

For office use only: APPLICATION routing = K. Heath => M. Demarest



MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND & WATER QUALITY
APPLICATION for RESIDENTIAL WASTEWATER DISCHARGE LICENSE

Application: #W002314-5B-B-R

Location: Portland Tax Map #83CA4 Lot(s) #4

Application for: [X] Renewal [] Renewal & Transfer [] Amendment [] Other

[X] Submit one copy of application with attachments to the town or city municipal office where the discharge occurs.

[X] Mail completed original application with attachments to:

Maine Department of Environmental Protection
Overboard Discharge Licensing Program
17 State House Station
Augusta, Maine 04333-0017

!!! Please retain a copy for your own records.

GENERAL INSTRUCTIONS *This application is for the renewal, transfer or amendment of overboard discharge (OBD) licenses. Please read the entire application form before filling it out. Check the applicable box in each section. Attach all required documents. Please be sure to read and follow the instructions in STEP G regarding Public Notice. Public Notice is required by law for all DEP licensing actions. Please contact your project manager if you need assistance.

Your Project Manager is:

[X] Mike Demarest (207) 287-6301
[X] William Johnson (207) 287-7684
(name) (telephone)

STEP A - APPLICANT INFORMATION

1. Applicant Name: Meredith Reed and Lisa J. Bowman

2. Mailing Address: 1183 Shore Road Cape Elizabeth ME 04107-2112
(street/po box) (town/city) (state) (zip)
(207) 799-0260 (207) 671-6587 () - N/A
(telephone-required) (alternative telephone- optional) (fax number)

3. May we contact you by E-mail? [] Yes [] No E-mail: @

STEP B - SITE EVALUATION Pursuant to Conditions of Licenses, 38 MRSA §414 (A), prior to license renewal and/or transfer, a "qualified" Licensed Site Evaluator (LSE) must evaluate the site to determine whether there is any technologically feasible alternative to the OBD system. "Qualified" means having demonstrated experience in designing replacement systems for a facility, dwelling, or property (hereinafter "facility") served by overboard discharge (OBD) system. We can only accept recent evaluations conducted within the past five years. Please call your project manager if you need a list of site evaluators. If you have no treatment or primary treatment of both greywater and blackwater, you must submit a design to upgrade to secondary treatment with disinfection. Place a checkmark where appropriate:

[] The town, city, or sewer district has installed a municipal sewer line next to our property. We can no longer issue you a license. You must connect to the municipal sewer and abandon your OBD system within 90 days. Please contact your project manager.

[] My facility is a seasonal dwelling and the town, city, or sewer district has offered to pump a holding tank at the same or lesser cost than customers currently connected to the sewer. We can no longer issue you a license. You must replace your OBD system with a holding tank within 90 days. Please contact your project manager.

[] A qualified LSE has determined that my OBD system CAN be replaced with a subsurface alternative. I have received a letter from the Overboard Discharge Removal Grant Program or its assignees (usually the town or county) offering grant money for the removal of my OBD system. We can no longer issue you a license. You must install the replacement system within 180 days (90 days of transfer). Please call your project manager.

[X] A qualified LSE has determined that my OBD system CAN be replaced with a subsurface alternative. The Overboard Discharge Removal Grant Program or its assignees (usually the town or county) have NOT offered grant money for the removal of my OBD system. Please attach a copy of the recent LSE report document (form HHE-200) to this application. Label this document "ATTACHMENT A", your name and OBD number (002314). Go to STEP C

[X] A qualified LSE has determined that there is currently no feasible alternative to my OBD system. (read report) Please attach a copy of the recent LSE report document and site diagram to this application. Label this document "ATTACHMENT A" and with your name and OBD number (002314). Go to STEP C

[] A qualified LSE has determined that my OBD system CAN be replaced with a subsurface alternative and I acquired this property after September of 2003. We cannot issue you a license. Pursuant to Waste discharge licenses, 38 MRSA §413 (3), you must install the replacement system within 90 days of transfer. Please call your project manager.

2009 OCT -9 P 3:32
CITY CLERK

RECEIVED

OCT 9 2009

Dept. of Building Inspection
City of Portland Maine



!!! STEP C - RIGHT, TITLE AND INTEREST

- Please attach a copy of your title (registered deed, probate decision, etc.) to this application. Label this document "ATTACHMENT B" and with your name and OBD number (002314). Then Go to STEP D
- A COPY IS ALREADY ON FILE Go to STEP D

STEP D - EASEMENTS If any part of your OBD system, including the discharge pipe, is located on property owned or controlled by another party, submit a copy of the easement granting the rights to use that property. If other parties use any part of your system, please provide the names of the other property owners and a copy of the easement or agreement that allows this use. (Note: licenses for shared systems must reflect all parties connected to the system and all parties must sign pg. 2 of this application or the applicant must provide a statement signed by the other parties authorizing him/her to act as their agent). Place a checkmark as appropriate:

- My OBD system disinfection unit and outfall serve only my property and is entirely on my property. Go to STEP E
- A copy of my easement is already on file. Go to STEP E
- My OBD system is shared or it crosses under a road or other properties. The easement is part of my deed or I have copies of the easement. **!!! Label this document "ATTACHMENT C" and with your name and OBD number (002314). Attach a copy to this application.** Go to STEP E
- A portion of my OBD system is located on or crosses under another property and I don't have an easement.
 (!!!You must obtain the necessary easements before you can proceed to STEP 5)

STEP E - OBD FACILITY INFORMATION

4. OBD Facility E911 Address: Echo Point Portland 83CA4 4
(street & house number) (town/city) (tax map) (tax lot)

5. Name of Previous License Holder: (same) EARLE D. REED

6. According to our records, your facility (OBD property) has a mechanical treatment system with chlorine tablet disinfection. The facility has passed 3/6 of its inspections. The license allows the discharge of no more than 900 gallons per day of treated sanitary wastewater to Casco Bay, Class: SB in Portland. The previous license authorizes the discharge duration as seasonally-restricted. (!!! If this line says year-round or seasonally-limited, skip STEP 6. If it lists the duration as unspecified or you contest the licensed duration, you must complete STEP 6!)

7. Is the information in lines #4 through #6 complete and accurate? Yes No If no, explain: my father installed the OBD system + it was licensed by him.

The system has passed all inspections in 2004

8. If this facility is a residential use, how many dwellings (plumbed with bedrooms) are served by the system? 2
 How many bedrooms in each? Front house 4
(no. of dwellings) (dwelling #1) (no. of bdrms in #1)
Back house 3 N/A
(dwelling #2) (no of bdrms) (dwelling #3) (no. of bdrms in #3)

9. What other structures on the property used for habitation (for example: unplumbed cottages, bunkhouses, studios, garage attics, etc., used for sleeping)? N/A
(accessory structure #1) (no. of beds in #1)
(accessory structure #2) (no. of beds in #2) (accessory structure #3) (no. of beds)

10. Has the facility been significantly renovated, expanded, or rebuilt since June 1987? Yes No
 If yes, please describe the changes, including added plumbing, bedrooms, lofts, apartments, bunkhouses, etc:

11. If commercial, attach a brief description of the size and use of the business including the number of employees and seats (if a restaurant), the number of bathrooms, if the bathrooms are public, etc.

