Disposal field to be discontinued.

Woods

Corner Reference from ERP and Swing Tie		
	ERP 1	Swing Tie
A	63'-11"	68'-9"
B	-	-
C	31'-8"	88'-6"
D	-	-

4" solid Sch 40 or SDR35 Pipe, Pitch 1/8" per foot minimum.

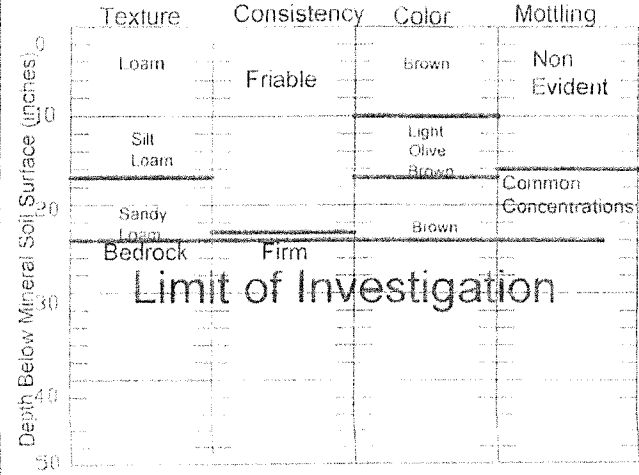
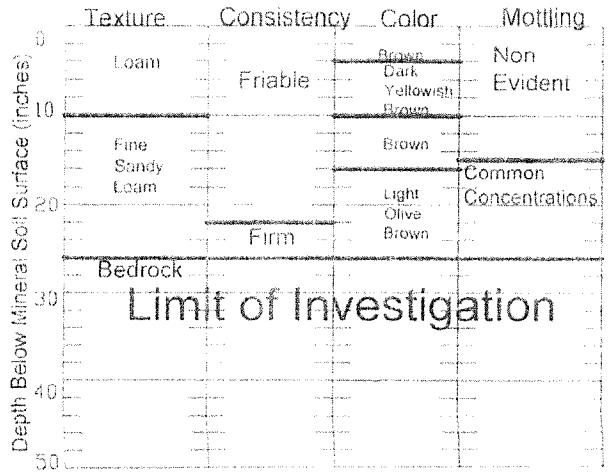
Approximate property line location per owner



## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP 1  Test Pit  Boring   
 2 "Depth of Organic Horizon Above Mineral Soil

Observation Hole TP 2  Test Pit  Boring   
 3 "Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
1 C/AIII Profile Condition	11 %	26 "	

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
1 C/AIII Profile Condition	11 %	24 "	

*Ann Zepher*

00439

6/4/25

Page 2 of 3  
 HHE-200 Rev. 02/11

Site Evaluator Signature

SE#

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services  
 Division of Environmental Health  
 (207)287-5672 Fax: (207)287-3165


Town, City, Plantation  
 Somesville

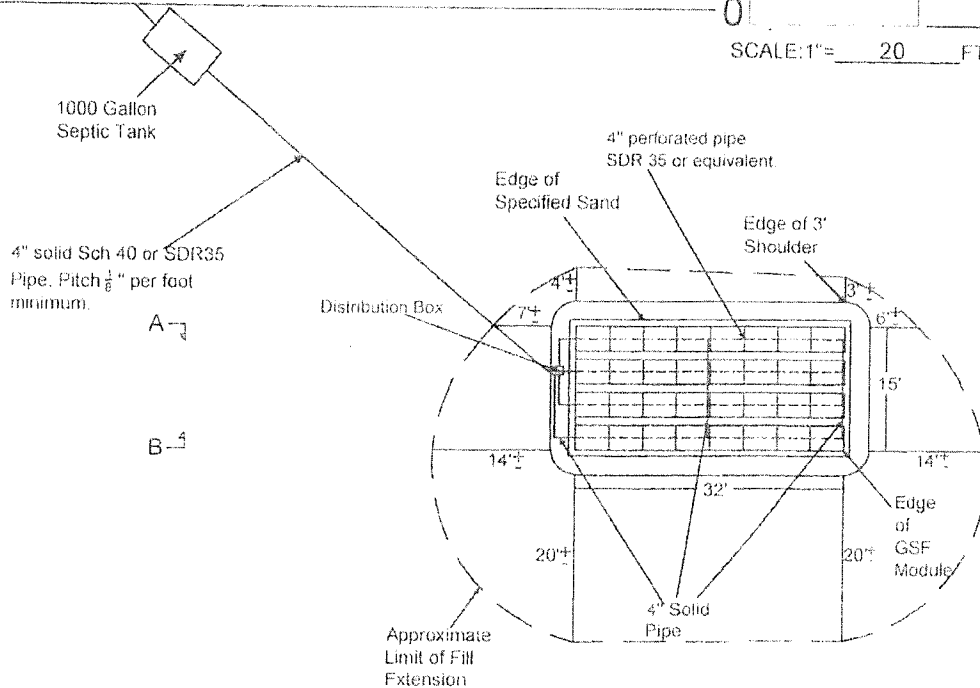
Street, Road, Subdivision  
 12 Pretty Marsh Rd

Owner's Name  
 Kirby, Sheila

SUBSURFACE WASTEWATER DISPOSAL PLAN

Note: Final Location of the Septic Tank and Distribution Box may be determined by the Installer (with approval of LPI, must meet all appropriate setbacks.)

