

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Augusta	Town/City	Augusta
Street or Road	45 Parkview Terrace	Permit #	8312
Subdivision, Lot #		Date Permit Issued	5/12/23
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$	150
		Double Fee Charged <input type="checkbox"/> Local Plumbing Inspector Signature: <u>Meegen F. Hill</u> L.P.I. # <u>1241</u>	
Name (last, first, MI)	Corbin Linda <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Mailing Address of Owner/Applicant	P.O. Box 313 Limerick, Me 04042		
Daytime Tel. #			
<b>OWNER OR APPLICANT STATEMENT</b> I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: <u>Linda M. Corbin</u> Date: <u>5/12/23</u>		Local Plumbing Inspector Signature: _____ (1st) date approved: _____ _____ (2nd) date approved: _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Trench</u> Year installed: <u>1983</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input 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 checked="" 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 Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input type="checkbox"/> 1. Complete 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 checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> <u>2.75</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>EXISTING</u> CAPACITY: <u>1000 GAL.</u> <u>Since 1970s</u>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>Concrete Chambers</u> <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input checked="" type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>320</u> @ sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION: <u>S1B</u> at Observation Hole # <u>1</u> Depth: <u>None</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input checked="" type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>44</u> d <u>23</u> m <u>22</u> s Lon. <u>70</u> d <u>69</u> m <u>48</u> s if g.p.s, state margin of error: <u>±20 FT</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>5-10-23</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Site Evaluator Signature: <u>Kenneth Gardner</u>	SE #: <u>23</u>	Date: <u>5-10-23</u>
Site Evaluator Name Printed: <u>Kenneth Gardner</u>	Telephone Number: <u>205-6349</u>	E-mail Address: _____

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision  
 45 Parkview Terrace

Owner's Name

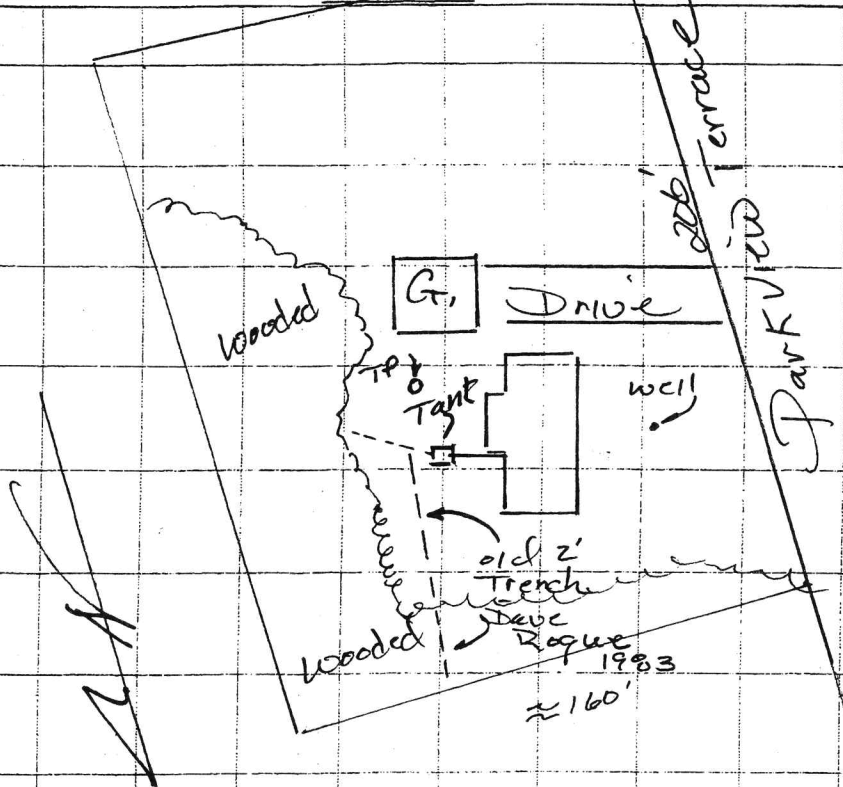
Linda Corbin

## SITE PLAN

Scale 1" = \_\_\_\_\_ ft. or as shown

## SITE LOCATION PLAN

(map from Maine Atlas recommended)



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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	friable	Dark Br. 10YR3/3	
10	loamy sand	loose	Yell. Br. 10YR5/6	
20				None
30	fine to med. sand		Light yell. Br. 2.5Y6/4	
40				
50				

