

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 N/A Unknown
 Drilled Dug Other N/A

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: 08/20/2007 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? filter for manganese

IF PRIVATE: (Strike Section if Not Applicable):

INSTALLATION: Location: 10'± to the right side of the shop building (shed)
Installed by: Temple Well Drilling
Date of Installation: 2007

USE: Number of persons currently using system: 1
Does system supply water for more than one household? Yes No Unknown

Comments: 140' deep

Source of Section I information: Seller

Buyer Initials _____ Page 1 of 8 Seller Initials _____

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: N/A
Have you experienced any problems such as line or other malfunctions? Yes No
What steps were taken to remedy the problem? N/A

IF PRIVATE (Strike Section if Not Applicable):

Tank: Septic Tank Holding Tank Cesspool Other: N/A
Tank Size: 500 Gallon 1000 Gallon Unknown Other: N/A
Tank Type: Concrete Metal Unknown Other: N/A

Location: 20' off the left back corner of the house OR Unknown

Date installed: 2007 Date last pumped: 7/2018 Name of pumping company: DJ Jones

Have you experienced any malfunctions? Yes No

If Yes, give the date and describe the problem: Filter needed to be cleaned one time. Recommended to clean the filter occasionally.

Date of last servicing of tank: None Name of company servicing tank: None

Leach Field: Yes No Unknown

If Yes, Location: mount area to the left of the house

Date of installation of leach field: 2007 Installed by: Steve Reno Construction

Date of last servicing of leach field: none needed Company servicing leach field: none needed

Have you experienced any malfunctions? Yes No

If Yes, give the date and describe the problem and what steps were taken to remedy: None known

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: 2 bedroom design

Source of Section II information: Seller

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	BBHW	Propane Stove	*	*
Age of system(s) or source(s)	2007	unknown	*	*
TYPE(S) of Fuel	Oil	Propane	*	*
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)	800± gallons	None	*	*
Name of company that services system(s) or source(s)	Brandon Ross	None	*	*
Date of most recent service call	October 2019	None	*	*
Malfunctions per system(s) or source(s) within past 2 years	None	None known	*	*
Other pertinent information	None	for ambiance	*	*

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: _____
 Direct/Power Vent(s): Yes No Unknown
 Has vent(s) been inspected? Yes No Unknown
 If Yes, date: Unknown

Comments: **None**

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? N/A
 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): N/A Size of tank(s): N/A
 Location: N/A

Buyer Initials _____ Page 3 of 8 Seller Initials _____

What materials are, or were, stored in the tank(s)? N/A

Have you experienced any problems such as leakage? Yes No Unknown

Comments: Other than the Septic Tank disclosed in Section II, no known tanks exist.

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: N/A Yes No Unknown

Comments: No known asbestos exists on property.

Source of information: Seller

C. RADON/AIR - Current or previously existing:

Has the property been tested? Yes No Unknown

If Yes: Date: N/A By: N/A

Results: N/A

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: No known radon tests completed

Source of information: Seller

D. RADON/WATER - Current or previously existing:

Has the property been tested? Yes No Unknown

If Yes: Date: N/A By: N/A

Results: N/A

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: No known radon tests performed

Source of information: Seller

E. METHAMPHETAMINE - Current or previously existing:

Yes No Unknown

Comments: None

Source of information: Seller

Buyer Initials _____

Seller Initials _____

PROPERTY LOCATED AT: 437 Barley Neck Rd, Woolwich, ME 04579-5104

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: Built post 1978

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

If Yes, describe: N/A

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

Comments: No known lead paint on property

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: No known hazardous materials exist on property.

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: Pedestrian and view easement for the farm house down the hill.

Source of information: Seller, deed and survey

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? N/A

Road Association Name (if known): N/A

Source of information: Seller

Buyer Initials _____

Seller Initials _____

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: N/A

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

If Yes, explain: N/A

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

If Yes, explain: N/A

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: N/A

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: N/A

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?
N/A

Relevant Panel Number: 23023C0217F Year: 7/16/2015 (Attach a copy)

Comments: None

Source of Section VI information: Seller

Buyer Initials _____

Seller Initials _____

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: **Homestead Exemption**

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: **N/A**

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 tank (disconnected)**

Year Principal Structure Built: **2007** What year did Seller acquire property? **2021**

Roof: Year Shingles/Other Installed: **2007±**

Water, moisture or leakage: **None known, observed or experienced.**

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: **one year had a little leak in the corner of foundation. Fixed and has not reoccurred**

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: **N/A** 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 known**

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

Comments: **None**

Source of Section VII information: **Seller**

Buyer Initials _____

Seller Initials _____

SECTION VIII - ADDITIONAL INFORMATION

-Salt marsh is resource protection. Department of agriculture did an inspection 2019-2020, they did not provide a report but said they would, it is assumed to exist if a buyer wanted to contact their office.

-Includes wood stove in basement that is not connected as well as 2 outbuildings.

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.

SELLER _____ DATE _____ SELLER _____ DATE _____
Renee Adele

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

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION		>>Caution: Permit Required - Attach in Space Below<<	
City, Town or Plantation	WOOLWICH	WOOLWICH PERMIT # 1923 STATE COPY Date Permit Issued: 5/5/07 \$ 100.00 <input type="checkbox"/> If Double Fee Charged L.P.I. # 6181 Local Plumbing Inspector Signature: <i>[Signature]</i>	
Street or Road	BARLEY NECK RD.		
Subdivision Lot #			
OWNER/APPLICANT INFORMATION			
NAME (last, first, MI)	WYMAN, BARRY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> APPLICANT		
MAILING ADDRESS of OWNER/APPLICANT	1227 HIGH STREET BATH, ME. 04530		
Daytime Tel. #	207-386-0116		
OWNER OR APPLICANT STATEMENT		Caution: Inspection Required	
I state 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 <i>[Signature]</i> 5/5/07 Signature of Owner or Applicant Date		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application Local Plumbing Inspector Signature: _____ (End) Date Approved _____ (1st) Date Approved _____	