12. If you have a sand filter or primary system, when was the septic tank last pumped?
 (The DEP recommends pumping the septic tank every 2-5 years.)

13. If you have a mechanical treatment plant, the law requires you to maintain a valid service contract with a DEP approved maintenance contractor. Do you have a current contract? Yes No

Who is your wastewater service contractor? Harold White / Wastewater Management

!!! Attach copy of your contract labeled as "ATTACHMENT D" with your name and OBD number (002314).

(I also have submitted copies of all inspection reports passed since 2004) as a supplement to attachment D. STEP F

STEP F - FACILITY USE

14. Was the facility used continuously year round in the year prior to June 1, 1987 (qualifying period)? Yes No If no, please "X" the months that you declare the facility was used in the qualifying period:
 January Feb. March April May June July Aug. Sept. Oct. Nov. December
15. Is the facility used continuously year round presently? Yes No If no, please "X" the months used
 January Feb. March April May June July Aug. Sept. Oct. Nov. December
- If currently, since when? _____

Classification of Maine waters, 38 MRSA §464(4)(6) limits the volume and duration of overboard discharges from a facility to the documented use of that facility during the "qualifying period" between June 1, 1986 and June 1, 1987, the actual use of the facility at the time of the most recent license application prior to June 1, 1987, or the actual use of the facility during the qualifying period, whichever is greatest. Increases are prohibited and cannot be approved.

This means that a facility with an OBD, which was used less than eight months in the year prior to June 1, 1987, is restricted to seasonal use even if that facility has since been winterized. The fact that the old license for the facility did not specifically restrict the months of use or state that the facility was seasonal is irrelevant. In order to obtain a license or permit for year-round use, the applicant must demonstrate to the Department's satisfaction that the facility was continuously occupied for more than 8 months between June 1, 1986 and June 1, 1987 (or at the time of the most recent application received prior to 1987). This also means that a facility cannot be significantly expanded (additional "cottages", bunkhouses, bedrooms, etc.) or its use changed without Department approval. The licensed discharge volume, capacity of the treatment system and estimated discharge volume from the facility as it existed during the qualifying period will determine the licensed size of the facility. Clear and convincing evidence of continuous year round-use must include the following:

Documentation that the facility was the owner's primary residence or continuously occupied for more than eight months during the critical period. Evidence to prove this must include at least 2 of the following:

- A. Voter registration [Contact your town office]
- B. Maine State tax returns [Contact Maine Revenue Service, Income Tax Division (207)626-8475]
- C. Drivers license [Contact Maine Bureau of Motor Vehicles (207)-624-9000]
- D. Car registration [Contact Maine Bureau of Motor Vehicles (207) 624-9000]

If you have only one of the above, you must include at least 2 of the following supplementary proofs:

- A. Town Tax cards showing winterization or seasonal conversion of the facility prior to critical period,
- B. Notarized affidavits from town officials attesting that the facility was continuously used during the qualifying period,
- C. Notarized affidavits from neighbors attesting that the facility was continuously used during the critical period,
- D. Leases or Rental contracts for winter months during critical period,
- E. Utility records or payments clearly showing continuous use (not just basic service).

All documents submitted must be legible. Any affidavits submitted must reference the qualifying period of June 1, 1986 to June 1, 1987. This information must be provided if you wish to obtain approval for year-round use. The documentation of year-round use provided must be supported by information in the Department's administrative record. More documentation may be required if it is not or if there is conflicting information. Unless you provide significant and compelling information to the contrary, evidence that would indicate seasonal use of the facility includes but is not limited to the following:

- ◆ Seasonal license
- ◆ No winter water
- ◆ Seasonal dwelling per town tax cards
- ◆ Treatment system exposed to elements (subject to freezing)
- ◆ Seasonally sized sand filter
- ◆ Lack of central heat, foundation, and/or insulation

!!! Label a copy of your evidence "ATTACHMENT E" and with your name and OBD number (002314) and attach to this application.) Go to STEP G

STEP G - INSTRUCTIONS FOR PUBLIC NOTICE Applicants for DEP licensing actions are required by law to provide adequate public notice. By following these instructions you will meet these requirements:

1. Complete the PUBLIC NOTICE OF INTENT TO FILE form on next page.
2. Send a copy of the completed PUBLIC NOTICE form by certified mail to the neighboring property owners of land served by the overboard discharge within 30 days of filing of this application. Alternatively, you may hand-deliver copies to your surrounding neighbors provided you obtain a written receipt signed by the abutter. The town or city clerk and/or the tax assessor's office will be able to assist you in identifying abutters and will be able to give you their most recent address.
3. Send a copy of the completed PUBLIC NOTICE form a copy of the completed application and all supplemental materials by certified mail to the town or city clerk of the municipality where the OBD is located.
4. Send the completed original application to the DEP with all attachments including proof of notification.
5. !!! Attach your certified mail receipts to this application. If you hand delivered the notice to your abutting neighbors, enclose a copy of written receipts signed by the abutter(s). *signed at bottom of Public Notice of Intent to fill by abutter*

If you have questions about the public notice requirements, please call your project manager. Go to STEP H

STEP H - FINANCIAL DISCLOSURE As licensed, this OBD system has an estimated annual fee of \$ 294.00 per year. You will be billed for this annual fee separately early in the calendar year. In addition to this cost, if your system is a mechanical system, by law, you will also have to contract with a licensed wastewater service for yearly maintenance of your system.

Do you have the technical and financial capability to comply with all the conditions of the effective license? Yes No

According to our records the following annual inspection and license fees are past due: \$ 0.00

Check # _____ Total Due: \$ 0.00

Please make checks payable to the Treasurer State of Maine

Go to STEP I

STEP I - DIGITALLY SIGNED ELECTRONIC DOCUMENT DECISION OPTIONS

To expedite application processing time and realize the environmental benefits from reduced paper use, **the Department will issue all final license decisions to the respective e-mail addresses provided for the applicant and interested parties** listed on the application unless the applicant requires a written signature. If you require the written option check the box below:

I request /require a paper, hand-signed document instead of the digitally-signed electronic document. Go to STEP J

STEP J - APPLICANT AFFIRMATION & CERTIFICATION OF PUBLICATION You must check all for application to be accepted!

I (the applicant) certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the subject property of this application, at reasonable hours, including buildings, structures or conveyances of the property to determine the accuracy of any information provided herein. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I am familiar with and understand the statutory requirements of Title 38 MRSA Chapter 3, Sections 413 and 414 as amended, Protection and Improvement of Waters and the Water Classification Program, which state in part:

- A license is required for the treatment system and the discharge to the water.
- Licenses are issued for a five-year term.
- Relicensing of existing licensed discharges is subject to all the Chapter 3 requirements.
- At any reasonable time, authorized representatives of the Commissioner and Attorney General have right of access to treatment system components or records for the purposes of inspection, testing and sampling.

