PROPERTY LOCATED AT: **189 Guinea Rd, Biddeford, ME 04005**

PROPERTY DISCLOSURE

Under Maine Law, certain information must be made available to buyers prior to or during preparation of an offer. This statement has been prepared to assist prospective buyers in evaluating this property. This disclosure is not a warranty of the condition of the property and is not part of any contract between Seller and any Buyer. Seller authorizes the disclosure of the information in this statement to real estate licensees and to prospective buyers of this property. The Seller agrees to provide prompt notice of any changes in the information and this form will be appropriately changed with an amendment date. Inspections are highly recommended.

DO NOT LEAVE ANY QUESTIONS BLANK. STRIKE, WRITE N/A OR UNKNOWN IF NEEDED.

SECTION I - WATER SUPPLY

TYPE OF SYSTEM: ☒ Public ☐ Private ☐ Seasonal _____ ☐ Unknown
☐ Drilled ☐ Dug ☐ Other _____

MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water system?

Pump (if any): ..... ☒ N/A ☐ Yes ☐ No ☐ Unknown
Quantity: ..... ☐ Yes ☒ No ☐ Unknown
Quality: ..... ☐ Yes ☒ No ☐ Unknown

If Yes to any question, please explain in the comment section below or with attachment.

WATER TEST: Have you had the water tested? ..... ☐ Yes ☒ No

If Yes, Date of most recent test: **N/A** Are test results available? .. ☐ Yes ☒ No

To your knowledge, have any test results ever:

a) Been reported as unsatisfactory or satisfactory with notation?..... ☐ Yes ☒ No
b) Detected perfluoroalkyl and polyfluoroalkyl (PFA) substances? ☐ Yes ☒ No

If Yes to (a) and/or (b) above, are test results available? ..... ☐ Yes ☒ No

What steps were taken to remedy the problem? **N/A**

IF PRIVATE: (Strike Section if Not Applicable):

INSTALLATION: Location: **N/A**

Installed by: _____

Date of Installation: **N/A**

USE: Number of persons currently using system: **N/A**

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

Comments: **Public Water Supply**

Source of Section I information: **Seller**

Portland, ME. 04102 Phone: Fax:
Sara Bell
Produced with Lone Wolf Transact 717 N Harwood St, Suite 2200, Dallas, TX 75201 https://www.lwolf.com

PROPERTY LOCATED AT: **189 Guinea Rd, Biddeford, ME 04005**

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: **New Tank**

☐ Overboard Discharge (38 MRS Section 413(3) and (3-A))

Tank Size: ☐ 500 Gallon ☒ 1000 Gallon ☐ Unknown ☐ Other: _____

Tank Type: ☒ Concrete ☐ Metal ☐ Unknown ☐ Other: _____

Location: **Backyard** OR ☐ Unknown

Date installed: **2026** Date last pumped: **N/A** Name of pumping company: **N/A**

Have you experienced any malfunctions? ..... ☐ Yes ☒ No

If Yes, give the date and describe the problem: **N/A**

Date of last servicing of tank: **N/A** Name of company servicing tank: **N/A**

Leach Field: ..... ☒ Yes ☐ No ☐ Unknown

If Yes, Location: **Backyard**

Date of installation of leach field: **Fall, 2026** Installed by: **Perron Excavation**

Date of last servicing of leach field: **2026** Company servicing leach field: **New Leachfield**

Have you experienced any malfunctions? ..... ☐ Yes ☒ No

If Yes, give the date and describe the problem and what steps were taken to remedy: **N/A**

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: **None**

Source of Section II information: **Seller**

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SECTION III - HEATING SYSTEM(S)/HEATING SOURCE(S)

Heating System(s) or Source(s)	SYSTEM 1	SYSTEM 2	SYSTEM 3	SYSTEM 4
TYPE(S) of System	**FHW-BB-Oil**	**Woodstove**		
Age of system(s) or source(s)	**1995**	**Unknown 30+/- yrs.**		
TYPE(S) of Fuel	**Oil**	**Wood**		
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)	**932 +/- Gallons**	**Seller hasn't used in many years**		
Name of company that services system(s) or source(s)	**Cadorette HVAC**	**N/A**		
Date of most recent service call	**Sept. 2026**	**N/A**		
Malfunctions per system(s) or source(s) within past 2 years	**No**	**No**		
Other pertinent information	**Seller has serviced every other year**	**None**	**Electric Heat in Panel Basement Room**	