Soil Classification <u>S B</u> Profile Condition	Slope <u>2-3%</u>	Limiting Factor <u>None</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification _____ Profile Condition	Slope _____%	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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*Kenneth Judler*  
 Site Evaluator Signature

Initials: AK MY  
 SE # \_\_\_\_\_ Date: 5-10-23





Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

### SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

**GENERAL INFORMATION** Town of Augusta

Property Owner's Name: Linda Corbin Tel. No.: \_\_\_\_\_

System's Location: 45 Park View Terrace

Property Owner's Address: P.O. Box 313 Limerick, Me Zip Code 04048

e-mail address: \_\_\_\_\_

The subsurface wastewater disposal system design for the subject property requires a  replacement system variance  first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires  local approval  local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>To Allow the disposal field 75 ft from the owners well</u>	<u>Table 8A</u>
2. _____	_____
3. _____	_____

**SITE EVALUATOR**

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

The area is wooded at the rear of the house, so in order to avoid cutting large trees, a variance to the well is requested

1. Kenneth Gardner S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Kenneth Gardner SIGNATURE OF SITE EVALUATOR      5-10-23 DATE

**PROPERTY OWNER**

1. Linda M Corbin am the  owner  agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.


Linda M Corbin  SIGNATURE OF OWNER      5/12/23 DATE  
 AGENT FOR THE OWNER

Initial AK Initial ML

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Keegen Ballard, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not) approve the requested variance. I (  will  will not) issue a permit for the system's installation as proposed by the application.

  
LPI Signature

5-12-23  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (  does  does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_  
DATE

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
<b>TOTAL POINT ASSESSMENT:</b>		

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65

Initial AK Initial ML

# 45 PARKVIEW TERRACE

**Location** 45 PARKVIEW TERRACE

**Mblu** 1/ 121///

**Acct#** 220

**Owner** KIRK ALEXANDER TURNER  
DEAN & MORGAN

**Total Market Value** \$144,400

**PID** 237

**Building Count** 1

## Current Value

Assessment			
Valuation Year	Improvements	Land	Total
2026	\$104,500	\$39,900	\$144,400

## Owner of Record

<b>Owner</b>	KIRK ALEXANDER TURNER DEAN & MORGAN	<b>Sale Price</b>	\$0
<b>Co-Owner</b>		<b>Certificate</b>	
<b>Address</b>	45 PARKVIEW TERR AUGUSTA, ME 04330	<b>Book &amp; Page</b>	15382/6
		<b>Sale Date</b>	05/23/2025
		<b>Instrument</b>	1A

## Ownership History

Ownership History					
Owner	Sale Price	Certificate	Book & Page	Instrument	Sale Date
KIRK ALEXANDER TURNER DEAN & MORGAN	\$0		15382/6	1A	05/23/2025
KIRK ALEXANDER TURNER DEAN &	\$275,000		14771/49	00	06/01/2023
RYAN HEATHER L	\$140,000		12396/0085	00	08/29/2016
CORBIN LINDA	\$110,000		12314/0062	1N	06/06/2016
ALBERT JAMES H & JUNE	\$110,000		12229/0095	1N	02/17/2016

## Building Information

### Building 1 : Section 1

**Year Built:** 1972  
**Living Area:** 1,152

Building Attributes	
Field	Description
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">Initial AK</div> <div style="border: 1px solid black; padding: 2px;">Initial MK</div> </div>

