

PROPERTY LOCATED AT: 176 North Street, Ellsworth, ME 04605

### 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: \_\_\_\_\_ 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? \_\_\_\_\_~~

IF PRIVATE: (Strike Section if Not Applicable):

INSTALLATION: Location: Right side of the driveway behind the large rock

Installed by: Gilbert Well Drilling

Date of Installation: 2002

USE: Number of persons currently using system: varies

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

Comments: There is also a dug well on the property

Source of Section I information: Seller/Prior Disclosure  
Buyer Initials \_\_\_\_\_ Page 1 of 8 Seller Initials PM

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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: \_\_\_\_\_

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

Location: South side of the house (left) OR  Unknown

Date installed: 1988 Date last pumped: \_\_\_\_\_ 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: Jay Fowler

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

If Yes, Location: South (Left) side of the the house

Date of installation of leach field: 1988 Installed by: RF Jordan

~~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: Property is a 3 bedroom house with a 2 bedroom septic

Source of Section II information: Seller/Prior Disclosure

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

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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	<b>FWA</b>			
Age of system(s) or source(s)	<b>Unknown</b>			
TYPE(S) of Fuel	<b>oil</b>			
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)				
Name of company that services system(s) or source(s)	<b>Dean's Heating</b>			
Date of most recent service call	<b>February,2026</b>			
Malfunctions per system(s) or source(s) within past 2 years				
Other pertinent information	<b>Transformer replaced No further issues</b>			

- Are there fuel supply lines? .....  Yes  No  Unknown
- Are any buried? .....  Yes  No  Unknown
- Are all sleeved? .....  Yes  No  Unknown
- Chimney(s): .....  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: \_\_\_\_\_
- Date chimney(s) last cleaned: 2024
- Direct and/or Power Vent(s): .....  Yes  No  Unknown
- Has vent(s) been inspected? .....  Yes  No  Unknown
- If Yes, date: \_\_\_\_\_

Comments: **None**

Source of Section III information: **Seller & Prior Disclosure**

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

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Seller Initials **PM**

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~~What materials are, or were, stored in the tank(s)?~~  Yes  No  Unknown

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

Comments: None

Source of information: Seller/Prior Disclosure

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

Comments: None

Source of information: Seller/Prior Disclosure

**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?~~  Yes  No  Unknown

~~Has the property been tested since remedial steps?~~  Yes  No

~~Are test results available?~~  Yes  No

Results/Comments: \_\_\_\_\_

Source of information: Seller/Prior Disclosure

**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?~~  Yes  No  Unknown

~~Has the property been tested since remedial steps?~~  Yes  No

~~Are test results available?~~  Yes  No

Results/Comments: \_\_\_\_\_

Source of information: None

**E. METHAMPHETAMINE** - Current or previously existing:

Comments: none

Source of information: Seller/prior disclosure

Yes  No  Unknown

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Seller Initials PM

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

Source of information: Seller

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?~~ \_\_\_\_\_

~~Read Association Name (if known):~~ \_\_\_\_\_

Source of information: Seller

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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?

**LOMR 22-01-0658P**

Relevant Panel Number: **LOMR 22-01-0658P** Year: **7/8/2024** (Attach a copy)

Comments: **None**

Source of Section VI information: **Seller/FEMA Map**

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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~~

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: N/A

Year Principal Structure Built: 1921 What year did Seller acquire property? 2018

Roof: Year Shingles/Other Installed: 2008

Water, moisture or leakage: No

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: None

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: None

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: None

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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: Seller is not aware of any defects

Comments: None

Source of Section VII information: Seller

**SECTION VIII - ADDITIONAL INFORMATION**

**Property is being sold As-Is**

**Listing Realtor is significant other of seller**

**Property is monitored outside by video and audio cameras**

**Property is a 3 bedroom house with a 2 bedroom septic**

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.

<u>Peter McDevitt</u>	<u>06/18/2026</u>	_____	_____
SELLER	DATE	SELLER	DATE
<b>Peter J McDevitt</b>			

_____	_____	_____	_____
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



## Legend

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, A99
- With BFE or Depth Zone AE, AH, AV, VE, AR
- Regulatory Floodway

**OTHER AREAS OF FLOOD HAZARD**

- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage 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 Levees. See Notes, Zone X
- Area with Flood Risk due to Levee Zone D

**OTHER AREAS**

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

**GENERAL STRUCTURES**

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

**OTHER FEATURES**

- 20.2 Cross Sections with 1% Annual Chance
- 17.5 Water Surface Elevation
- 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 6/14/2026 at 10:55 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 unmodernized areas cannot be used for regulatory purposes.