0   
 SCALE: 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope)	19"-22"	Finished Grade Elevation (at corners)	-3"	Location & Description:	Pg 2
		Top of Distribution Pipe or Proprietary Device	-11"	Reference Elevation:	0"
Depth of Fill (Downslope)	41"-43"	Bottom of Disposal Area	-22"		

DISPOSAL AREA CROSS SECTION



Scale  
 Horizontal 1" = \_\_\_\_\_ ft.  
 Vertical 1" = \_\_\_\_\_ ft.

- Install all erosion control methods if needed before construction.
- All systems are located within owner/ applicant's property as per the owner/owner representative.
- Septic tank to be 8' minimum from building and water tight. (one-piece tank recommended). Take precautions to prevent tank from floating during and after installation.
- Final grading to be completed so that surface and groundwater are diverted from the disposal field.
- Protect all piping and distribution box from frost.
- Well to be a minimum of 100' from septic system, 50' minimum from septic tank.
- Disposal field to be 20' min from foundation or frost wall, or 15' from slab.
- Septic Tank to have water tight access covers to grade. Pump tank to have water tight access covers to grade.
- THIS SYSTEM IS NOT DESIGNED FOR A VEHICULAR LOAD.
- THIS SYSTEM IS NOT DESIGNED FOR BACKWASH FROM A WATER SOFTNER.
- THIS SYSTEM IS NOT DESIGNED FOR USE WITH A GARBAGE DISPOSAL.



00439

6/4/25

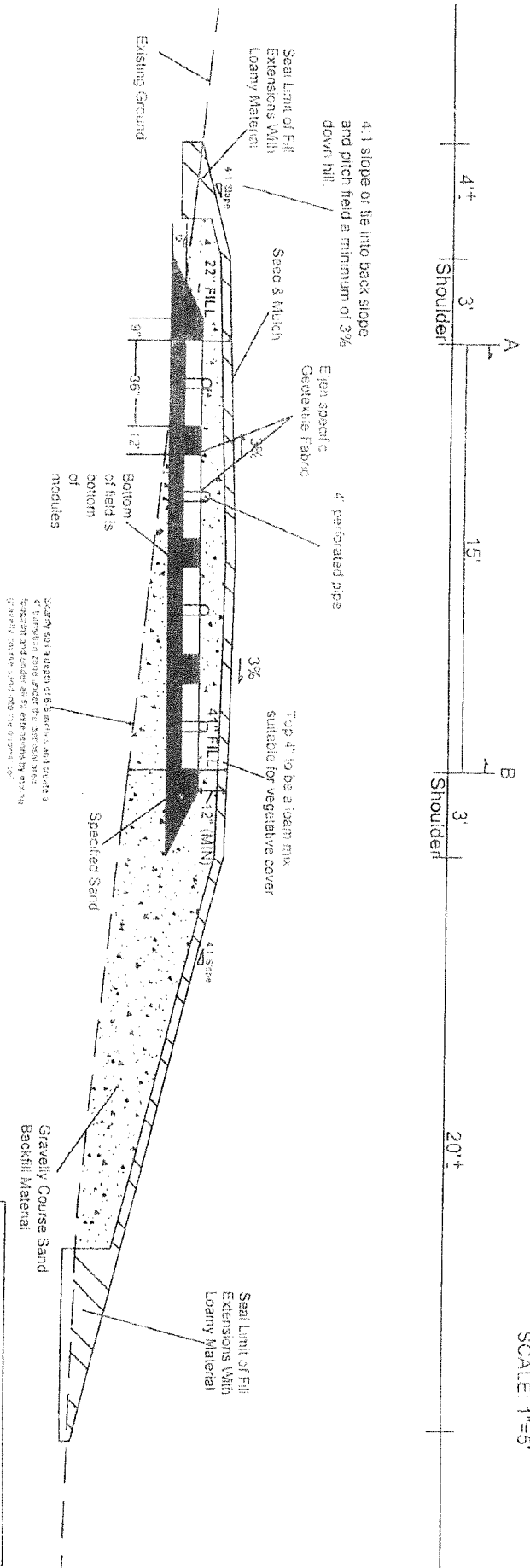
Page 3 of 3  
 HHE-200Rev.02/11

Site Evaluator Signature

SE#

Date

SCALE: 1"=5'



- Additional Notes:**
1. Remove organic duff or turf layer as well as trees, stumps, and large rocks; scarify soil beneath bed fill and fill extensions before adding backfill.
  2. Do not install if ground is wet or frozen.
  3. All materials and installation shall be in accordance with the Maine Subsurface Wastewater Disposal Rules dated 09/23/2023 and the most current Ejen Design & Installation manual.
  4. If more than 18" of cover is placed over bed, than system must be vented.
  5. Fill extension length may vary do to irregularities on the ground.