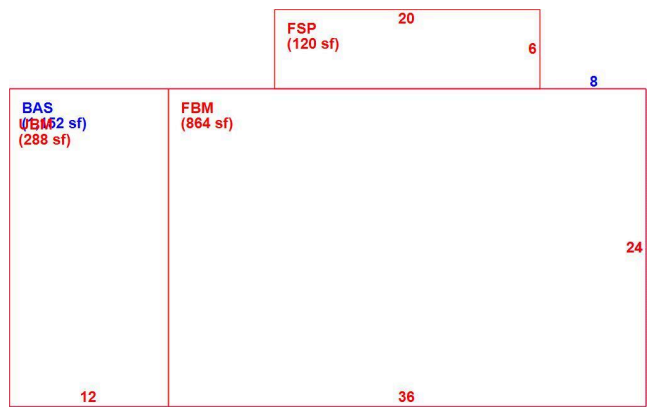
Style:	Ranch
Model	Residential
Grade:	Average
Stories:	1 Story
Occupancy	1
Exterior Wall 1	Wood Shingle
Exterior Wall 2	Aluminum Sidng
Roof Structure:	Gable/Hip
Roof Cover	Asph/F GlS/Cmp
Interior Wall 1	Drywall/Sheet
Interior Wall 2	K PINE/A WD
Interior Flr 1	Hardwood
Interior Flr 2	Ceram Clay Til
Heat Fuel	Oil
Heat Type:	Hot Water
AC Type:	Heat Pump
Total Bedrooms:	3 Bedrooms
Total Bthrms:	1
Total Half Baths:	0
Total Xtra Fixtrs:	
Total Rooms:	
Bath Style:	
Kitchen Style:	

### Building Photo



<https://images.vgsi.com/photos/AugustaMEPhotos/A002745%20PARKVIEW>

### Building Layout



[\(ParcelSketch.ashx?pid=237&bid=235\)](#)

Building Sub-Areas (sq ft)			Legend	
Code	Description	Gross Area	Living Area	
BAS	First Floor	1,152	1,152	
FBM	Basement, Finished	864	0	
FSP	Porch, Screen, Finished	120	0	
UBM	Basement, Unfinished	288	0	
		2,424	1,152	

### Extra Features

Extra Features				Legend
Code	Description	Size	Value	Bldg #
FPL1	FIREPLACE 1 ST	1.00 UNITS	\$5,600	1

### Land

Land Use Land Line Valuation

Use Code 1010

Initial  
ATOK

Initial  
ML

Size (Acres)

0.80

**Description** SINGLE FAMILY

**Neighborhood** 50

**Alt Land Appr** No

**Category**

**Frontage** 206

**Depth** 0

**Total Market Land** \$39,900

**Outbuildings**

Outbuildings						Legend
Code	Description	Sub Code	Sub Description	Size	Value	Bldg #
FGR1	GARAGE-AVE			624.00 S.F.	\$23,400	1

**Valuation History**

Assessment			
Valuation Year	Improvements	Land	Total
2025	\$96,800	\$39,900	\$136,700
2024	\$96,800	\$39,900	\$136,700
2023	\$96,800	\$39,900	\$136,700

**Valuation History**

Exemptions			
Exemption Year	Code	Description	Amount
2026	12	HOMESTEAD	\$14,000

Initial  Initial 



**CITY OF AUGUSTA**  
16 CONY ST  
AUGUSTA, ME 04330



**FY2026 REAL ESTATE TAX BILL**  
For Fiscal Year July 1, 2025 - June 30, 2026

www.augustamaine.gov

**OFFICE HOURS**

Monday - Friday: 7:45 AM to 4:30 PM  
Tel: (207) 626-2310

S1 P1 - 1of1



KIRK ALEXANDER TURNER DEAN & MORGAN  
45 PARKVIEW TERR  
AUGUSTA, ME 04330

Current Billing Information	
Land Value	\$39,900.00
Building Value	\$104,500.00
Total Assessment	\$144,400.00
Exemption	\$14,000.00
Taxable Valuation	\$130,400.00
<b>TOTAL TAX</b>	<b>\$3,181.76</b>

**First Payment 09/18/2025 \$1,590.88**

**Second Payment 03/19/2026 \$1,590.88**

**THIS IS THE ONLY BILL**  
**YOU WILL RECEIVE.**  
**PLEASE NOTE THE TWO**  
**PAYMENT DATES**

**BILL NUMBER:** 4490  
**CUSTOMER OWNER ACCT NO:** 000053558  
**LOCATION:** 45 PARKVIEW TERRACE  
**MAP/LOT/PLOT ID:** 0001+-0121+-0000  
**MIL RATE:** 24.40

**TAXPAYER'S NOTICE**

Notice is hereby given that your tax is due July 1, 2025 through June 30, 2026 and is payable in two (2) installments.  
**The first installment is due on 09/18/2025, and the second installment due on 03/19/2026.**

**Taxes paid after the due dates will be charged interest at a rate of 7.5%.**

As per state statute, the ownership and taxable valuation of all real and personal property subject to taxation shall be fixed as of April 1st of each year. Please contact the tax collectors office at 207-626-2310 for billing questions.