I also understand that I am responsible to pay an annual fee for this overboard discharge.

I also understand that by signing below, I (the applicant or authorized agent) certify that I have:

1. Sent a completed copy of the Public Notice of Intent to File by certified mail to the owners of the property abutting the land upon which the project site is located within 30 days of filing of the application; and (Hand delivered)
2. Sent a completed copy of the Public Notice of Intent to File by certified mail and filed a duplicate of this application and supplemental materials with the town clerk or city clerk of the municipality where the project is located.

SIGNATURE REQUIRED

Lisa J. Bowman
Signature

LISAJ. BOWMAN, OWNER
Print name and title of applicant

9/12/09
Date

Meredith Reed
Additional Signature(s)

MEREDITH REED CO-OWNER
Print name and title of additional applicants

16 Sept 2009
Date

NOTE: If signature is other than that of the applicant, attach letter of agent authorization signed by applicant. If there are multiple properties connected to the treatment system authorized by this license all parties must sign this application or authorize one party to act as the agent.

PUBLIC NOTICE OF INTENT TO FILE

MAINE WASTE DISCHARGE PERMIT APPLICATION

#W002314-5B-B-R

WITH THE MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION

Initial Application Renewal Renewal & Transfer Amendment Other

Please take notice that Meredith Reed Lisa J. Bowman

(applicant)

1183 Shore Road Cape Elizabeth ME 04107-2112

(applicant's address)

of Echo Point 86 Diamond Shore Road Portland, Maine
(facility E-911 street address) (municipality)

is intending to file application #W0023145BBR with the Maine Department of Environmental Protection for a Maine Waste Discharge License pursuant to 38 MRSA Sections 413 and 414-A.

The application is for the seasonally-restricted discharge of 600 gallons per day of
(duration) (flow)

secondary treated sanitary wastewater to Casco Bay in Portland, Maine.
(treatment) (receiving waterbody) (municipality)

The application will be filed on or about 8-2-09 for public inspection at the DEP's offices
(anticipated filing date)

in Augusta during normal working hours. A copy of the application may also be seen at the municipal offices in Portland, Maine.
(municipality)

A request for a public hearing or request that the Board of Environmental Protection assume jurisdiction over this application must be received by the DEP, in writing, no later than 20 days after the application is found acceptable for processing, or 30 days from the date of this notice, whichever is longer. Requests shall state the nature of the issue(s) to be raised. Unless otherwise provided by law, a hearing is discretionary and may be held if the Commissioner or the Board finds significant public interest or if there is conflicting technical information.

During the time specified above, persons wishing to receive copies of draft permits and supporting documents, when available, may request them from the DEP. Persons receiving a draft permit shall have 30 days in which to submit comments or to request a public hearing on the draft.

Public comment will be accepted until a final administrative action is taken to approve, approve with conditions or deny this application. Written public comments or requests for information may be made to the Overboard Discharge Unit, Division of Water Resource Regulation, Department of Environmental Protection, State House Station #17, Augusta, Maine 04333. Telephone (207) 287-3901

I have received a copy of this document which was hand-delivered by Lisa Bowman.
signature - Judith L. Glickman
Date - 7/27/09 printed name - JUDITH L GLICKMAN

ATTACHMENT "A"



MEREDITH REED
LISA BOWMAN
Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5563 FAX (207) 839-5564

OBD# 0023145

Albert Frick, SS, SE
James Logan, SS, SE
Matthew Logan, SE
Brady Frick, SE
Bryan Jordan, SE
William O'Connor, SE

July 17, 2009

Lisa Bowman
1182 Shore Road
Cape Elizabeth, ME 04107

Re; Bowman property (Map 83C, A-4), Great Diamond Island, Portland

Dear Ms. Bowman:

I met with you on June 22, 2009 at the above referenced property in order to determine the potential for an on-site disposal system to replace the existing, licensed overboard discharge.

Attached is a replacement design requiring variances for 60' to the seasonal high water mark of the ocean. Although it appears that a Replacement System Variance design can be approved by the Code Enforcement Office, the difficulty in accessing the property with excavating equipment and materials is significant, due to the fact that there is no road access to the site. The only "on island" access is provided by a private path across a footbridge located on other private property. Additionally, soil disturbance from equipment accessing the property from the shoreline (via barge) could cause serious erosion along the edge of the embankment, where there has been a history of erosion in the past.

Since the existing Advanced Treatment unit, with chlorine contact and overboard discharge system, appears to be functioning properly, I would recommend continuing the use of this system rather than require significant on-site soil disturbance.

Please feel free to contact me if you have any questions or additional matters for discussion regarding this property.

Respectfully,

Matthew Logan
Licensed Site Evaluator #324
ML/nd

cc. Michael Demerest, Maine DEP

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10 SHS
(207) 287-5672 FAX (207) 287-4172

PORTLAND PERMIT # 11046 APPLICANTS COPY

Date Permit Issued: 9.3.09 \$ 11,100 If Double Fee Charged

Local Plumbing Inspector Signature _____ L.P.I. # _____

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Municipal Tax Map * B3C Lot * A004

Owner or Applicant Statement

Caution: Inspections Required

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.

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

(1st) Date Approved

(2nd) Date Approved

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>OVERBOARD DISCHARGE</u> Year Installed: <u>UNKNOWN</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS 1. <input type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input checked="" type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: <u>EXISTING</u> 12. <input type="checkbox"/> Miscellaneous components <u>CHROMAGLASS</u> TREATMENT UNIT
SIZE OF PROPERTY <u>33,665</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input checked="" type="checkbox"/> Multiple Family Dwelling, No. of Units: <u>2 UNITS</u> 3. <input type="checkbox"/> Other: <u>(1) 3 BEDROOM; (1) 4 BEDROOM</u> SPECIFY Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input checked="" type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: <u>EXISTING</u> CAPACITY: <u>CHROMAGLASS</u> gallons TREATMENT UNIT	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: SIZE: <u>2688</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>56 ELJEN IN-DRAIN UNITS</u>	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>630</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - <u>(1) 3 BEDROOM DWELLING AT 90 GALLONS PER DAY EACH = 270 GPD</u> AND <u>(1) 4 BEDROOM DWELLING AT 90 GALLONS PER DAY EACH = 360 GPD</u> 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE: <u>B</u> CONDITION: <u>C</u> DESIGN: <u>I</u> AT Observation Hole: <u>TP 1</u> Depth: <u>24</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input checked="" type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>40</u> m <u>24</u> s Lon. <u>W70</u> d <u>11</u> m <u>43</u> s if g.p.s. state margin of error

SITE EVALUATOR STATEMENT

I certify that on 6/22/09 (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 Subsurface Wastewater Disposal Rules (10-144A CMR 24).