## LEAD PAINT DISCLOSURE/ADDENDUM

AGREEMENT BETWEEN Peter J McDevitt (hereinafter "Seller")

AND \_\_\_\_\_ (hereinafter "Buyer")

FOR PROPERTY LOCATED AT 176 North Street, Ellsworth, ME 04605

Said contract is further subject to the following terms:

### Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

### Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (**check one below**):

\_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).  
\_\_\_\_\_

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the Seller (**check one below**):

\_\_\_\_\_ Seller has provided the Buyer with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).  
\_\_\_\_\_

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

### Buyer's Acknowledgment

(c) Buyer has received copies of all information listed above.

(d) Buyer has received the pamphlet Protect Your Family from Lead in Your Home.

(e) Buyer has (**check one below**):

\_\_\_\_\_ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

\_\_\_\_\_ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

### Agent's Acknowledgment

(f) Agent has informed the Seller of the Seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

### Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	Date	<u>Peter McDevitt</u>	<u>06/18/2026</u>
Buyer		Seller <b>Peter J McDevitt</b>	Date
_____	Date	_____	Date
Buyer		Seller	Date
_____	Date	_____	Date
Buyer		Seller	Date
_____	Date	Seller <u>Cindi Sargent</u>	<u>06/18/2026</u>
Agent	Date	Agent <b>Lucinda (Cindi) Sargent</b>	Date



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# 176 North Street, Ellsworth, ME

Map/Lot: 051-005-000-000

1 inch = 356 Feet



May 26, 2026

**CAI Technologies**  
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Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

**PROPERTY ADDRESS**

Town Or Plantation: ELLSWORTH

Street: NORTH STREET

Subdivision Lot #: \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last: MCDEVITT First: REGINALD

Applicant Name: (SAME)

Mailing Address of Owner/Applicant (if Different): R.F.D. 2  
ELLSWORTH, ME 04605

ELLSWORTH PERMIT # 899 STATE COPY

6/10/1988 11/1/88 FEE \_\_\_\_\_

John McDevitt L.P.I. # 1862

Local Plumbing Inspector Signature

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Reginald McDevitt Oct. 20, 1987

Signature of Owner/Applicant Date

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> MD RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (&gt;2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED <u>1933</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH <u>METAL TANK</u></p> <p>2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER <u>LATERALS</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>40 ACRES</u></p> <p>ZONING: _____</p>	<p>TYPE OF WATER SUPPLY: <u>EXISTING SPRING</u></p>	

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>2 BEDROOM, SINGLE FAMILY DWELLING</u></p> <p>MINIMUM</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>9</u> CONDITION: <u>D</u></p> <p>DEPTH TO LIMITING FACTOR: <u>9</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input checked="" type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED <u>900</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

DESIGN FLOW: 180 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT**

On NOV. 11, 1987 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

James J. Davis # 203 11-11-1987

Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3  
HHE-200 Rev. 11/86

11-11-1987

# 202

11-11-1987

Soil	Classification	Slope	Limiting Factor	Drainage	Other
9	D	5%	9		
DEPTH BELOW MINERAL SOIL SURFACE (feet)					
0					
1					
2					
3					
4					
5					
6					
7					
8					
9					
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12					
13					
14					
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50					

Soil	Classification	Slope	Limiting Factor	Drainage	Other
9	P	10%	9		
DEPTH BELOW MINERAL SOIL SURFACE (feet)					
0					
1					
2					
3					
4					
5					
6					
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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