IF YOU HAVE TRANSFERRED OWNERSHIP OF YOUR PROPERTY, PLEASE FORWARD THIS TAX BILL TO THE NEW OWNER. THE OWNER OF RECORD AS OF APRIL 1, 2025 IS LIABLE FOR THE TAXES ASSESSED FOR THE ENTIRE YEAR. Please contact the Assessors Office at 207-626-2320 regarding valuations, assessments, changes in ownership or mailing address.

As a result of the money our Municipality receives from the State Legislature through the State Municipal Revenue Sharing Program, Homestead Exemption Reimbursement and State Aid to Education, your property tax bill has already been reduced by 36.09%. The outstanding bonded indebtedness on 06/30/2025 was \$78,946,169.84.

**PAYMENT METHODS ACCEPTED:** Online at www.augustamaine.gov, Personal Check, Money Order, Treasurer's Check, Cash, Credit or Debit Card (Convenience Fee of \$3.50 Minimum up to 2.5% of the Total)

CURRENT BILLING DISTRIBUTION	
MUNICIPAL	47%
SCHOOL	45%
COUNTY	<u>8%</u>
<b>TOTAL</b>	<b>100.00%</b>

REMITTANCE INSTRUCTIONS	
To avoid standing in line, taxes may be paid by mail. Please make check/money order payable to <b>CITY OF AUGUSTA</b> and mail to:	
<b>CITY OF AUGUSTA</b> <b>16 CONY ST</b> <b>AUGUSTA, ME 04330</b>	PLEASE INCLUDE YOUR PHONE NUMBER ON THE CHECK. SEND A SELF-ADDRESSED, STAMPED ENVELOPE IF REQUESTING RECEIPT.

PLEASE REMIT THIS PORTION WITH YOUR SECOND PAYMENT  
CITY OF AUGUSTA, 16 CONY ST, AUGUSTA, ME 04330

**FY2026 REAL ESTATE TAX BILL**

**BILL NUMBER:** 4490 RE  
**NAME:** KIRK ALEXANDER TURNER DEAN & MORGAN  
**LOCATION:** 45 PARKVIEW TERRACE  
**MAP/LOT:** 0001+-0121+-0000

**INTEREST BEGINS ON 03/20/2026**

DUE DATE	AMOUNT DUE	AMOUNT PAID
03/19/2026	\$1,590.88	

PLEASE REMIT THIS PORTION WITH YOUR FIRST PAYMENT  
CITY OF AUGUSTA, 16 CONY ST, AUGUSTA, ME 04330

**FY2026 REAL ESTATE TAX BILL**

**BILL NUMBER:** 4490 RE  
**NAME:** KIRK ALEXANDER TURNER DEAN & MORGAN  
**LOCATION:** 45 PARKVIEW TERRACE  
**MAP/LOT:** 0001+-0121+-0000