Bearings	
A	ERP 1 23 NE 273 W
B	-
C	17 N 250 W
D	-

Bearing: Vertical Clearance	
Screen Size	Percent Passing by Weight
2 inches	100
#10	75-100
#20	50-100
#40	10-50
#100	2-20
#200	2-8
Cap Form	0-2

ASTM C30 SAND SPECIFICATION:		
Screen Size	Sieve Square Opening Size	Specification Percent Passing (Max Sieve)
2 inch	4.75 mm	100
No. 4	4.75 mm	95-100
No. 8	2.38 mm	80-100
No. 16	1.19 mm	50-85
No. 30	580 micrometers	25-60
No. 50	297 micrometers	10-30
No. 100	149 micrometers	< 10
No. 200	75 micrometers	< 5

**JOHN W. GOODWIN, JR.**  
**P.O. BOX 919**  
**SOUTHWEST HARBOR, MAINE 04679**  
(207) 244-7805 FAX: (207) 244-7289  
*NO TEL*

*Proposal Submits to: Sheila Kirby*

P.O. Box 994  
Mount Desert, ME. 04660

*DATE: July 1, 2025*

*RE: Septic Replacement*

**WE HEREBY SUBMIT** the following scope of work, specifications, and cost:

1. Mobilize equipment and materials to 12 Pretty Marsh Road in Somesville, Maine.
2. Provide, install, and maintain an erosion control system.
3. Provide all machinery, labor, and materials necessary to install the replacement septic system per Aaron Leighton's Subsurface Wastewater Disposal System application dated 6/4/25.

**This proposal DOES NOT include any of the following:**

1. Permits
2. Edge Conditions
3. Interior plumbing
4. Paving (If necessary)

**WE PROPOSE HEREBY** to furnish material and labor – complete in accordance with the above specifications, for the Estimated Sum Only of: \$ 36,856.00

TERMS: Time & Materials

AUTHORIZED BY: Ronald Sanborn

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please** return a signed proposal to the address shown above.

Note: THIS PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED WITHIN 7 DAYS



# A & L LABORATORY

A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC.

155 Center Street, Building C, Auburn, Maine 04210  
 Phone (207) 784-5354 website www.allaboratory.com

### CERTIFICATE OF ANALYSIS FOR RADON IN AIR

DATE PRINTED: 10/15/2025  
 CLIENT NAME: Norlens Water Treatment  
 CLIENT ADDRESS: 575 River Rd  
 Orrington, ME 04474

Legend	
Passes	✓
Fails EPA Guideline	✗

SAMPLE ID #: 2510-02755-001  
 SAMPLED BY: Michael Chaisson  
 SAMPLED ADDRESS: Kirby  
 12 Pretty Marsh  
 Mount Desert ME 04660  
 LOCATION: Basement  
 CLIENT JOB #: 5183660

DATE AND TIME COLLECTED: 10/12/2025 03:35PM  
 DATE AND TIME RECEIVED: 10/14/2025 07:30AM  
 ANALYSIS PACKAGE: A & L Radon Air  
 EXPOSURE START: 10/10/2025 03:04PM  
 EXPOSURE END: 10/12/2025 03:35PM  
 EXPOSURE TIME (hours): 48.5

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date & Time Analyzed
Radon Air	1.4	pCi/L	✓		0.4	4.0 pCi/L	Liquid Scintillation	TT-ME	10/14/2025 08:01PM

Rebecca L. Labranche  
 Laboratory Director



68°20'39"W 44°21'29"N



**Legend** **Attachment # 6**

SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

**SPECIAL FLOOD HAZARD AREAS**

- Without Base Flood Elevation (BFE) Zone A, V, AE9 With BFE or Depth zone AE, AO, AH, VE, AR Regulatory Floodway
- 0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with draining areas of less than one square mile Zone X
- Future Conditions 1% Annual Chance Flood Hazard Zone X
- Area with Reduced Flood Risk due to Levee. See Notes, Zone X
- Area with Flood Risk due to Levee Zone D

**OTHER AREAS OF FLOOD HAZARD**

- NO SCREEN Area of Minimal Flood Hazard Zone X
- Effective LOMFRS
- Area of Undetermined Flood Hazard Zone X

**OTHER AREAS GENERAL STRUCTURES**

- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

**OTHER FEATURES**

- 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
- 17.5 Coastal Transect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

**MAP PANELS**

- Digital Data Available
- No Digital Data Available
- Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 6/4/2026 at 10:14 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodified areas cannot be used for regulatory purposes.