Signature of Site Evaluator

SE #

Date

ALBERT FRICK

(207) 839-5563

AFA@MAINEERR.COM

Site Evaluator Name Printed

Telephone Number

E-mail Address

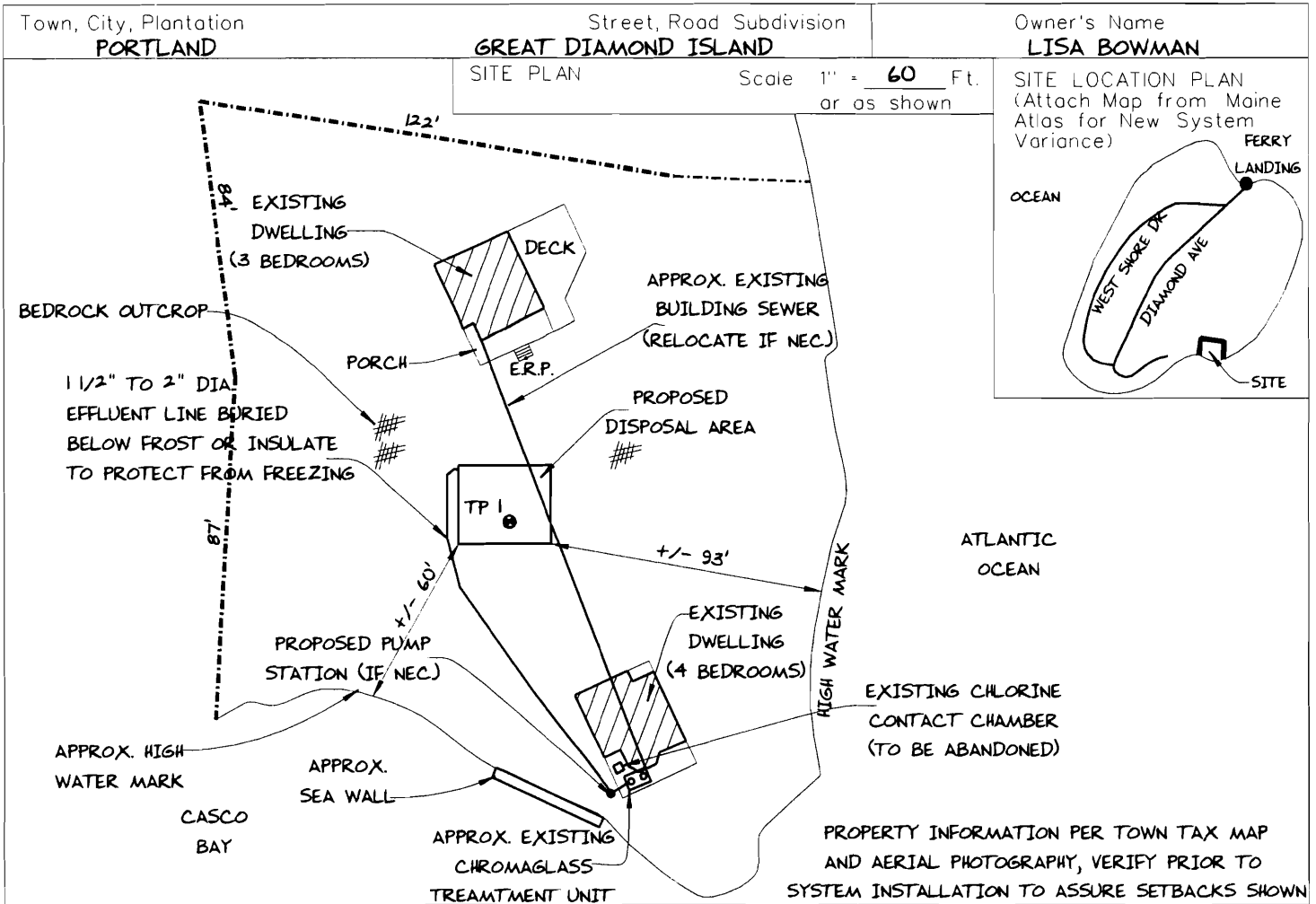
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

HHE-200 Rev. 4.05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10 SHS
 (207) 287-5672 FAX (207) 287-4172



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	LOAMY		DARK	
	FINE		BROWN	
10	SAND	FRIABLE	YELLOW BROWN	
20			LIGHT OLIVE BROWN	
30	LOAMY VERY FINE SAND AND SILT	FIRM	OLIVE BROWN	COMMON, DISTINCT.
40	LIMIT OF EXCAVATION			
50				

Soil Classification: Profile B Condition C Slope 0-3% Limiting Factor 24"

Ground Water Restrictive Layer Bedrock Pit Depth

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	TEST BORINGS IN SYSTEM CORNERS ALL IN EXCESS OF 36" TO BEDROCK			
40				
50				

Soil Classification: Profile _____ Condition _____ Slope _____% Limiting Factor _____"