**INTEREST BEGINS ON 09/19/2025**

DUE DATE	AMOUNT DUE	AMOUNT PAID
09/18/2025	\$1,590.88	

Initial Initial

# CITY OF AUGUSTA

## TAX COMMITMENT BOOK

Real Estate For Fiscal 2026

Tax Year 07/01/2025 To 06/30/2026

Property/Owner	Class	Customer	Values	Charges	Tax
0001+-0121+-0000+ KIRK ALEXANDER TURNER DEAN & KELTNER MORGAN OLIVIA 45 PARKVIEW TERR AUGUSTA, ME 04330	101	50599	Land 39,900 Building 104,500 Total Value 144,400 Deferment 0 Exemption 14,000 Net Value 130,400 Alt	26 RE TAX INSTALLMENT 1 INSTALLMENT 2	3,181.76 1,590.88 1,590.88
Location: 45 PARKVIEW TERRACE Bill No. Book/Page Deed Date Sq Ft 4490 15/82 6 05/23/2025 35020					
0040+-0029+-0000+ KIRK HOLLY D & DAVID T JR 163 RIVERSIDE DR AUGUSTA, ME 04330	101	8726	Land 31,900 Building 74,300 Total Value 106,200 Deferment 0 Exemption 14,000 Net Value 92,200 Alt	26 RE TAX INSTALLMENT 1 INSTALLMENT 2	2,249.68 1,124.84 1,124.84
Location: 163 RIVERSIDE DRIVE Bill No. Book/Page Deed Date Sq Ft 4491 5476/0266 10/16/1997 8701					
0041+-0211+-0000+ KIRK MICHAEL A 35 CEDAR ST AUGUSTA, ME 04330	101	51742	Land 25,500 Building 171,800 Total Value 197,300 Deferment 0 Exemption 19,600 Net Value 177,700 Alt	26 RE TAX INSTALLMENT 1 INSTALLMENT 2	4,335.88 2,167.94 2,167.94
Location: 35 CEDAR STREET Bill No. Book/Page Deed Date Sq Ft 4492 1501/329 03/28/2024 8712					
0004+-0113+-0000+ KIRK ROBERT D & BLAIR KIRK TAMARA L 3439 NORTH BELFAST AVE AUGUSTA, ME 04330	101	37832	Land 43,400 Building 84,000 Total Value 127,400 Deferment 0 Exemption 14,000 Net Value 113,400 Alt	26 RE TAX INSTALLMENT 1 INSTALLMENT 2	2,766.96 1,383.48 1,383.48
Location: 3439 NORTH BELFAST AVENUE Bill No. Book/Page Deed Date Acres 4493 6397/0227 02/02/2001 2.00					
0004+-0114+-0000+ KIRK ROBERT D & BLAIR KIRK TAMARA L 3439 NORTH BELFAST AVE AUGUSTA, ME 04330	101	37832	Land 42,000 Building 40,600 Total Value 82,600 Deferment 0 Exemption 0 Net Value 82,600 Alt	26 RE TAX INSTALLMENT 1 INSTALLMENT 2	2,015.44 1,007.72 1,007.72
Location: 3445 NORTH BELFAST AVENUE Bill No. Book/Page Deed Date Acres 4494 12500/0234 12/23/2016 1.08					

**MAINE REAL ESTATE  
TRANSFER TAX PAID**

BK14771 PGS 49 - 50 06/02/2023 02:23:10 PM  
INSTR#: 2023009372 ATTEST: MATTHEW BOUCHER  
RECEIVED KENNEBEC SS REGISTER OF DEEDS  
eRecorded Document

**1002340236695**

**WARRANTY DEED**

Heather L. Ryan of Parrish FL, manatee County, Florida, for consideration paid, grants to **Alexander Turner Dean Kirk and Morgan Olivia Keltner** of Augusta, Kennebec County, Maine (whose mailing address is 163 Riverside Drive, Augusta, ME 04330) with Warranty Covenants, as joint tenants the following described real estate:

See "Exhibit A" Attached

For grantors' source of title, reference may be had to a deed from Linda Corbin to the grantor herein, dated August 29, 2016, recorded in Kennebec Registry of Deeds, Book 12396, Page 85.

Any and all other rights, easements, privileges and appurtenance belonging to the granted estate are hereby conveyed.

This conveyance is made subject to the property taxes assessed against the premises, which said taxes are to be prorated between the parties hereto as of the date of delivery of this deed in accordance with 36 M.R.S.A., sec. 558.

Witness my hand and seal this 1<sup>st</sup> day of June, 2023.

WITNESS:

Sheryl Boldin

Heather L. Ryan  
Heather L. Ryan

SHERYL BOLDIN

STATE OF FL

1<sup>st</sup> day of June, 2023

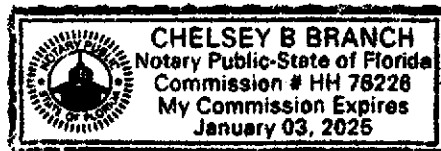
Manatee, ss

Then personally appeared the above named Heather L. Ryan and acknowledged the foregoing instrument to be his/her free act and deed.

Before me,

Chelsey B Branch  
Notary Public/Justice of the Peace  
Commission Expiration: 01/03/2025

File No.: 2023-1780



Initial ATOK Initial ML

File No: 2023-1780

**“Exhibit A”**

A certain lot or parcel of land, with the buildings thereon, situated in the City of Augusta, County of Kennebec and State of Maine, described as follows:

Lot Seven as the boundaries of said lot are shown on Plot Plan of Summer Haven Park recorded in the Book of Plot Plans Book 40, Page 58 in the Kennebec County Registry of Deeds.

Also the right to use a right of way as shown on said Plot Plan leading to the Gould Road.

Initial  
 Initial  