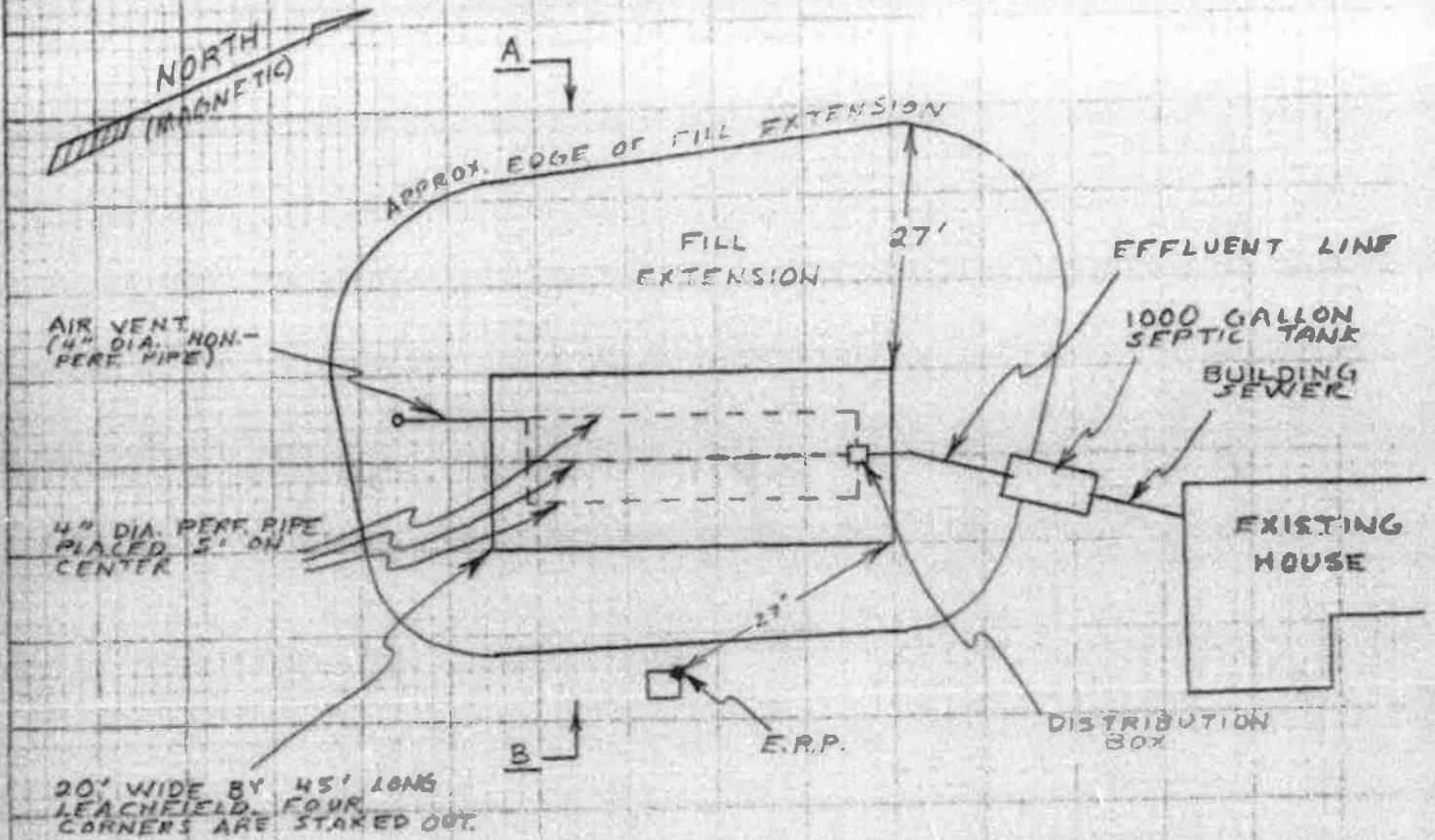
FLLSWORTH

NORTH STREET

REGINALD McDEVITT

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL



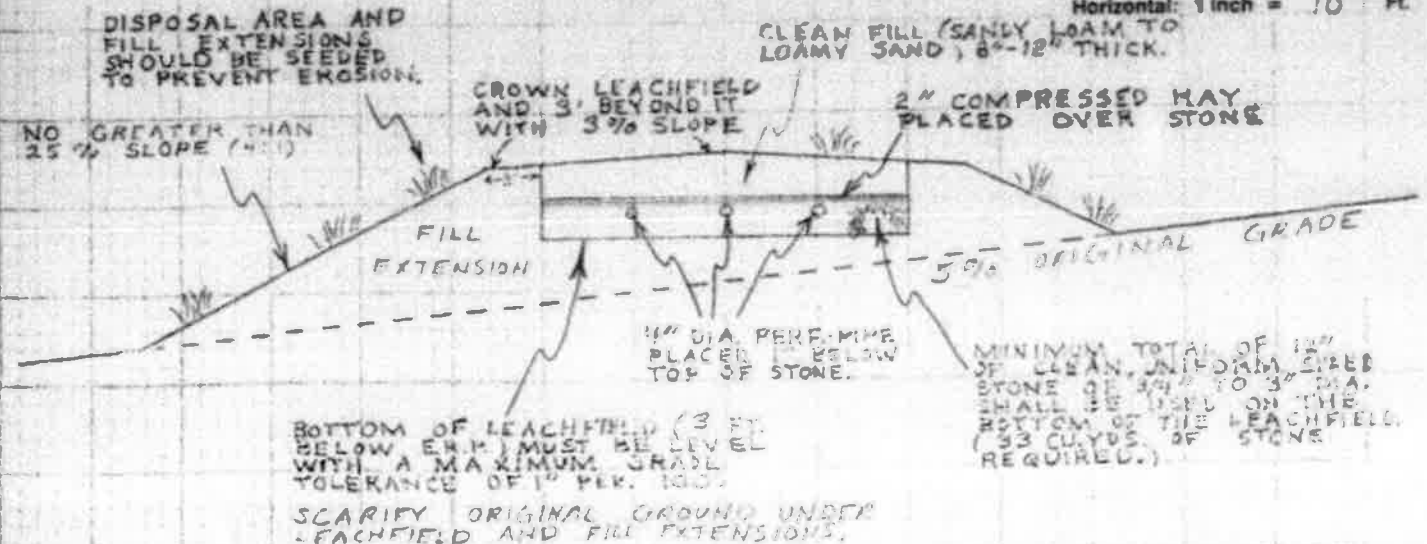
FILL REQUIREMENTS	
Depth of Fill (Upslope)	27'-33"
Depth of Fill (Downslope)	46'-52"

CONSTRUCTION ELEVATIONS	
Reference Elevation is	C
Bottom of Disposal Area	-36"
Top of Distribution Lines or Chambers	-25"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**  
TOP OF N.W. COR. OF OLD  
WELL COVER LOCATED 27' AT  
SLOPE FROM N.E. COR. OF  
LEACHFIELD.  
Scale:

Vertical: 1 inch = 5' PL  
Horizontal: 1 inch = 10' PL

### DISPOSAL AREA CROSS SECTION (ACROSS A-B ABOVE)



*Jesse L. Davis*  
Site Evaluator Signature

# 203  
SE0

11-11-1987  
Date

# Replacement System Variance Request

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

Town of ELLSWORTH

Town Code

Permit No.  E

Date Permit Issued \_\_\_\_\_ month/day/yr.

Property Owner's Name: REGINALD McDEVITT

Tel. No. \_\_\_\_\_

System's Location: NORTH STREET  
Street

ELLSWORTH  
Town

MAINE 04605  
State Zip

Property Owner's Address:  
(if different from above)

RFD 2  
Street

ELLSWORTH  
Town

MAINE 04605  
State Zip

### Specific Instructions to the:

LPI: If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)