Ground Water Restrictive Layer Bedrock Pit Depth

Albert Frick
 Site Evaluator Signature

163
 SE

7/20/2009
 Date

Page 2 of 3
 HHE-200 Rev. 10/02

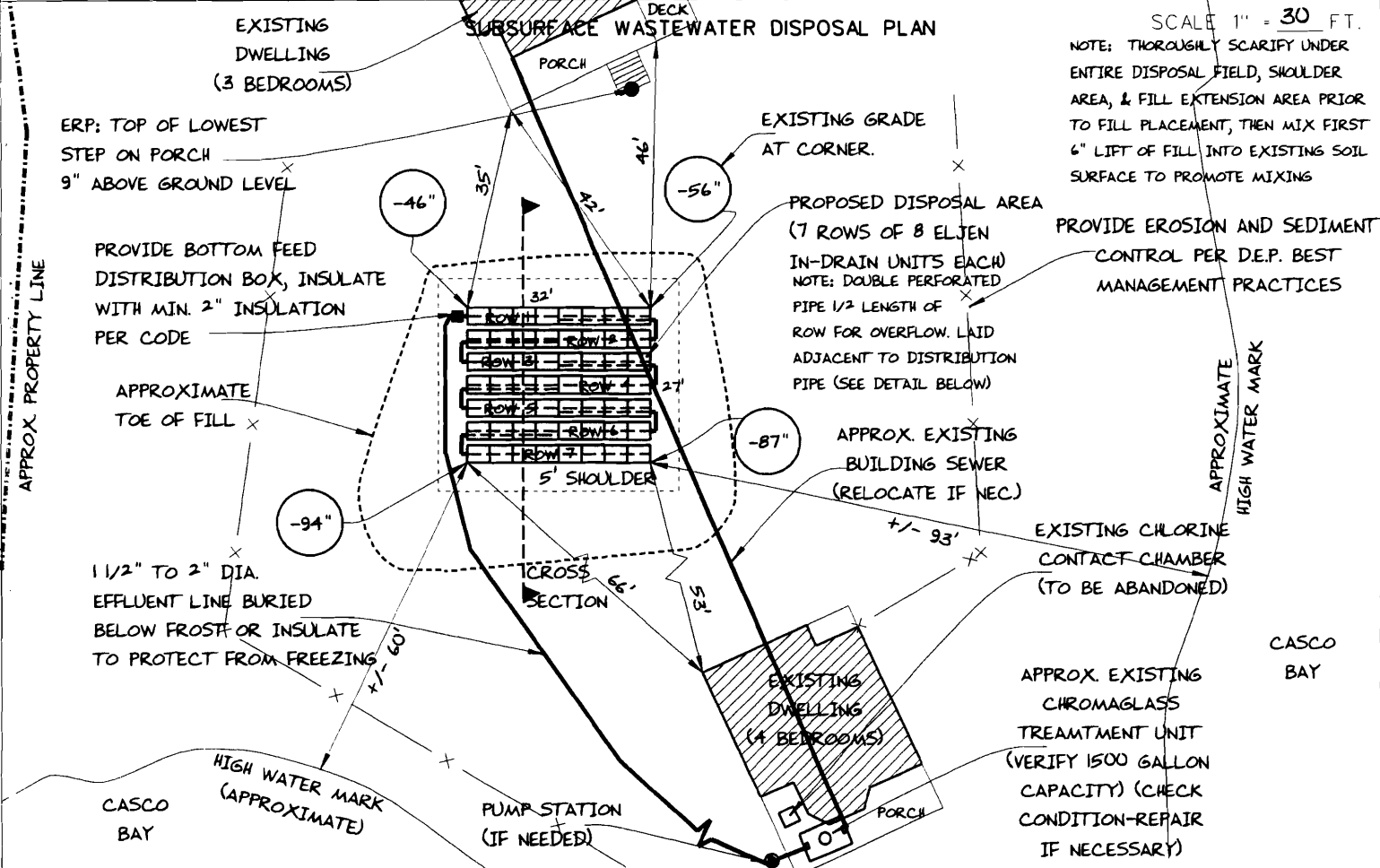
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10 SHS
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
PORTLAND

Street, Road, Subdivision
GREAT DIAMOND ISLAND

Owner's Name
LISA BOWMAN



SCALE 1" = 30 FT.
 NOTE: THOROUGHLY SCARIFY UNDER ENTIRE DISPOSAL FIELD, SHOULDER AREA, & FILL EXTENSION AREA PRIOR TO FILL PLACEMENT, THEN MIX FIRST 6" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING

PROVIDE EROSION AND SEDIMENT CONTROL PER D.E.P. BEST MANAGEMENT PRACTICES

ERP: TOP OF LOWEST STEP ON PORCH 9" ABOVE GROUND LEVEL

EXISTING GRADE AT CORNER.

PROPOSED DISPOSAL AREA (7 ROWS OF 8 ELJEN IN-DRAIN UNITS EACH)
 NOTE: DOUBLE PERFORATED PIPE 1/2 LENGTH OF ROW FOR OVERFLOW. LAID ADJACENT TO DISTRIBUTION PIPE (SEE DETAIL BELOW)

PROVIDE BOTTOM FEED DISTRIBUTION BOX, INSULATE WITH MIN. 2" INSULATION PER CODE

APPROXIMATE TOE OF FILL

APPROX. EXISTING BUILDING SEWER (RELOCATE IF NEC.)

APPROXIMATE HIGH WATER MARK

EXISTING CHLORINE CONTACT CHAMBER (TO BE ABANDONED)

1 1/2" TO 2" DIA. EFFLUENT LINE BURIED BELOW FROST OR INSULATE TO PROTECT FROM FREEZING

APPROX. EXISTING CHROMAGLASS TREATMENT UNIT (VERIFY 1500 GALLON CAPACITY) (CHECK CONDITION-REPAIR IF NECESSARY)

CASCO BAY

FILL REQUIREMENTS

Depth of Fill (Upslope) : 11" - 21"
 Depth of Fill (Downslope) : 16" - 23"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area

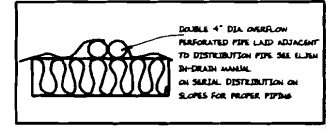
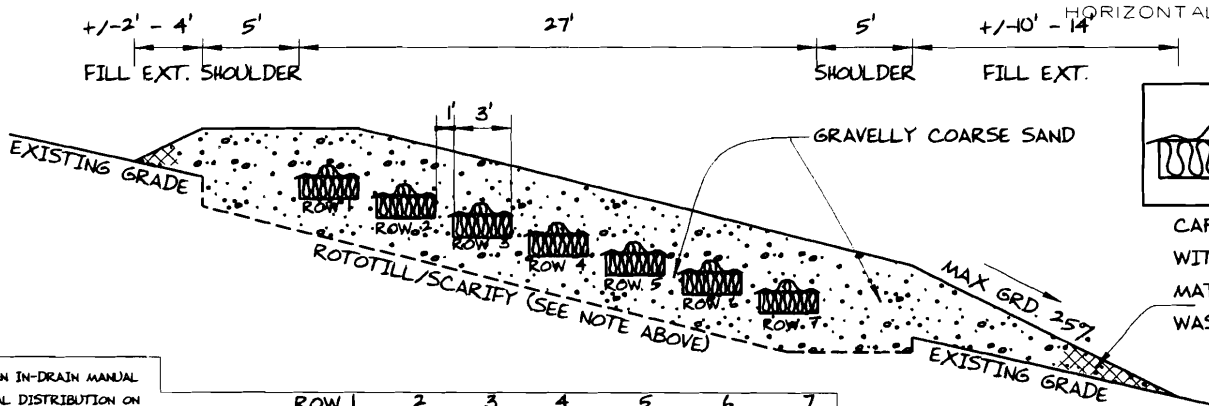
SEE DETAIL BELOW

ELEVATION REFERENCE POINT

Location & Description TOP OF LOWEST STEP ON PORCH, 9" ABOVE GRADE
 Reference Elevation is: 0.0" or -----

DISPOSAL AREA CROSS SECTION

SCALE:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 10 FT



CAP TOE OF FILL WITH SANDY LOAM MATERIAL TO PREVENT WASTEWATER BREAKOUT

SEE ELJEN IN-DRAIN MANUAL ON SERIAL DISTRIBUTION ON SLOPES FOR PROPER PIPING

	ROW 1	2	3	4	5	6	7
CLEAN FILL	-35"	-41"	-47"	-53"	-59"	-65"	-71"
GEOTEXTILE FABRIC	-47"	-53"	-59"	-65"	-71"	-77"	-83"
OVER 4" DIA. PERF. PIPE	-51"	-57"	-63"	-69"	-75"	-81"	-87"
ELJEN IN-DRAIN UNIT	-58"	-64"	-70"	-76"	-82"	-88"	-94"
GRAVELLY COARSE SAND TO UNDERLIE UNIT	-64"	-70"	-76"	-82"	-88"	-94"	-100"

Albert Frick
 Site Evaluator Signature

163
 SE *

7/20/2009
 Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

PORTLAND

GREAT DIAMOND ISLAND

LISA BOWMAN

TOWN

LOCATION

APPLICANT'S NAME

- 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 Albert Frick Associates, Inc. 839-5563, 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.
- 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 or Code Enforcement Officer shall inform the owner/applicant and Albert Frick Associates, Inc 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. Albert Frick Associates, Inc.'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 Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information. Well locations on abutting properties but not readily visible above grade should be confirmed by the owner/applicant prior to system installation to assure minimum setbacks.
- 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 shall be connected in series to the proposed septic tank. Risers and covers should be installed over the septic tank outlet to allow for easy maintenance.
- 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 units) and controlled or hazardous substances shall not be disposed of in this system. Additives such as yeast or enzymes are discouraged, since they have not been proven to extend system life.
- 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 every three years. All septic tanks, pump stations and additional treatment tanks shall be installed to prevent ground water and surface water infiltration. Risers and covers should be properly installed to provide access while preventing surface water intrusion.