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: **N/A**

Date chimney(s) last cleaned: **N/A**

Direct and/or Power Vent(s): ☐ Yes ☒ No ☐ Unknown

Has vent(s) been inspected? ☐ Yes ☒ No ☐ Unknown

If Yes, date: **N/A**

Comments: **All interior plumbing replaced by Gagne Plumbing & Heating**

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**

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

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

Comments: **Seller is not aware of any underground storage tanks**

Source of information: **Seller**

B. ASBESTOS - Is there now or has there been asbestos:

As insulation on the heating system pipes or duct work?	☐ Yes	☐ No	☒ Unknown
In the ceilings?	☐ Yes	☐ No	☒ Unknown
In the siding?	☐ Yes	☐ No	☒ Unknown
In the roofing shingles?	☐ Yes	☐ No	☒ Unknown
In flooring tiles?	☐ Yes	☐ No	☒ Unknown
Other: _____	☐ Yes	☐ No	☒ Unknown

Comments: **None**

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: **None**

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: **Public Water Supply**

Source of information: **Seller**

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

Comments: **None**

Source of information: **Seller**

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F. LEAD-BASED PAINT/PAINT HAZARDS - *(Note: Lead-based paint is most commonly found in homes constructed prior to 1978)*

Is there now or has there ever been lead-based paint and/or lead-based paint hazards on the property? ..... ☐ Yes ☐ No ☐ Unknown ☒ Unknown (but possible due to age)

If Yes, describe location and basis for determination: **N/A**

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: **None**

Source of information: **Seller**

G. OTHER HAZARDOUS MATERIALS - Current or previously existing:

TOXIC MATERIAL:	☐ Yes	☒ No	☐ Unknown
LAND FILL:	☐ Yes	☒ No	☐ Unknown
RADIOACTIVE MATERIAL:	☐ Yes	☒ No	☐ Unknown

Other: **Seller is not aware of any current or previously existing hazardous materials.**

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: **N/A**

Source of information: **Seller, Deed**

Is access by means of a way owned and maintained by the State, a county, or a municipality over which the public has a right to pass? ..... ☒ Yes ☐ No ☐ Unknown

If No, who is responsible for maintenance? **N/A**

Road Association Name (if known): **N/A**

Source of information: **Seller**

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SECTION VI – FLOOD HAZARD

For the purposes of this section, Maine law defines "flood" as follows:

(1) A general and temporary condition of partial or complete inundation of normally dry areas from:(a) The overflow of inland or tidal waters; or (b) The unusual and rapid accumulation or runoff of surface waters from any source; or

(2) The collapse or subsidence of land along the shore of a lake or other body of water as a result of erosion or undermining caused by waves or currents of water exceeding anticipated cyclical levels or suddenly caused by an unusually high water level in a natural body of water, accompanied by a severe storm or by an unanticipated force of nature, such as a flash flood or an abnormal tidal surge, or by some similarly unusual and unforeseeable event that results in flooding as described in subparagraph (1), division (a).

For purposes of this section, Maine law defines "area of special flood hazard" as land in a floodplain having 1% or greater chance of flooding in any given year, as identified in the effective federal flood insurance study and corresponding flood insurance rate maps.

During the time the seller has owned the property:

Have any flood events affected the property? ..... ☐ Yes ☐ No ☐ Unknown

If Yes, explain: **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?

Relevant Panel Number: **0458** Year: **07/17/2024** (Attach a copy)

Comments: **Property is in Flood Zone X which is not a special flood hazard area.**

Source of Section VI information: **Seller**

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SECTION VII - GENERAL INFORMATION

Are there any tax exemptions or reductions for this property for any reason including but not limited to: Tree Growth, Open Space and Farmland, Veteran's, Homestead Exemption, Blind, Working Waterfront?..... ☒ Yes ☐ No ☐ Unknown

If Yes, explain: **Homestead Exemption - $24,500 and Verteran's Exemption $6,000**

Is a Forest Management and Harvest Plan available?..... ☐ Yes ☒ No ☐ Unknown

Is the property subject to any of the following relating to shoreland zoning ordinances: a) A notice of violation issued by a municipal official or state agency; b) A pending enforcement action; c) Litigation; d) A court judgment; or e) A settlement or consent agreement?..... ☐ Yes ☒ No ☐ Unknown

If Yes, explain: **NA**

Equipment leased or not owned (including but not limited to, propane tank, hot water heater, satellite dish, water filtration system, solar panels, wind turbines): Type: **N/A**

From Whom: **N/A**

Year Principal Structure Built: **1963** What year did Seller acquire property? **1963**