PERMIT INFORMATION			
TYPE OF APPLICATION: 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced _____ Year Installed _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. minor expansion <input type="checkbox"/> b. major expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES: <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank _____ Gallons <input type="checkbox"/> 6. Non-Engineered Disposal Area (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Area (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components	
SIZE OF PROPERTY 1.6+/- ACRES <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit No. of Bedrooms _____ <input type="checkbox"/> 2. Multiple Family Dwelling: Number of Units _____ <input type="checkbox"/> 3. Other _____ (Specify) Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <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	
SHORELAND ZONING Yes <input type="checkbox"/> No			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY 1000 Gallons	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> Stone Trench <input checked="" type="checkbox"/> 2. Proprietary Device <input type="checkbox"/> a. Cluster Array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular Load <input type="checkbox"/> d. H-20 <input type="checkbox"/> 4. Other _____ Size 120 sq. ft. <input checked="" type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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 type="checkbox"/> d. Filter on tank outlet	DESIGN FLOW 180 Gallons per day Based On: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) Show Calculations -- for other facilities-- <input type="checkbox"/> 3. Section 503.0 (meter readings)
SOIL DATA & DESIGN CLASS PROFILE: 2 • CONDITION: AIII • DESIGN: I at Observation Hole # _____ Depth 15' <i>[N/R]</i> OF MOST LIMITING SOIL FACTOR	DISPOSAL AREA SIZING <input type="checkbox"/> 1. Small --- 2.00 sq. ft. /gpd <input type="checkbox"/> 2. Medium --- 2.60 sq. ft. /gpd <input checked="" type="checkbox"/> 3. Medium-Large --- 3.30 sq. ft. /gpd <input type="checkbox"/> 4. Large --- 4.10 sq. ft. /gpd <input type="checkbox"/> 5. Extra-Large --- 5.00 sq. ft. /gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required >> Specify Only for Engineered or Experimental Systems DOSE _____ Gallons	ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. N43 d. 54 m. 370 s Lon. W69 d. 46 m. 838 s If g.p.s, state margin of error: 9FT

SITE EVALUATOR'S STATEMENT			
I CERTIFY that on 3/25/06 (date) I completed a site evaluation on this property and state that the data reported is 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 <i>[Signature]</i> PAUL A. BEERS Site Evaluator Name Printed	# 56 SE # 207-582-7400 Telephone Number	3/27/06 Date decoucr@msn.com E-Mail Address	
Note: Changes to or deviations from design should be confirmed with the Site Evaluator HHE-200 Rev. 4/05			

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
WOOLWICH

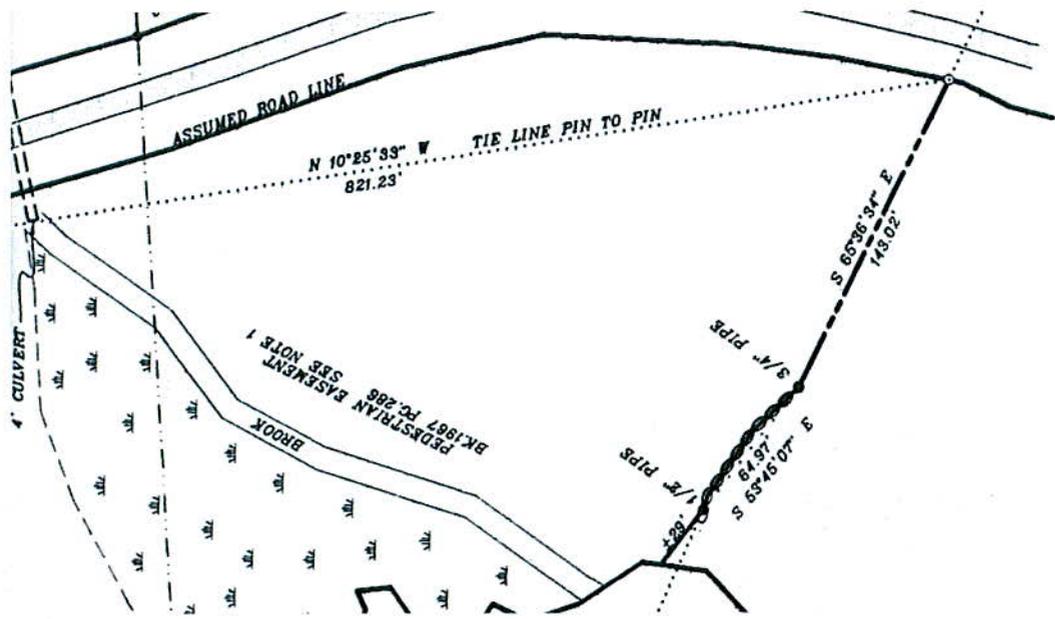
Street, Road, Subdivision
BARLEY NECK RD.

Owner's or Applicant Name
BARRY WYMAN

SITE PLAN Scale AS DIMENSIONED Ft.
or as shown

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

SEE
ATTACHED
MAP



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

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	GRAVELLY FINE SANDY LOAM	FRIABLE	DK BRN. REDDISH BROWN	N/E
20	FRACTURED BEDROCK			
30				
40				
50				

Soil Classification Profile	Slope Condition	Limiting Factor Percent	Ground Water
2	All	14%	<input type="checkbox"/>
		15'	<input type="checkbox"/>
		Depth	<input checked="" type="checkbox"/>

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	GRAVELLY FINE SANDY LOAM	FRIABLE	DK BRN. REDDISH BROWN	N/E
20	FRACTURED BEDROCK			
30				
40				
50				

Soil Classification Profile	Slope Condition	Limiting Factor Percent	Ground Water
2	All	14%	<input type="checkbox"/>
		15'	<input type="checkbox"/>
		Depth	<input checked="" type="checkbox"/>