PORTLAND

GREAT DIAMOND ISLAND

LISA BOWMAN

TOWN

LOCATION

APPLICANT'S NAME

- 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 cu. ft. (gallons per cu. ft.) ÷ (# of days in period) = gals per day].
- 8) The general minimum setbacks 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 requirement. 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.
- 10) When an effluent pump is required: Provisions shall be made to make certain that surface and ground water does not enter the septic tank or pump station, by sealing/grouting all seams and connections, and by placement of a riser and lid at or above grade. An alarm device warning of a pump failure shall be installed. Also, when pumping is required of a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 11) 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 or scarifying with teeth of backhoe 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 before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage or differential setting). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off proprietary devices. Divert the surface water away from the disposal area by ditching or shallow landscape swales.
- 12) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay). Crushed stone shall be clean and free of any rock dust from the crushing process.
- 13) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.
- 14) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion. Alternatively, bark or permanent landscape mulch may be used to cover system. Woody trees or shrubs are not permitted on the disposal area or fill extensions.
- 15) If an advanced wastewater treatment unit is part of the design, the system shall be operated and maintained per manufacturer's specifications.



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04058
(207) 859-5565

Fill Estimation Worksheet

Albert Frick Associates Inc.

95A County Road

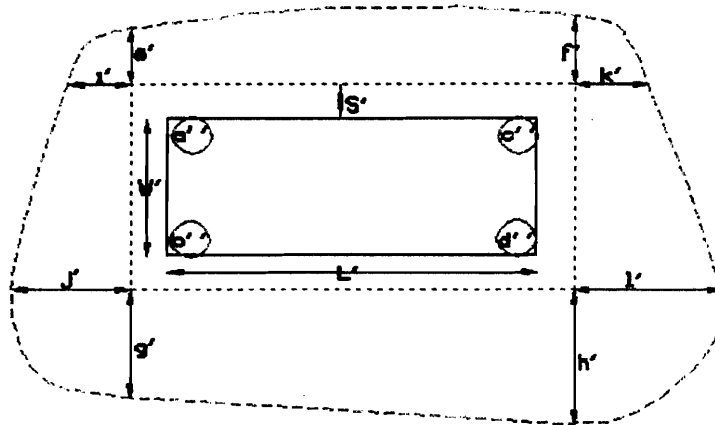
Gorham, Me 04038

839-5563 FAX - 839-5564

E-Mail - AFA@Maine.RR.Com

Town: Portland (Great Diamond Isl.)
 Project owner/applicant: Lisa Bowman
 Address: Echo Point

This worksheet is being provided as a complimentary tool to assist in estimating the **approximate** amount of fill required to construct the proposed system. This worksheet does not substitute for a personal visit to the site for your own estimate. These calculations are intended to serve as a check to your work. Site features beyond the model (terrain) can vary to effect model projections.



Length (L)	<u>32</u> feet
Width (W)	<u>27</u> feet
Shoulder (S)	<u>5</u> feet
<u>Depth of fill:</u>	
upper left (a)	<u>11</u> inches
upper right (c)	<u>21</u> inches
lower left (b)	<u>23</u> inches
lower right (d)	<u>16</u> inches
<u>Fill Extension:</u>	
left up (e)	<u>2</u> feet
right up (f)	<u>4</u> feet
left down (g)	<u>14</u> feet
right down (h)	<u>10</u> feet
upper left (i)	<u>2</u> feet
lower left (j)	<u>14</u> feet
upper right (k)	<u>4</u> feet
lower right (l)	<u>10</u> feet
Cost of fill per yard= \$ 0.00	

Body	86 cubic yards
Fill Down	16 cubic yards
Fill Up	4 cubic yards
Fill left	8 cubic yards
Fill right	8 cubic yards
Fill upleft	1 cubic yards
Fill upright	1 cubic yards
Fill dwnleft	4 cubic yards
Fill dwnright	2 cubic yards

SubTotal=	130 cubic yards
Shrinkage %=	15 %
Total Backfill	150 cubic yards

Adjusted cost of Total Backfill= \$ -

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS

This form shall be reviewed by the Department and the applicant shall review the form to meet, and the variance shall be:

- 1. The
- 2. The
- 3. The
- 4. The

Original
3 pages

1 copy not signed
3 copies

which requires a variance to the Rules. The LPI shall not issue a permit if all of the following requirements can be met:

- 1. The Rules (Sec. 2006)
- 2. The conditions outside the shoreland zone of major concern
- 3. The most practical method to treat and dispose of the wastewater
- 4. The economic and aesthetic impact of the effluent.

and (Great Diamond Is)

GENERAL INFORMATION

Permit No. _____ Date Permit Issued _____

Property Owner's Name: Lisa Bowman Tel. No.: 671-5687

System's Location: Echo Point, Great Diamond Island (Map 83-c, Lot A004)

Property Owner's Address: 1182 Shore Road

(if different from above) Cape Elizabeth, Maine 04107

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to 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.

Lisa Bowman
SIGNATURE OF OWNER

8/4/09
DATE

LOCAL PLUMBING INSPECTOR

I, Thomas M. Martleley, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. () approve, () disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

OR

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I () recommend, () do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Thomas M. Martleley
LPI SIGNATURE

9/3/09
DATE

83CA4

2009-6003

Placement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields (total design flow)			Septic Tanks (total design flow)			Disposal Fields	Septic Tanks
Soils	Ground Water Table			to 7"			inches	
Soil Profile	Restrictive Layer			to 7"			inches	
Soil Condition from HHE-200	Bedrock			to 12"			inches	
SETBACK DISTANCES (in feet)	Disposal Fields (total design flow)			Septic Tanks (total design flow)			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft [a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft	20 ft	25 ft [h]	10 ft	10 ft	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft [d]	200 down to 120 ft [d]	300 down to 180 ft [d]	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	+/-60'	
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

OTHER

1. _____
2. _____
3. _____

Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.
 [b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.
 [c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
 [d.] Additional setbacks may be required by local Shoreland zoning.
 [e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 [f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.
 [g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 [h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