Roof: Year Shingles/Other Installed: **19 +/- years**

Water, moisture or leakage: **No**

Comments: **None**

Foundation/Basement:

Is there a Sump Pump?	☐ Yes	☒ No	☐ Unknown
Water, moisture or leakage since you owned the property:	☐ Yes	☒ No	☐ Unknown
Prior water, moisture or leakage?	☐ Yes	☒ No	☐ Unknown

Comments: **Dry Basement**

Mold: Has the property ever been tested for mold?	☐ Yes	☒ No	☐ Unknown
If Yes, are test results available?	☐ Yes	☒ No	

Comments: **None**

Electrical: ☐ Fuses ☒ Circuit Breaker ☐ Other: _____ ☐ Unknown

Comments: **Labbe Electric updated to circuit breakers 100 amps in 2026**

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: **N/A**

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PROPERTY LOCATED AT: **189 Guinea Rd, Biddeford, ME 04005**

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

Comments: **None**

Source of Section VII information: **Seller**

SECTION VIII - ADDITIONAL INFORMATION

Central Vacuum has not been used. Seller believes there is hardwood under Primary bedroom carpet. Replacement Windows were put in throughout the house approx. 25 years ago. All cast iron pipes were replaced. Washing machine sometimes gets stuck on wash cycle. Water line has a minor leak and Seller has called plumber to take a look.

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.

Adrienne Gendron 10-19-26

SELLER DATE SELLER DATE

Adrienne M. Gendron

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

REALTOR®

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div Environmental Health , 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	BIDDEFORD
Street or Road	189 GUINEA ROAD
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI): GENDRON DAVID ■ Owner ☐ Applicant

Mailing Address of Owner/Applicant:

Daytime Tel. # 205-4603

>>CAUTION: LPI APPROVAL REQUIRED<<

Town/City _____ Permit # _____

Date Permit Issued __/__/__ Fee $ _____ Double Fee Charged [ ]

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

Fee $_____ state min. fee $_____ Locally Adopted Fee

Copy: ☐ Owner ☐ Town ☐ State

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.

Municipal Tax Map # 26 Lot # 23-1

OWNER OR APPLICANT STATEMENT

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.

Signature of Owner/Applicant _____ Date _____

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature _____ (1st) Date Approved _____ (2nd) Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
■ 2. Replacement System
Type Replaced: UNKNOWN
Year Installed: UNKNOWN
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. ≥25% Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

■ 1.No Rule Variance
☐ 2.First Time System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 3.Replacement System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 4.Minimum Lot Size Variance
☐ 5.Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

■ 1. Complete Non-Engineered System
☐ 2. Primitive System(graywater & alt toilet)
☐ 3. Alternative Toilet, specify: _____
☐ 4. Non-Engineered Treatment Tank (only)
☐ 5. Holding Tank, _____ gallons
☐ 6. Non-Engineered Disposal Field (only)
☐ 7. Separated Laundry System
☐ 8. Complete Engineered System(2000gpd+)
☐ 9. Engineered Treatment Tank (only)
☐ 10. Engineered Disposal Field (only)
☐ 11. Pre-treatment, specify: _____
☐ 12. Miscellaneous components

SIZE OF PROPERTY

0.3 ☐ SQ. FT. ■ ACRES

DISPOSAL SYSTEM TO SERVE

■ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No of Units: _____
☐ 3. Other: _____ (specify)

Current Use ☐ Seasonal ■ Year Round ☐ Undeveloped

SHORELAND ZONING

☐ Yes ■ No

TYPE OF WATER SUPPLY

☐ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
■ 4. Public ☐ 5. Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

■ 1. Concrete
■ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: 1000 GAL.
SEE NOTE ON PAGE 3

DISPOSAL FIELD TYPE & SIZE

■ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device
☐ a. Cluster array ☐ c. Linear
☐ b. Regular ☐ d. H-20 loaded
☐ 4. Other: _____
SIZE: 800 ■ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

■ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
☐ a. Multi-compartment tank
☐ b. _____ tanks in series
☐ c. Increase in tank capacity
☐ d. Filter on tank outlet

DESIGN FLOW

270 gallons per day
BASED ON:
■ 1. Table 5A (dwelling unit(s))
☐ 2. Table 5C (other facilities)
SHOW CALCULATIONS for other facilities

3 BEDROOMS AT 90 GALLONS PER DAY EACH

☐ 3. Section 5G (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE 5 / CONDITION B
at Observation Hole # TP 1
Depth _____ "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