Paul A. Beers
PAUL A. BEERS
Site Evaluator Signature

56
SE#

3/27/06
Date

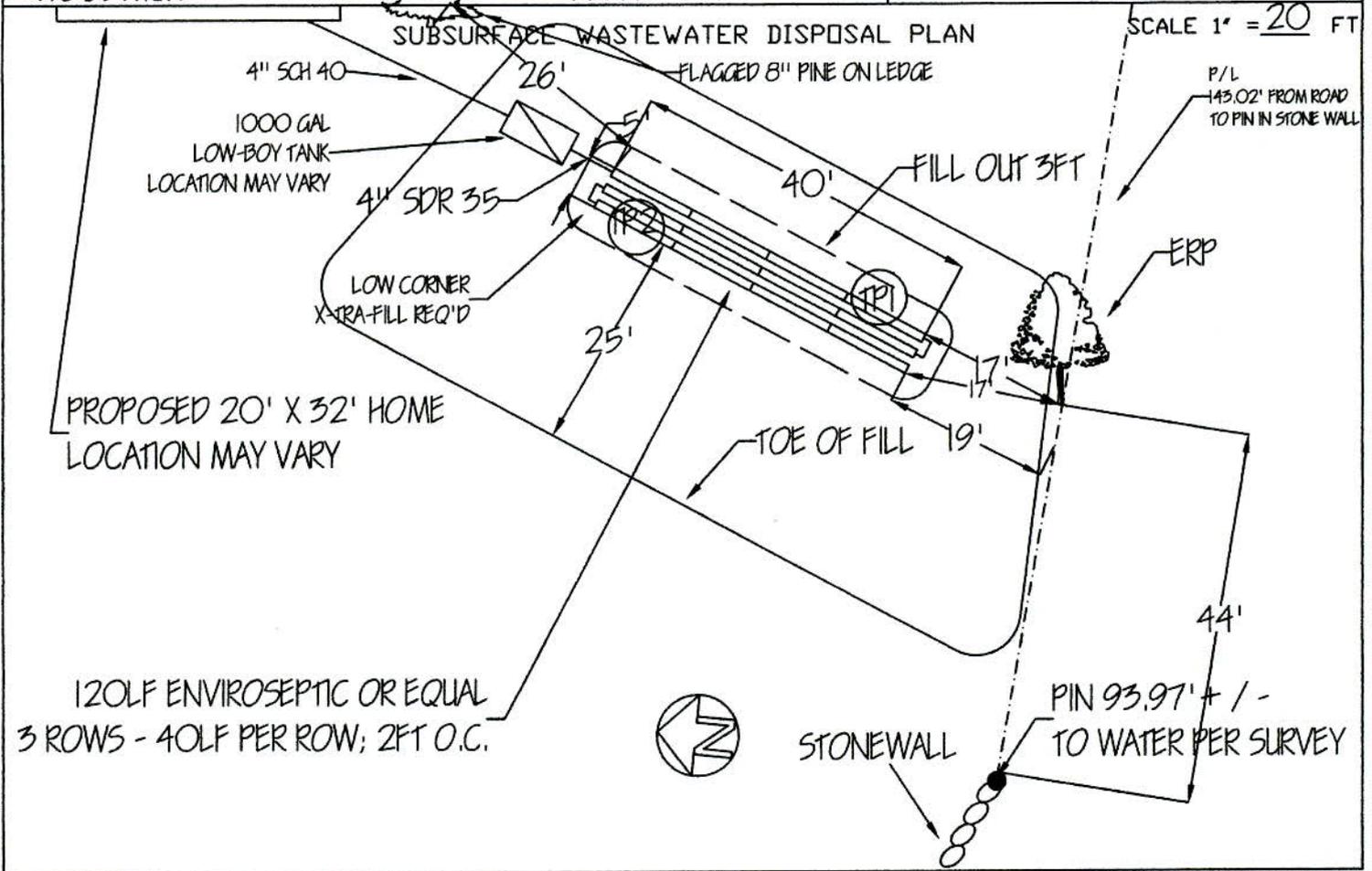
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
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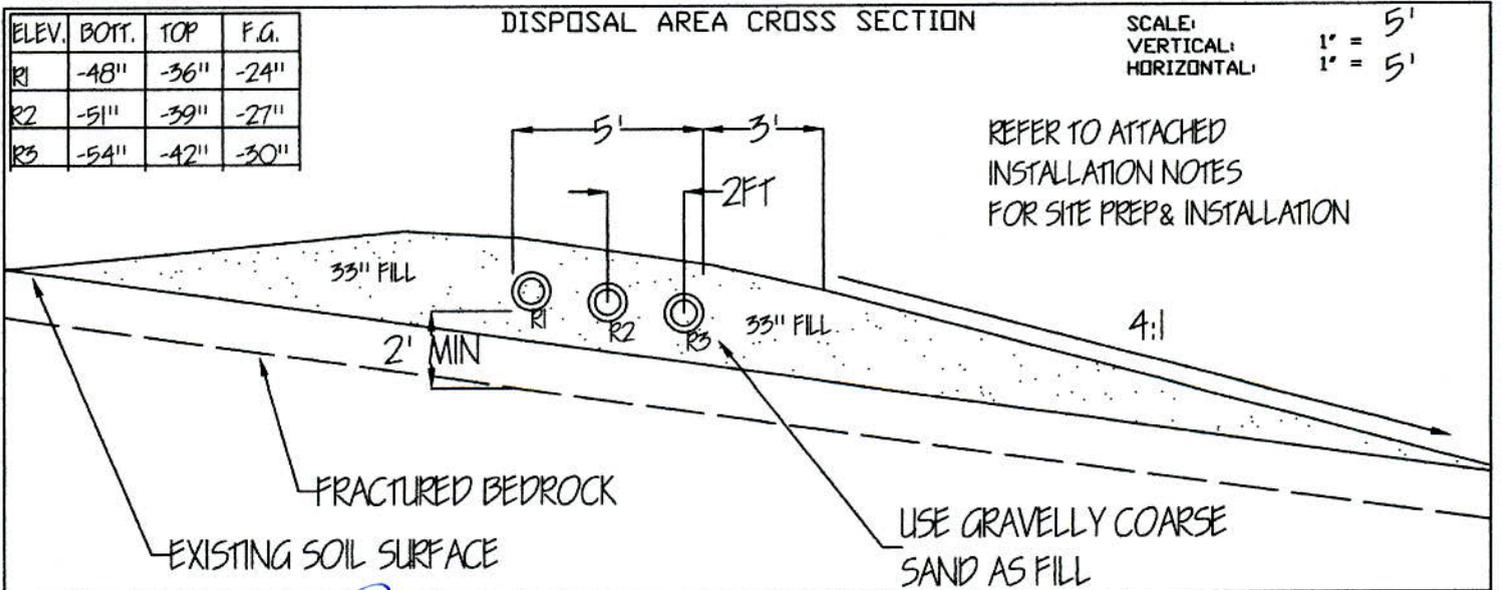
Town, City, Plantation
WOOLWICH

Street, Road, Subdivision
BARLEY NECK RD.