Site Evaluator: If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

Property Owner: It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Reginald McDevitt  
Property Owner's Signature

Oct 20, 1968  
Date



E 115 W 4th

Salmon

#2



# Fact Sheet: Arsenic Treated Wood

Department of Health and  
Human Services  
11 State House Station  
Augusta, ME 04333

Maine CDC  
Environmental and  
Occupational Health Program  
Toll Free in Maine: 866-292-3474  
Fax: 207-287-3981  
TTY: 207-287-8066  
Email: ehu@maine.gov

## IF YOU WORK WITH CCA WOOD

- **NEVER** burn CCA wood.
- Wear gloves when handling CCA wood
- Wear a dust mask when sanding or cutting CCA wood
- Don't work with CCA wood in an enclosed area (like a garage)

Apply a coating to seal the wood every 1-2 years

## TO LEARN MORE

Eric Frohberg  
Environmental and  
Occupational Health  
Program  
Maine CDC  
Toll-free in Maine 866-  
292-3474  
TTY: 207-287-8066  
www.maine.gov/dhhs/  
cohp

## Does Your New Home Have Arsenic (CCA) Treated Wood?

About half of all Maine homes have a deck, or playground or some other structure that is made of wood treated with arsenic. This wood is called "CCA pressure-treated wood" or just "pressure-treated" wood. The wood was treated with arsenic to protect against rot and insects.