■ 1. Medium - 2.6 sq.ft./gpd
☐ 2. Medium-Large - 3.3 sq.ft./gpd
☐ 3. Large - 4.1 sq.ft./gpd
☐ 4. Extra-Large - 5.0 sq.ft./gpd

EFFLUENT/EJECTOR PUMP

☐ 1. Not required
■ 2. May be required
☐ 3. Required
Specify only for engineered systems:
SEE NOTE ON PAGE 3
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. N43 d 27 m 22.94 s
Lon. W70 d 25 m 42.43 s
if g.p.s., state margin of error _____

SITE EVALUATOR STATEMENT

I certify that on 6/2/26 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed sytem is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Brady A. Frick — Site Evaluator Signature
352 — SE #
6/11/26 — Date

BRADY A. FRICK — Site Evaluator Name Printed
(207) 839-5563 — Telephone Number
INFO@ALBERTFRICK.COM — E-mail Address

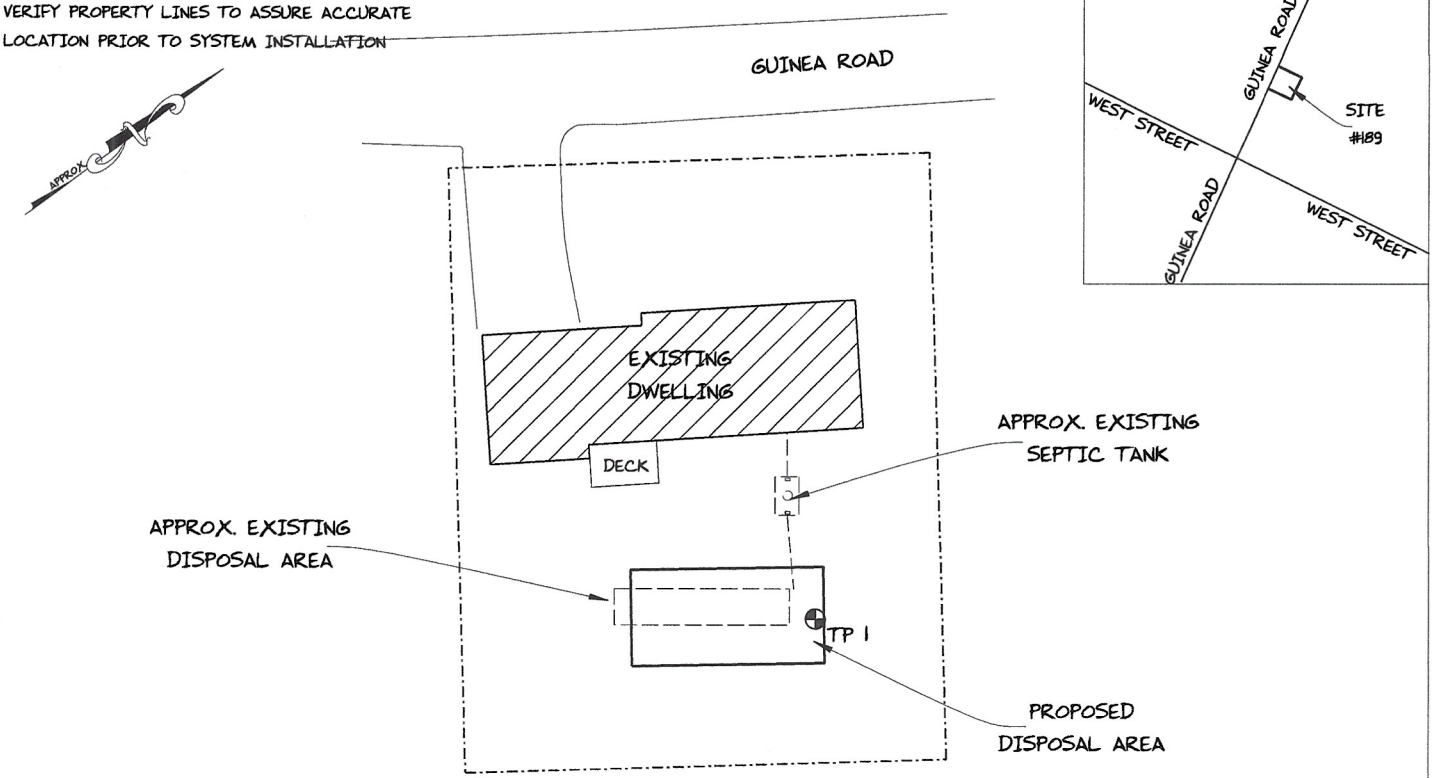
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health and Human Services
Division of Environmental Health
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation	Street, Road Subdivision	Owner's Name
BIDDEFORD	189 GUINEA ROAD	DAVID GENDRON

ALBERT FRICK ASSOCIATES ARE NOT SURVEYORS.
PROPERTY INFORMATION APPROXIMATED
PER TOWN TAX MAP AND AERIAL PHOTOGRAPH.
VERIFY PROPERTY LINES TO ASSURE ACCURATE
LOCATION PRIOR TO SYSTEM INSTALLATION

SITE PLAN Scale 1" = 40 Ft. or as shown



SITE LOCATION PLAN
(Attach Map from Maine Atlas Recommended)

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 SAND		BROWN	
10		FRIABLE	YELLOW BROWN	NONE EVIDENT
20	SAND			
30				
40				
		LIMIT OF EXCAVATION		
50				

Soil Classification		Slope	Limiting Factor	
5	B	0-3 %	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth
Profile	Condition			

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		Slope	Limiting Factor	
		%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth
Profile	Condition			

Brady A. Frick
Site Evaluator Signature

352
SE #

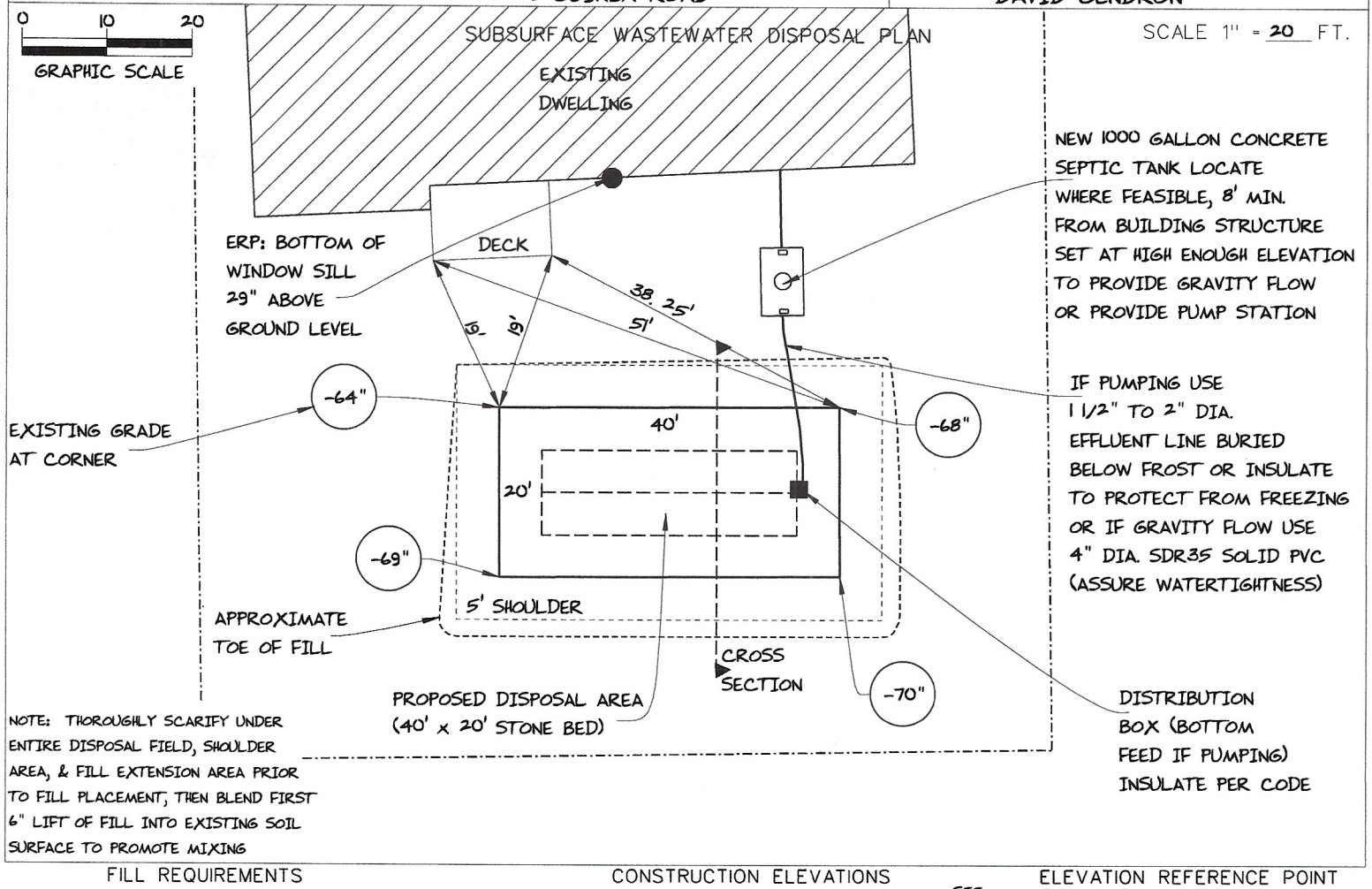
6/11/26
Date

ALBERT FRICK ASSOCIATES – 731 FOSS ROAD, LIMERICK, MAINE 04048 – (207) 839-5563

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health and Human Services
Division of Environmental Health
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
BIDDEFORD	189 GUINEA ROAD	DAVID GENDRON



FILL REQUIREMENTS

Depth of Fill (Upslope) : 0" - 4"
Depth of Fill (Downslope) : 5" - 6"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

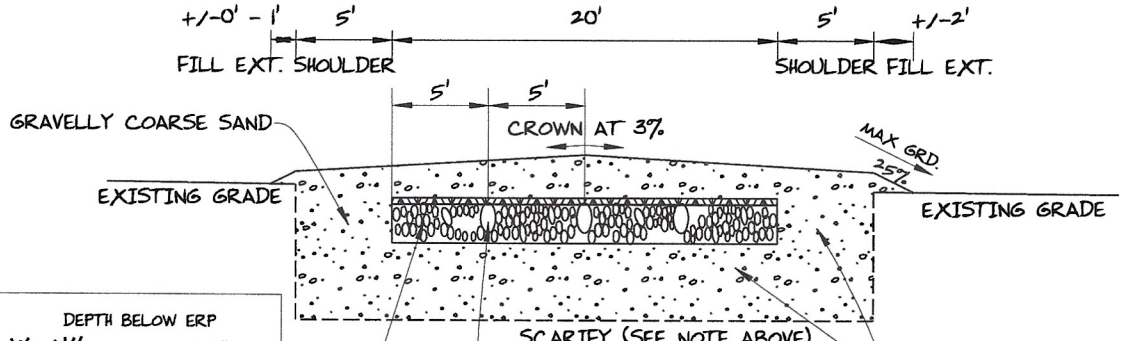
Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area
SEE DETAIL BELOW

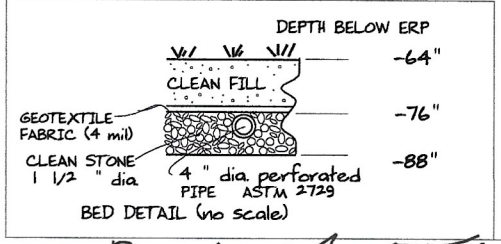
ELEVATION REFERENCE POINT

Location & Description BOTTOM OF WINDOW SILL, 29" ABOVE BULKHEAD
Reference Elevation is: 0.0" or _____

DISPOSAL AREA CROSS SECTION

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





Brady A. Frick
Site Evaluator Signature

352
SE #

6/11/26
Date

ALBERT FRICK ASSOCIATES – 731 FOSS ROAD, LIMERICK, MAINE 04048 – (207) 839-5563

Albert Frick Associates, Inc.
731 Foss Road Limerick, Maine 04048
(207) 839-5563

BIDDEFORD	189 GUINEA ROAD	DAVID GENDRON
TOWN	LOCATION	APPLICANT'S NAME

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Division of Health and 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 law) 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 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 per the "Rules" to allow for easy maintenance of filter.

5) 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.

The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine or water treatment backwash 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) 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 to finished ground surface.
One 18" dia. (min) riser and cover is required to grade over both the septic tank & pump station.

Vehicular traffic over disposal system is prohibited unless specifically designed with H-20 rated components.

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7) The actual waste 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

8) The general minimum setbacks between a well (public or private) 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 pitch requirements. In gravity systems, the invert of the septic tank(s) outlet(s) should be at least 4 inches above the invert of the distribution box outlet at the disposal area.

10) When an effluent pump is required: Pump stations should be sized per manufacturer's specifications to meet lift requirements and friction loss. 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 18" dia. (min.) cover 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. Additional fill beyond indicated on plan may be necessary to replace organic matter. 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 settling). 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 that 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, with 4" min. soil or soil amendment mix suitable for growing, 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.

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