Albert Frick

 SITE EVALUATOR'S SIGNATURE

7/20/2009

 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

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 20096003	Date Applied For: 08/25/2009	CBL: 083C A004001
-------------------------------	--	-----------------------------

Location of Construction: 74 DIAMOND SHORE RD	Owner Name: BOWMAN LISA J & MEREDITH	Owner Address: 1183 SHORE RD	Phone:
Business Name:	Contractor Name: Bowman Lisa	Contractor Address: 1183 Shore Road Cape Elizabeth	Phone (207) 799-0260
Lessee/Buyer's Name	Phone:	Permit Type: Replacement System	

Proposed Use:	Proposed Project Description:
----------------------	--------------------------------------

Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 09/03/2009
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			

Comments: 8/25/2009-Ldobson: Called Lisa Bowman Needs more money or must hear from her before entering permit

ATTACHMENT B

22762

MEREDITH REED
LISA BOWMAN

SHORT FORM TRUSTEE'S DEED

BD # 0023145

KEY TRUST COMPANY OF MAINE, of Portland, Maine, as Trustee of the Earle D. Reed Revocable Trust u/a dated June 19, 1968 as amended FOR CONSIDERATION PAID, grants a 37% interest, as tenant-in-common and not as joint tenant, to MEREDITH REED also known as Susan Meredith Reed, whose mailing address is 7 Harris Road, Boxford, Massachusetts 01921, and grants a 63 % interest, as tenant-in-common and not as joint tenant, to LISA J. BOWMAN, whose mailing address is 1183 Shore Road, Cape Elizabeth, Maine 04107, in and to certain real property, together with any improvements thereon, located on Diamond Shore Road on Great Diamond Island, in the City of Portland, Cumberland County, Maine and being more particularly described in Exhibit A attached hereto and made a part hereof.

Meaning and intending to convey the premises conveyed by Earle D. Reed to the Grantor herein by deed dated December 31, 1991 and recorded in the Cumberland County Registry of Deeds in Book 9954, Page 45.

I hereby covenant that Key Trust Company of Maine is the Trustee pursuant to said Declaration of Trust; that said Trust is still in full force and effect; that I have the power thereunder to convey as aforesaid; and that, I in making this conveyance have, in all respects, acted pursuant to the authority vested in and granted to me therein.

IN WITNESS WHEREOF, Key Trust Company of Maine has caused this instrument to be executed by Janis M. Mollenc, its Vice President + Trust Officer, thereunto duly authorized, this 26th day of April, 1996.

WITNESSETH:

EARLE D. REED REVOCABLE TRUST

Patricia M. Joseph, Jr.

Key Trust Company of Maine,
Trustee
By Janis M. Mollenc
Its: Vice President + Trust Officer
Print Name: Janis M. Mollenc

Attachment "D"

MEREDITH REED
LISA BOWMAN
OBD # 0023145
Wastewater Management, INC

Harold L. White
P.O. Box 122

Georgetown, ME 04548
(207) 371-2114

(267) 841-6957

Client's Name & Address:

Lisa Bowman

Service Agreement
CONTRACT #

Start Date: 8-1-09

Contract Expires 1 Year From
Above Date

COST: \$600.00

License #:

1. Wastewater Management (the servicer) agrees to perform an maintenance, servicing, testing, and inspection that is required to ascertain that the plant is operating satisfactorily and as required by the appropriate regulatory agency. This work includes:
 - A. Maintenance cleaning and adjusting to parts including the controls of the unit, as needed.
 - B. Field testing and inspection of the operation of the plant and of the final effluent to assure proper operation.
 - C. Testing of chlorine is included in this agreement.
 - D. A written report to the owner of each service visit. The servicer will also keep a copy of each service report in our files.
 - E. Emergency calls, when notified by the owner of a problem, and when the servicer deems that an emergency exists, are: \$100 per hour, helpers \$25 per hour.
 - F. All tests required by state and local reporting agencies: ARE INCLUDED: ARE NOT INCLUDED at the time of issuance of this contract provided that the owner has notified the servicer of these requirements. It is the owner's responsibility to notify the servicer of changes in discharge license requirements.
2. Minor repairs to the system, when needed, will be performed routinely by the servicer in order to keep the plant running efficiently, and the cost of parts will be billed to the owner. In the event that substantial or major repairs are needed, the servicer will first notify the owner of the necessity and of the estimated cost. Under the terms of this agreement, major work will be defined as anything requiring more than 1 hour of labor.
3. Renewal of waste discharge license with the proper regulatory authority is the owner's responsibility.
4. The servicer will not be responsible for damages resulting from:
 - A. Clogging, breaking, crushing, or freezing of either inlet or outlet piping.
 - B. Power or fuse failure.
 - C. Discharge of any material, liquid or solid, into the unit that the unit was not designed to receive.
 - D. Flooding, freezing, tank settling, or crushing of unit from overload on ground above.
 - E. Fires, accidents, or delays unavoidable or beyond our control.
 - F. Overload or underload of unit.
5. The servicer is relieved of any further responsibility if at any time during the term of this agreement the owner permits any other person or employees of any other company to render any service or make any adjustments or changes to the system or its equipment, except when instructed by us.
6. We will not be responsible for any direct or indirect damages arising from failure of the system and/or equipment.
7. Specifically not included is maintenance of discharge lines below the high water mark and any septage hauling fees.
8. The owner agrees to permit the servicer to use and release this information obtained about the operation of the plant at his discretion.
9. All seasonal systems will be shut down after the 15th of October each year unless the servicer is notified otherwise.

Please Detach and Return With Payment

Contract#:

Contract expires one year from: 8-1-09

NAME:

Lisa Bowman

PHONE#:

Signature:

Lisa J. Bowman

COST OF CONTRACT: \$600.00

WASTEWATER MANAGEMENT

Harold L. White
Georgetown, ME 04548
207-371-2178

REPORT OF INSPECTION OF RESIDENTIAL/COMMERCIAL WASTEWATER TREATMENT SYSTEMS

CENSEE Lisa Bowman LICENSE # 2314 DATE OF INSPECTION 8/10/04
MUNICIPALITY G. Dunes INSPECTOR A White TIME 10:50 AM
Powticon

RATINGS: S = SATISFACTORY M = MARGINAL U = UNSATISFACTORY NA = NOT APPLICABLE

	CONDITION	RATING	COMMENTS
GENERAL	License	S	C-5
	Service contract	S	
	Maintenance	S	
	Monitoring	S	
	Records/reporting	S	
	Alarm systems	S	
	Odor	S	
	Year round or Seasonal		
PRELIMINARY	Influent	S	
	Flow rate	S	
	Pump stations		
	Grease removal		
	Septic tank		
MECHANICAL SYSTEMS	Aeration	S	adj'd - op not ok
	Scum	S	
	Color	S	
	Solids level	M	
	Pumps, compressors, etc.	S	
	Settling chamber	S	
SAND FILTERS	Distribution system		
	Filter bed		
	Dosing system		
EFFLUENT	Effluent Quality	S	cloudy added to water
	Disinfection	S	
	Flow measurement		
	Discharge pipe	S	