Owner or Applicant Name
BARRY WYMAN



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT Location & Description NAIL IN 10" OAK TREE 61" UP FROM BASE Reference Elevation is: 0.0"
Depth of Fill (Upslope)	33"	Finished Grade Elevation	-24" +/-	
Depth of Fill (Downslope)	33"-46"	Top of Distribution Pipe or Proprietary Device	-36"	
DEPTHS AT CROSS-SECTION (SHOWN BELOW)		Bottom of Disposal Area	R1 -48"	



Paul C. Rivers
Site Evaluator Signature

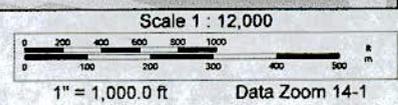
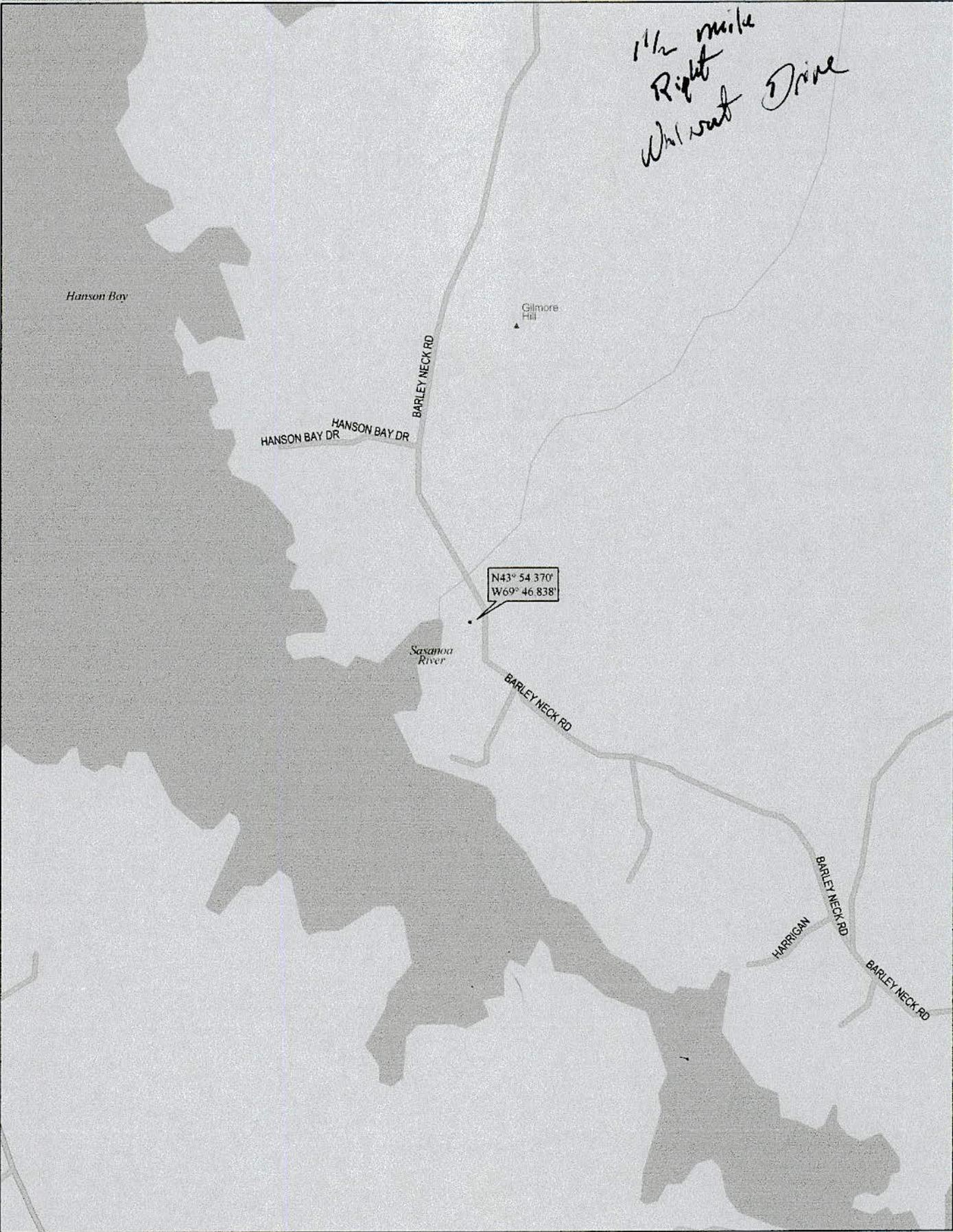
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SE #

3/27/06

Date

*1 1/2 mile
Right
Walnut Drive*



1923

**Paul A. Beers LSE, CSS
26 Fairview Street
Gardiner, ME. 04345
207-582-7400**

TOWN: Woolwich

LOCATION: Barley Neck Rd.

APPLICANT'S NAME: Barry Wyman

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are Incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system Installer and/or building contractor for further construction details and material specifications. The system installer should contact Paul A. Beers 582-7400, if there are any questions concerning materials, procedures or designs. The system Installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems. **Paul A. Beers does not have a financial interest in any proprietary product that may be specified as part of the attached design.**

2) This application is intended to represent facts pertinent to the Rules only. **It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.**

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Paul A. Beers of any local ordinances, which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Paul A. Beers's liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations In effect at the time of preparation of this application.

3). All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as, utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Paul A. Beers in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

4). Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter should be connected in series to the proposed septic tank.

5). The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than once every three years.
- 7) The actual water flow or number of bedrooms **shall not exceed the design criteria indicated on this application** without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu.ft.) x 7.48. (gallons per cu. ft.) .
- 8) The general minimum setback between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.
- 9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirements. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 10) On all systems, remove the vegetation; organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off plastic chambers, leaching pipe or In-drains. Divert the surface water away from the disposal area by ditching or shallow swales.
- 11). Unless noted otherwise, fill shall be gravelly coarse sand, which contains no more than 5 % fines (silt and clay).
- 12). Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.
- 13). Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion.

Account Name & Address	Land	Building	Exemption	Assessment	Tax
1945 ADAMS, HAZEL E; STEVEN C et BEAN, TRENA L; OVERMILLER, LARRY L (JT) 20 OVERMILLER DR WOOLWICH ME 04579	142,800 Acres 14.40 Soft: 0.00 Mixed: 0.00 Hard: 0.00	153,400	25,000 01 Homestead Exempt	271,200	2,766.24 1,383.12 (1) 1,383.12 (2)
20 OVERMILLER DRIVE R05-102-B B2022RP05380 08/02/2022	PB45 PG38 PARCEL I & II BOUNDARY 2008				
1697 ADAMS, TRACY WILSON 4 SHAW RD WOOLWICH ME 04579	14,000 Acres 4.00 Soft: 0.00 Mixed: 0.00 Hard: 0.00	0	0	14,000	142.80 71.40 (1) 71.40 (2)
ROUTE 1 R04-069 B2934P51 09/03/0207 B986P31					
1698 ADAMS, TRACY WILSON 4 SHAW RD WOOLWICH ME 04579	125,200 Acres 9.00 Soft: 0.00 Mixed: 0.00 Hard: 0.00	706,300	25,000 01 Homestead Exempt	806,500	8,226.30 4,113.15 (1) 4,113.15 (2)
4 SHAW ROAD R06-080 B2934P51 09/03/2007 B1094P26 12/01/1991					
1700 ADAMS, TRACY WILSON 4 SHAW RD WOOLWICH ME 04579	7,100 Acres 0.39 Soft: 0.00 Mixed: 0.00 Hard: 0.00	0	0	7,100	72.42 36.21 (1) 36.21 (2)
SHAW ROAD R06-082 B2934P51 09/03/2007 B1094P26					
1914 ADELE, RENEE 437 BARLEY NECK RD WOOLWICH ME 04579	203,300 Acres 1.20 Soft: 0.00 Mixed: 0.00 Hard: 0.00	228,000	0	431,300	4,399.26 2,199.63 (1) 2,199.63 (2)
437 BARLEY NECK ROAD R02-027-F B2020RP08421 10/28/2020	REF: PB42 PG83 SURVEY E C RICE 2006 - P/O APR-08 SPLIT FR: AC#1276				
2107 AGUILAR, NOEL V - TTEE CHAMPAGNE, WENDY D - TTEE c/o CHAMPAGNE AGUILAR L/T u/a 2021 148 HEDGE BRIDGE RD WOOLWICH ME 04579	157,400 Acres 20.00 Soft: 0.00 Mixed: 0.00 Hard: 0.00	413,800	37,000 01 Homestead Exempt 74 Dis Vet Res 75 Dis Vet NonRes	534,200	5,448.84 2,724.42 (1) 2,724.42 (2)
148 HEDGE BRIDGE ROAD R11-044-D B2021RP07441 08/18/2021	BK3514 PG33 BOUNDARY CLARIFICATION 2013				

	Land	Building	Exempt	Total	Tax
Page Totals:	649,800	1,501,500	87,000	2,064,300	21,055.86
Subtotals:	1,641,800	4,027,600	112,000	5,557,400	56,685.48

2020R-08421

TRANSFER TAX PAID

BOOK - PAGE

SAGADAHOC COUNTY MAINE

LYNN C MOORE, REGISTRAR

E-RECORDED ON

10/29/2020 02:17 PM

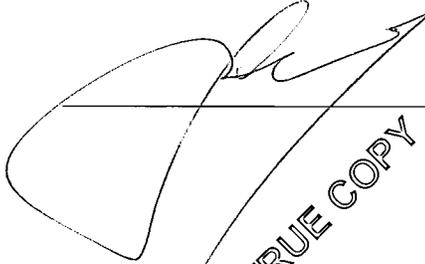
PAGES: 2

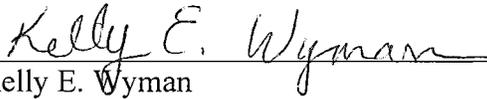
DLN: 1002040117770

WARRANTY DEED
STATUTORY SHORT FORM
TITLE 33, §775

KELLY E. WYMAN of Woolwich, County of Sagadahoc and State of Maine, for consideration paid, grants to **RENEE ADELE** of Yarmouth, County of Cumberland and State of Maine, with **Warranty Covenants**, a certain lot or parcel of land, together with any buildings thereon, situated in Woolwich, County of Sagadahoc and State of Maine, more fully described in Exhibit A, attached hereto and made a part hereof.

WITNESS my hand and seal, on ~~October 28, 2020.~~





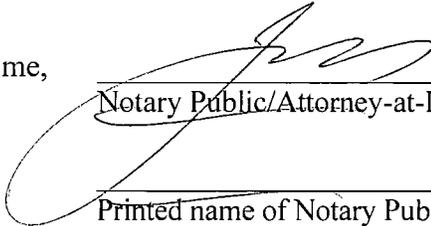
Kelly E. Wyman

STATE OF MAINE
CUMBERLAND, ss.

October 28, 2020

*** Personally appeared the above-named **KELLY E. WYMAN**, and acknowledged the above instrument to be her free act and deed.

Before me,



Notary Public/Attorney-at-Law

Printed name of Notary Public

My commission expires: _____

JOHN T. VOORHEES, JR.
Attorney-at-Law/Notary Public
My Commission does not expire.

16656

EXHIBIT A

A certain lot or parcel of land together with any buildings thereon, situated in the Town of Woolwich, County of Sagadahoc and State of Maine and bounded and described as follows:

Beginning at an iron 5/8 inch rebar set by Brian Smith Surveying, Inc. PLS #1175 on the westerly sideline of the Barley Neck Road which said point marks the southeast corner of property of Edward C. and Marianne Rice;

Thence running N 65° 36' 34" W, a distance of 143.02 feet to a 3/4 inch iron pipe found;

Thence N 53° 45' 07" W, a distance of 64.97 feet to a 1/2 inch pipe found;

Thence continuing N 53° 45' 07" W, a distance of approximately 29 feet to a brook which meets an inlet of Hanson Bay;

Thence in a general north-northeast direction along the centerline of said brook to a point on the west sideline of Barley Neck Road;

Thence southerly along said Barley Neck Road to the Point of Beginning of the parcel herein described.

Meaning and intending to describe 1.2 acres of land, be it the same more or less.

The above described lot is conveyed subject to a pedestrian and view easement and restriction as set forth in a deed from Edward C. Rice and Andrew M. Rice to Derrick B. Elmes and Kirsten P. Skorpen, dated February 4, 2002 and recorded in the Sagadahoc County Registry of Deeds in Book 1967, Page 286. Incorporated herein by reference is a clarification of the location of said pedestrian easement as set forth in an agreement dated March 30, 2007 and recorded in the Sagadahoc County Registry of Deeds in Book 2851, Page 297.

Reference may be made to a Plan entitled, "Standard Boundary Survey Land of Edward C. Rice, Barley Neck Road, Woolwich, Maine" by Brian Smith Surveying, Inc. dated March 2, 2006 and recorded in the Sagadahoc County Registry of Deeds in Plan Book 42, Page 83.

Bearings used in this description are based on observed magnetic 2002.

Meaning and intending to describe premises conveyed in a Deed from Edward C. Rice and Marianne Rice to Kelly Wyman and Barry Wyman dated April 4, 2007 and recorded in the Sagadahoc County Registry of Deeds in Book 2850, Page 145. Barry Wyman deceased July 31, 2019 leaving Kelly Wyman as the surviving joint tenant and sole owner of the premises.

Together with and subject to the conditions as set forth in the Consent Agreement between the Town of Woolwich and Kelly Wyman, dated October 26, 2020 and recorded in the Sagadahoc County Registry of Deeds in Book 2020R-08394.

MAINE SHORT FORM WARRANTY DEED

We, **EDWARD C. RICE** and **ANDREW M. RICE**, both of Woolwich, in the County of Sagadahoc and State of Maine, for consideration paid, grant to **DERRICK B. ELMES** and **KIRSTEN B. SKORPEN** of Amherst, in the County of Hampshire and Commonwealth of Massachusetts as joint tenants with WARRANTY COVENANTS, the land and buildings situated in Woolwich, in the County of Sagadahoc and State of Maine and being bounded and described as follows:

All that certain lot or parcel of land with the improvements thereon, situated on the East side of Barley Neck Road, in the Town of Woolwich, County of Sagadahoc and State of Maine, bounded and described as follows:

BEGINNING at a 1/4 inch rod found at the Southeast corner of land of Edward C. Rice as conveyed in book 765, at page 246 of the Sagadahoc County Registry of Deeds;

THENCE S 66° 40' 47" E along land of the Grantors herein, a distance of 478.40 feet to a 5/8 inch rebar set on the East side of the brook;

THENCE S 12° 59' 03" E along other land of the Grantors herein, a distance of 492.80 feet to a 5/8 inch rebar set;

THENCE S 85° 17' 19" W along other land of the Grantors herein, a distance of 732.40 feet to a 5/8 inch rebar set on the assumed easterly sideline of the Barley Neck Road. Said rebar being 58.5 feet southerly of the inlet of a 4 foot diameter culvert under said road;

THENCE N 17° 45' 09" W along the sideline of said road, a distance of 183.89 feet to a point;

THENCE N 08° 13' 01" W along said sideline, a distance of 114.69 feet to a point;

THENCE N 03° 23' 01" W along said sideline, a distance of 113.86 feet to a point in the driveway;

THENCE N 21° 52' 29" W along said sideline, a distance of 174.08 feet to a 1/4 inch rod recently set by Edward C. Rice;

THENCE N 88° 40' 35" E through land conveyed to Edward C. Rice by deed dated January 12, 1996 and recorded in the Sagadahoc County Registry of Deeds in book 1393, at page 051, a distance of 263.86 feet to a 1/4 inch rod recently set by Edward C. Rice;

THENCE N 20° 37' 25" E through land of Edward C. Rice, as described in the aforesaid in book 1393, at page 051, a distance of 170.73 feet to the Point of Beginning of the Parcel herein described.

Meaning and intending to convey and hereby conveying 10.0 acres of land, be it the same, more or less, being a portion of those premises conveyed to Andrew M. Rice, Linda R. Chapman and Edward C. Rice by deed dated December 20, 1996 and recorded in the Sagadahoc County Registry of Deeds in book 1467, at page 262, and also being a portion of those premises conveyed to Edward C. Rice by deed dated January 12, 1996 and recorded in said registry in book 1393, at page 051, and a portion of those premises conveyed by Linda R. Chapman to the grantors by deed dated December 26, 2001 and recorded in the Sagadahoc County Registry of Deeds in Book 1951 at Page 187.

TRANSFER TAX PAID

*** NOT A TRUE COPY ***
SAGADAHOC COUNTY, MAINE
TRUE COPY NOT A TRUE COPY
ECC F under
ECC and
B

Bearings used in this description are based on observed magnetic 2002. All 5/8 inch rebars set are marked B. Smith - Smith #1175.

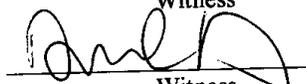
Also conveying to the within grantees a pedestrian easement to the shore of the Sasanoa River, which said easement is located on property of the grantors located on the westerly sideline of the Barley Neck Road. The location of said easement is restricted to that area of the grantors land located southerly of the brook on the westerly sideline of said Barley Neck Road, which said brook runs through a culvert under the Barley Neck Road located near the southwest corner of the 10.0 acre parcel conveyed herein. By acceptance of this deed as evidenced by its recording in the Sagadahoc County Registry of Deeds the grantees agree to indemnify and save harmless the grantors and their heirs and assigns from any and all loss, damage or injury to the grantees and their invitees resulting from their aforesaid use of said pedestrian easement.

Further conveying to the grantees a restriction encumbering that portion of the grantors remaining land on the westerly sideline of said Barley Neck Road which lies immediately across from the 10.0 acre parcel conveyed herein and being an extension of the southerly line of the 10.0 acre parcel which has a bearing of S 85° 17' 19" W and that portion of the northerly line of said 10.0 acre parcel which has a bearing of S 88° 40' 35" W. The grantors, for themselves and their heirs and assigns agree that no buildings (including storage of any sort) will be permitted on said land within 260 feet of the westerly edge of the traveled (tarred) right of way of the said Barley Neck Road. This restriction does not preclude the grantors from constructing a driveway over said "no building" area nor does it preclude the installation of utilities over said area.

IN WITNESS WHEREOF, we the said EDWARD C. RICE and ANDREW M. RICE, each releasing all interest in the premises being conveyed, have hereunto set our hands and seals this 4th day of February in the year of our Lord two thousand and two.

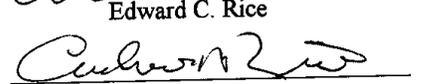
SIGNED, SEALED AND DELIVERED
in the presence of



Witness


Witness



Edward C. Rice


Andrew M. Rice

State of Maine
Sagadahoc ss,
CUMBERLAND

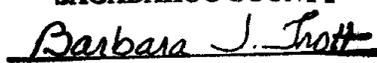
February 4, 2001

Personally appeared the above named EDWARD C. RICE and ANDREW M. RICE and acknowledged the foregoing instrument to be their free act and deed.

Before me,



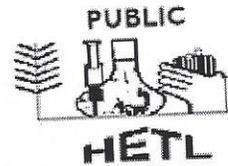
David Provost
Typed or Printed Name of Notary Public
My commission expires: Attorney

SAGadahoc COUNTY


Register of Deeds



**MAINE HEALTH AND ENVIRONMENTAL
TESTING LABORATORY**
221 State Street, Station #12
Department of Health and Human Services
Augusta, Maine 04333
Tel. No. 207-287-1716
Fax. No. 207-287-6832



BARRY WYMAN
437 BARCEY NECK RD
WOOLWICH ME 04579

Fax#:

Logged: 8/20/2007 08:15:00
Folder/ Invoice # C038137

Office Use Only: Do Not Bill WALK-IN Private

Released: 9/13/2007
Case #:

Project Name:

No. of Samples in Folder: 1

C038137001 NEW WELL T

This is a simplified report that has been specifically requested by the submitter, and does not meet NELAC format requirements.

CERTIFICATION

The HETL hereby certifies that all test results for this sample were analyzed by approved and accredited methods and meet all preservation, preparation and holding times, unless otherwise noted.

John A. Krueger, Director

Richard French, Quality Assurance Officer

If we can be of further assistance to you, Please Call us at 287-1716

Approved by:

Thomas Crosby

CC:

Continued from Previous Page

HETL Folder Number: C038137

HETL Sample Number: C038137001

Matrix: Potable Water
 Sampler: KELLY WYMAN

Description: BEFORE FILTER DW-H20
 Sample Date: 8/19/2007 Time: 20:10:00

Analyte	Result	Units	Qualifier	MCL
pH	7.4	S.U.		
E. coli	<1	MPN/ 100ml		1
Coliform, Total	<1	MPN/ 100ml		1
Chloride	5	mg/L		250
Fluoride	0.1	mg/L		1.7
Total Hardness	89.1	mg/L		
Nitrate Nitrogen	0.02	mg/L		10.0
Nitrite Nitrogen	< 0.01	mg/L		1.0
Arsenic	<.5	ug/L		10
Calcium	26.	mg/L		
Copper	.0012	mg/L		1.3
Iron	<.05	mg/L		.3
Magnesium	5.6	mg/L		
Manganese	.056	mg/L	*	.05
Uranium	5.0	ug/L		30

⚠ 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.

Continued from Previous Page

HETL Folder Number: C038137

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 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 Department of Human Services has determined that a reasonable guideline for manganese would be about 0.8mg/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.

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

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

The Secondary Drinking Water Standards are set only for aesthetic reasons and the EPA has not updated their approved methods for these parameters to reflect current technologies. Thus Total Hardness by 200.8 is an accredited, but non-approved method.

Continued from Previous Page

HETL Folder Number: C038137

The Secondary Drinking Water Standards are set only for aesthetic reasons and the EPA has not updated their approved methods for these parameters to reflect current technologies. Thus Calcium by 200.8 is an accredited, but non-approved method.

The Secondary Drinking Water Standards are set only for aesthetic reasons and the EPA has not updated their approved methods for these parameters to reflect current technologies. Thus Magnesium by 200.8 is an accredited, but non-approved method.

The Secondary Drinking Water Standards are set only for aesthetic reasons and the EPA has not updated their approved methods for these parameters to reflect current technologies. Thus Iron by 200.8 is an accredited, but non-approved method.

Continued from Previous Page

HETL Folder Number: C038137

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.

If your test result says your water is "Satisfactory" for fluoride, this means that the fluoride level is less than or equal to 1.7 parts per million. If your test result says your water is "Unsatisfactory" for fluoride, this means that the fluoride level is greater than 1.7 parts per million. You should compare your test result ("Analytical Results") to the explanations on this page to see what your test result means for you and your family.

If your lab results ("Analytical Results") are:

<.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

Continued from Previous Page

HETL Folder Number: C038137

Units & Measurement

"mg/L" = Milligrams per liter;

"ug/L" = Micrograms per Liter;

"mg/Kg" = Milligrams per Kilogram;

"ug/Kg" = Micrograms per Kilogram;

"PPM" = Parts per Million;

"NTU" = Nephelometric Turbidity Units;

All solid results on a "Dry Weight" basis

NC = Not confirmed NQ = Not Quantitated NA = Not Analyzed J = Approximately U = Undetected R = Rejected

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

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

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

Disclaimer

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

PAID

AUG 17 2007

Revised 04/2007

See back for sampling instructions and when to expect laboratory results.

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
TEL : (207) 287-1716 FAX: (207) 287-1884

AUG 20 2007 AM 7:54 ^{SG}

DATE REC'D

TEMP UPON ARRIVAL @ LAB 19 °C

BARRY WYMAN
437 BARCEY NECK RD

WOOLWICH, ME 04579

NEW_WELL_TEST

10-19

Kit# 84616
C038137



WALK-IN

PHONE (DAY): 207-443-1695

- () NAME AND ADDRESS (IF NOT ON LABEL)
- () CHANGE OF NAME OR ADDRESS
- () SEND REPORT TO ADDITIONAL ADDRESS:

NAME: _____

STREET: _____

TOWN: _____

ZIP CODE: _____

PHONE (EVE): _____

FAX: _____

PLEASE COMPLETE THIS SECTION

PLEASE CHECK HERE IF YOU WOULD LIKE A SIMPLIFIED FINAL REPORT

DATE SAMPLED 8.19.07

TIME SAMPLED 8:10 AM PM

SAMPLED BY Kelly Wyman

(PERSON TAKING SAMPLE)

SUPPLY LOCATION Woolwich

(CITY OR TOWN)

STATE ME.

ZIP 04579

SAMPLE POINT

- BEFORE FILTER
- () BETWEEN FILTER
- () AFTER FILTER
- () OTHER _____

TREATMENT TYPE

- () CHLORINATOR
- () SOFTENER
- () OTHER _____

SAMPLE SOURCE

- () DUG WELL
- DRILLED WELL
- IF WELL PLEASE INDICATE DEPTH 140 ft.
- () OTHER _____

WATER USED BY

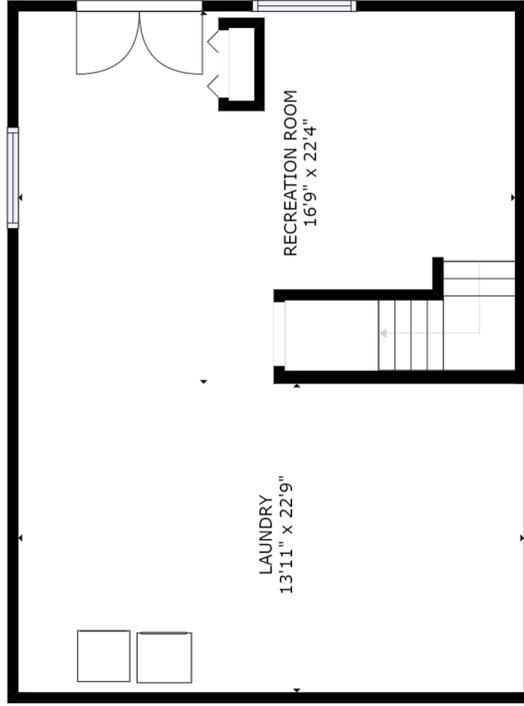
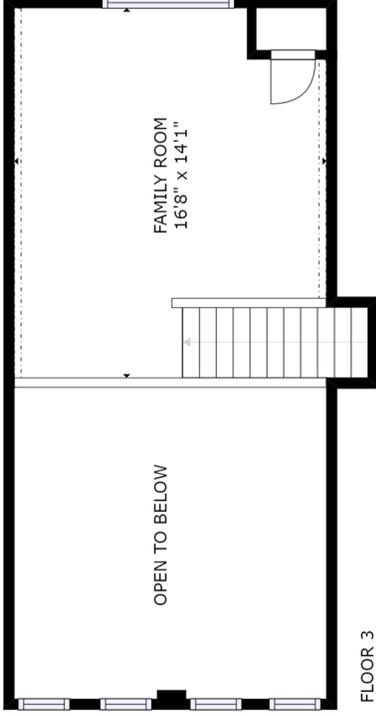
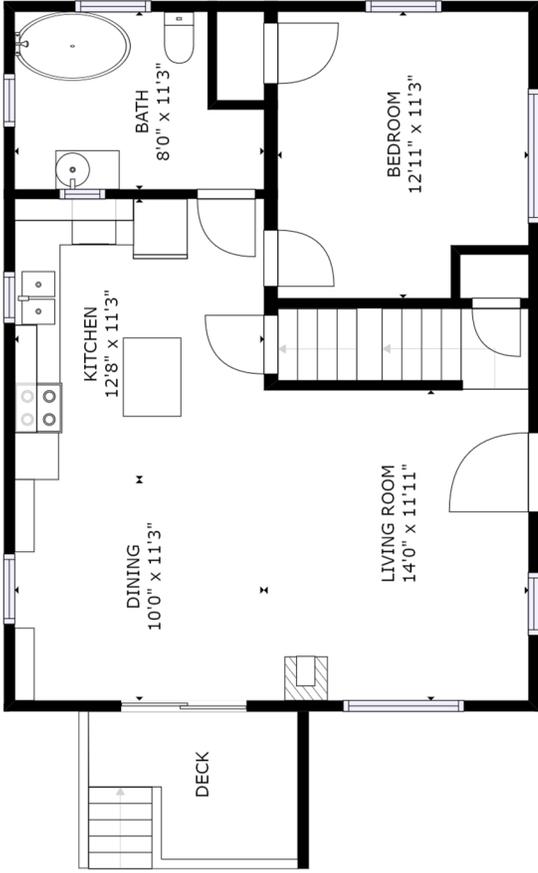
- PRIVATE HOME
- () DAY CARE
- () EATING PLACE
- () LODGING PLACE
- () FOSTER CARE CHILDREN
- () MOBILE HOME PARK
- () ADULT RESIDENTIAL CARE
- () OTHER _____

COMMENTS (Please indicate any problems you are having with your water. Examples: taste, odor, color or staining. If you are aware of a suspected contaminant, please indicate.)

PLEASE RECORD AND KEEP YOUR SAMPLE NUMBER FROM THE BARCODE FOR YOUR RECORDS

EXAMPLE: C123456 DO NOT REMOVE BARCODED LABEL FROM THIS FORM OR BOTTLES

SAMPLE NUMBER C038137



GROSS INTERNAL AREA
 FLOOR 1: 692 sq ft; FLOOR 2: 718 sq ft
 FLOOR 3: 237 sq ft; EXCLUDED AREAS:
 REDUCED HEADROOM BELOW 1.5M: 9 sq ft
 TOTAL: 1648 sq ft

SIZES AND DIMENSIONS ARE APPROXIMATE, ACTUAL MAY VARY.