Too much arsenic can cause cancer. So it is good to prevent arsenic getting into your body when you can. When you touch wood treated with arsenic, you can get arsenic on your hands. The arsenic on your hands can get into your mouth if you are not careful about washing before eating. Young children are most at risk because they are more likely to put their hands in their mouths. The good news is that there are simple things you can do to protect yourself and your family from arsenic treated wood. This fact sheet will tell you how.



Children touching unsealed treated wood, and then putting their hands in their mouths is the biggest concern.

### First: Does your house have arsenic treated (CCA) wood?

When arsenic treated wood is new, it tends to have a greenish tint. When CCA wood is older, it is harder to tell. Ask your realtor if the seller knows whether CCA wood was used. You can also test the wood to find out if it contains arsenic. Call us to find out how.

### Second: If so, reduce contact with the arsenic.

You can lower the amount of arsenic on the surface of the wood by applying a coating on the wood every 1-2 years. Oil-based sealants, varnishes, or polyurethane work best for sealing arsenic in the wood. Be sure to wash your children's hands when they finish playing on or near CCA wood.

### Third: If you have any questions, call us toll-free in Maine: 866-292-3474

## Common Questions

### What is CCA wood?

CCA wood is made by dipping the wood in a mixture of chemicals. These chemicals include chromium, copper, and arsenic. This protects the wood against insects and rot. This wood is known as CCA wood or "pressure treated" wood. Most pressure treated wood in the U.S. is CCA wood. After December 31, 2003, no more CCA wood will be made for use around homes. CCA wood may still be sold for home use until April 1, 2004 in the state of Maine.

### What is Arsenic?

Arsenic is found in soil and rocks. Most people get a little arsenic every day from the food they eat. Also, some people have arsenic in their private wells, which is why it is important that anyone with a well have it tested for arsenic. People who are exposed to too much arsenic over many years are more likely to get cancer.

# Have you tested your well water for arsenic?



## Your water looks, smells and tastes fine. So why do you need to test it?

It is hard to believe that water that looks, smells and tastes fine may not be safe to drink. But the truth is that 1 in 10 wells in Maine has water that is high in arsenic. There are wells high in arsenic in all parts of Maine.

## Protect your family. Test your well for arsenic every 3 to 5 years.

### How to Test Your Well Water

#### 1. Call a lab.

- Call a certified lab and ask for an arsenic test kit for your well water. You can find a lab at this website: [wellwater.maine.gov](http://wellwater.maine.gov). Or call the Maine Lab Certification Officer at 207-287-1929.
- If you have never tested your well water for bacteria, nitrites and nitrates, or other chemicals like radon, uranium and fluoride, ask your lab for a test kit for all of these.

#### 2. Do the test.

- Your test kit will arrive in the mail. It will have empty bottles, directions and forms to fill out.
- Follow the directions and mail the bottles back to the lab with the forms.

#### 3. Get your results.

- Your test results will come to you in the mail.
- If you have too much arsenic in your water, or if you are not sure you understand your test results, call 866-292-3474 (toll-free in Maine) or 207-287-4311 to speak to an expert.

### Why Arsenic is Bad

People who drink water with too much arsenic for many years are more likely to get cancer. Arsenic can cause skin, bladder and lung cancers.

It may cause low birthweight and affect brain development in babies if pregnant women drink water with too much arsenic in it. Arsenic can also affect brain development in young children. Other problems from drinking water with very high arsenic levels include: stomach pain, nausea, diarrhea, numbness or tingling in the hands and feet and changes in skin.

Your chance of having any of these health problems depends on:

- how much arsenic is in your water;
- how much water you drink;
- how long you have been drinking the water.

### Solving Arsenic Problems

There are actions you can take to protect your family if your water has too much arsenic. First, you can switch to bottled water for drinking and making drinks. This will allow you time to decide if you want to install a water treatment system.

Call us at 866-292-3474 (toll-free in Maine) or 207-287-4311 if you have high arsenic. We can help you decide how to solve the problem.

### Protect your family. Test your well.

- For more information: [wellwater.maine.gov](http://wellwater.maine.gov)
- Call for advice: **866-292-3474** • TTY: Call Maine Relay 711