Samples Taken? YES NO
Are License Conditions Met? YES NO
Corrected: YES NO
Date of Correction:

System is op
A White

COMMENTS/RECOMMENDATIONS:

WASTEWATER MANAGEMENT

Harold L. White

Georgetown, ME 04548

207-371-~~313~~ 2114

REPORT OF INSPECTION OF RESIDENTIAL/COMMERCIAL WASTEWATER TREATMENT SYSTEMS

LICENSEE Lisa Bowman LICENSE # 2314 DATE OF INSPECTION 7/11/05

MUNICIPALITY Big Diamond INSPECTOR H. White TIME 9:30 AM

RATINGS: S = SATISFACTORY M = MARGINAL U = UNSATISFACTORY NA = NOT APPLICABLE

	CONDITION	RATING	COMMENTS
GENERAL	License	S	
	Service contract	S	
	Maintenance	S	
	Monitoring	S	
	Records/reporting	S	
	Alarm systems	S	
	Odor	N/A	
	Year round or Seasonal		
PRELIMINARY	Influent	S	
	Flow rate	S	
	Pump stations		
	Grease removal		
	Septic tank		
MECHANICAL SYSTEMS	Aeration	S	good no brown life 6/1
	Scum	S	
	Color	S	
	Solids level	S	
	Pumps, compressors, etc.	S	
	Setting chamber	S	
SAND FILTERS	Distribution system		
	Filter bed		
	Dosing system		
EFFLUENT	Effluent Quality	S	clean added to water
	Disinfection	S	
	Flow measurement		
	Discharge pipe	S	

Samples Taken? YES
 Are License Conditions Met? YES
 Corrected: YES
 Date of Correction:

NO
NO
NO

May need a new control panel,

COMMENTS/RECOMMENDATIONS:

H. White

WASTEWATER MANAGEMENT

Harold L. White
Georgetown, ME 04548
207-371-~~2114~~ **2114**

REPORT OF INSPECTION OF RESIDENTIAL/COMMERCIAL WASTEWATER TREATMENT SYSTEMS

LICENSEE L. Bojman LICENSE # 2314 DATE OF INSPECTION 7/26/06
MUNICIPALITY Portland INSPECTOR H. White TIME 1:00 PM

RATINGS: S = SATISFACTORY M = MARGINAL U = UNSATISFACTORY NA = NOT APPLICABLE

	CONDITION	RATING	COMMENTS
GENERAL	License	S	NO
	Service contract	S	
	Maintenance	S	
	Monitoring	S	
	Records/reporting	S	
	Alarm systems	S	
	Odor	S	
	Year round or Seasonal		
PRELIMINARY	Influent	S	
	Flow rate	S	
	Pump stations		
	Grease removal		
	Septic tank		
MECHANICAL SYSTEMS	Aeration	S	good NO Brown oil
	Scum	S	
	Color	S	
	Solids level	S	
	Pumps, compressors, etc.	S	
	Settling chamber	S	
SAND FILTERS	Distribution system		
	Filter bed		
	Dosing system		
EFFLUENT	Effluent Quality	S	clean passed to water
	Disinfection	S	
	Flow measurement		
	Discharge pipe	S	

ampies Taken? YES NO
 re License Conditions Met? YES NO
 rrected: YES NO
 ate of Correction:

System is OK H. White

COMMENTS/RECOMMENDATIONS:

✓

WASTEWATER MANAGEMENT

Harold L. White
Georgetown, ME 04548
207-371-~~213~~ 2114

REPORT OF INSPECTION OF RESIDENTIAL/COMMERCIAL WASTEWATER TREATMENT SYSTEMS

LICENSEE Bowman LICENSE # 2314 DATE OF INSPECTION 8/3/07
MUNICIPALITY E. Diamond INSPECTOR H. White TIME 10:00

RATINGS: S = SATISFACTORY M = MARGINAL U = UNSATISFACTORY NA = NOT APPLICABLE

	CONDITION	RATING	COMMENTS
GENERAL	License	S	C-5 NO
	Service contract	S	
	Maintenance	S	
	Monitoring	S	
	Records/reporting	S	
	Alarm systems	S	
	Odor	S	
	Year round or Seasonal	S	
PRELIMINARY	Influent	S	
	Flow rate	S	
	Pump stations	S	
	Grease removal	S	
	Septic tank	S	
MECHANICAL SYSTEMS	Aeration	S	Good to brown OP
	Scum	S	
	Color	S	
	Solids level	S	
	Pumps, compressors, etc.	S	
	Settling chamber	S	
SAND FILTERS	Distribution system	S	
	Filter bed	S	
	Dosing system	S	
EFFLUENT	Effluent Quality	S	bleach added to water
	Disinfection	S	
	Flow measurement	S	
	Discharge pipe	S	

Samples Taken? YES NO
 Are License Conditions Met? YES NO
 Corrected: YES NO
 Date of Correction: _____

SYSTEMS OK

COMMENTS/RECOMMENDATIONS:

WASTEWATER MANAGEMENT

Harold L. White
Georgetown, ME 04548
207-371-~~2114~~ **2114**

REPORT OF INSPECTION OF RESIDENTIAL/COMMERCIAL WASTEWATER TREATMENT SYSTEMS

LICENSEE Bowman LICENSE # 2314 DATE OF INSPECTION 7/14/08
MUNICIPALITY Port INSPECTOR H White TIME 9:30 AM

RATINGS: S = SATISFACTORY M = MARGINAL U = UNSATISFACTORY NA = NOT APPLICABLE

	CONDITION	RATING	COMMENTS
GENERAL	License	S	<p style="text-align: center; font-size: 2em;">P-5</p> <p style="text-align: center; font-size: 2em;">No</p>
	Service contract	S	
	Maintenance	S	
	Monitoring	S	
	Records/reporting	S	
	Alarm systems	S	
	Odor	S	
	Year round or Seasonal	S	
PRELIMINARY	Influent	S	
	Flow rate	S	
	Pump stations		
	Grease removal		
	Septic tank		
SYSTEMS	Aeration	S	<p style="text-align: center; font-size: 2em;">No Sept Brown Oil</p>
	Scum	S	
	Color	S	
	Solids level	S	
	Pumps, compressors, etc.	S	
	Settling chamber	S	
FILTERS	Distribution system		
	Filter bed		
	Dosing system		
	Effluent Quality	S	<p style="text-align: center; font-size: 2em;">Clean added to water</p> <p style="text-align: center; font-size: 2em;">Replaced Discharge pump.</p>
	Disinfection	S	
	Flow measurement		
	Discharge pipe	S	

Copies Taken? YES NO
 License Conditions Met? YES NO
 Corrected: YES NO
 Method of Correction: _____
 Comments/Recommendations: System is old
H White

COMMENTS/RECOMMENDATIONS: