NELSON ANALYTICAL LAB

RP200412014

120 York Street, Kennebunk, ME 04043
www.nelsonanalytical.com
(207)467-3478 phone

REPORT OF ANALYSIS

Laboratory ID: 220040268

NH ELAP Accreditation #NH2018
Maine State Certification # ME0015
Maine Radon Certification # ME17500

Client Name: Marquis Well & Pump

Date Reported : 04/12/2020

Client Sample ID: Marquis Well
Laboratory ID: 220040268.01
Sample Location: 23 Wadlin Rd, Biddeford, ME -Untreated
Sample Matrix : Drilled Well Water

Date Collected: 04/10/2020 03:00 PM
Collected By : Marquis
Date Received : 04/10/2020 04:17 PM
Temperature Rec'd °C: 13.0#

Parameters	Results	Acceptable Level	Units	Date Analyzed	Test Method	Test Type	Test Remarks
Total Coliform Bacteria	Absent	Absent	/100mL	04/10/2020 16:25	SM 9223B	Primary	Within EPA Standard
E. coli Bacteria	Absent	Absent	/100mL	04/10/2020 16:25	SM 9223B	Primary	Within EPA Standard
Nitrate-N	<1.0	10	mg/L	04/10/2020 16:20	SM 4500 NO3	Primary	Within EPA Standard
Arsenic	**0.024**	0.010	mg/L	04/11/2020 13:29	EPA 200.8	Primary	**Outside EPA Standard**
Chloride	64	250	mg/L	04/10/2020 16:15	SM 4500Cl-B	Secondary	Within EPA Standard
pH	7.30	6.5-8.5	SU	04/10/2020 16:35	SM 4500H B	Secondary	Within EPA Standard
Iron	**0.59**	0.300	mg/L	04/11/2020 13:29	EPA 200.8	Secondary	**Outside EPA Standard**
Manganese	**0.087**	0.050	mg/L	04/11/2020 13:29	EPA 200.8	Secondary	**Outside EPA Standard**
Sodium	21	N/A	mg/L	04/11/2020 13:29	EPA 200.8	N/A	No EPA Limit
Total Hardness	240	N/A	mg/L	04/11/2020 13:29	SM 2340B	N/A	No EPA Limit

PRIMARY: Regulated by the EPA as a health related parameter SECONDARY: Aesthetic parameter - not regarded as a health concern

Please see the attached test descriptions.

Respectfully Submitted

Lorri Maling

Lorri Maling, Laboratory Director

Notes: mg/L=ppm; ug/L=ppb; ng/L=ppt, "<" denotes "less than". This report of analysis may not be modified in any way, or reproduced except in full, without written approval from Nelson Analytical, LLC. Results reported above relate only to samples as submitted, unless specifically noted otherwise. Nelson Analytical, LLC is currently accredited by the New Hampshire Environmental Lab Accreditation Program, ANAB, and the Maine Laboratory Accreditation Program. For a list of current accredited tests, please visit the websites listed below. Sampling performed by the lab is according to the lab document "Water Sampling Instructions". EPA standards list pH & Chlorine as field parameters which should be tested immediately upon sample collection. Samples tested for pH after submission are beyond the hold time. Samples will be analyzed as quickly as laboratory operations allow. Metals samples preserved and analyzed on the same day do not meet the method criteria. #-Sample(s) received at laboratory do not meet method specified temperature criteria.
Solid samples are reported on a dry weight basis unless noted otherwise.
Subcontract Laboratories: SUB1: Nelson Analytical Manchester (NH1005) ME-NH01005 SUB 2: (NH 2136) (ME-CT00007),SUB3: (NH2001) (ME00019), SUB 4: NH2073 SUB5: (NH2530) (NE FL00117), SUB7: EAI Analytical (NH 1007),SUB 8: ME00002 SUB9: (NH2516) (MA00100)
http://des.nh.gov/organization/divisions/water/dwgb/nhelap/
https://www.maine.gov/dhhs/mecdc/environmental-health/dwp/professionals/labCert.shtml
http://search.anab.org/public/organization_files/Tested-LabsNelson-Analytical-Cert-and-Scope-File-08-13-2019_1565710045.pdf

Date: 04/12/2020

5885

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation	Biddeford
Street or Road	Wadlin Road
Subdivision, Lot #	Lot 1

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Vacation Properties
Owner Applicant	☑
Mailing Address of Owner/Applicant	150 Guinea Road Biddeford 04005
Daytime Tel. #	294-1431

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 or Applicant _____ Date _____

>> 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 # _____ Lot # _____

CAUTION: INSPECTION REQUIRED
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
Local Plumbing Inspector Signature

PERMIT INFORMATION

TYPE OF APPLICATION
(1. First Time System)
2. Replacement System
Type replaced: _____
Year installed: _____
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 (2000 gpd or more)
9. Engineered Treatment Tank (only)
10. Engineered Disposal Field (only)
11. Pre-treatment, specify: _____
12. Miscellaneous Components

SIZE OF PROPERTY
1.02 (SQ. FT. / ACRES)

SHORELAND ZONING
Yes (No)

DISPOSAL SYSTEM TO SERVE
(1. Single Family Dwelling Unit, No. of Bedrooms: 3)
2. Multiple Family Dwelling, No. of Units: ____
3. Other: 3 bedroom + accessory unit
(specify)
Current Use Seasonal Year Round (Undeveloped)

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: 1,500 GAL

DISPOSAL FIELD TYPE & SIZE
1. Stone Bed 2. Stone Trench
(3. Proprietary Device)
a. cluster array (c. Linear)
(b. regular load) d. H-20 load
4. Other: _____
SIZE: 1344 (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
390 gallons per day
BASED ON:
1. Table 4A (dwelling unit(s))
2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites
3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
7 / C
at Observation Hole # TP1
Depth 30 "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
1. Medium---2.6 sq. ft. / gpd
(2. Medium---Large 3.3 sq. f.t / 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:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 43 d 30 m 10 s
Lon. 70 d 32 m 50 s
if g.p.s. state margin of error: 15

SITE EVALUATOR STATEMENT

I certify that on 9/26/2019 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature — 263 SE # — 9/26/2019 Date (12/13/19)

Mark J Hampton
Site Evaluator Name Printed

207-756-2900
Telephone Number

E-mail Address

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

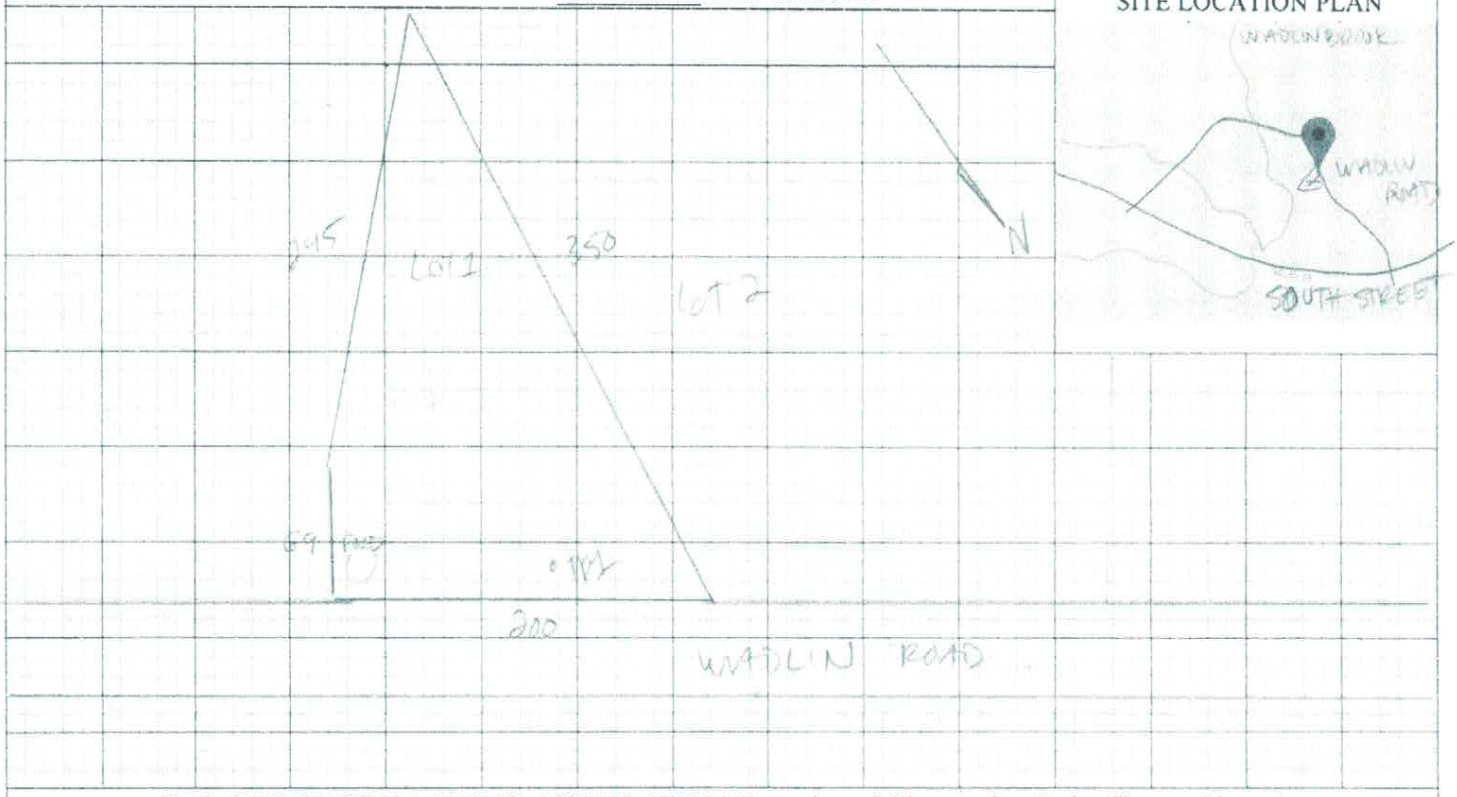
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Biddeford	Wadlin Brook ROAD	Vacation Properties
	Lot1	

SITE PLAN

Scale 1" = 100 ft. or as shown

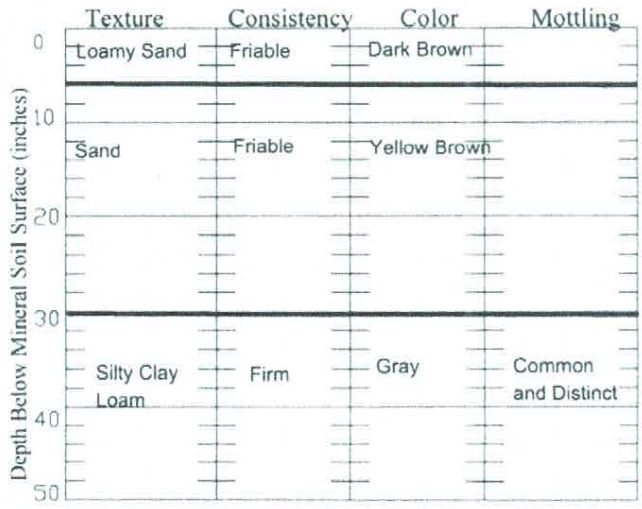


SITE LOCATION PLAN

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

Observation Hole TP1 ☑ Test Pit ☐ Boring

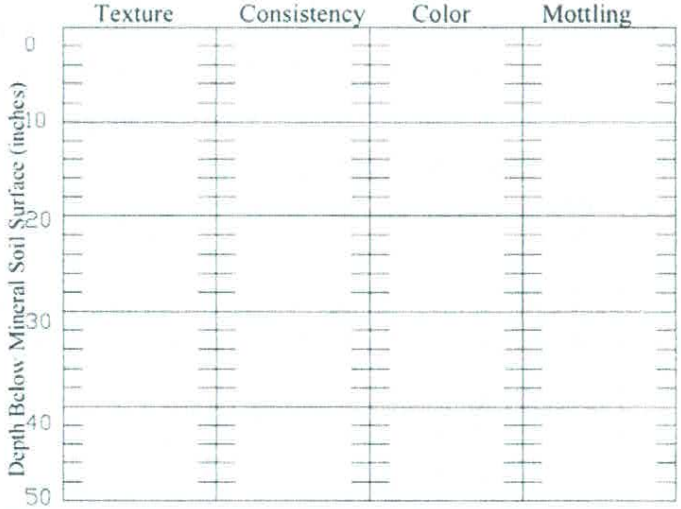
_____" Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	
7 Profile / C Condition	2 %	30 "	[x] Ground Water [x] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	
Profile / Condition	%	"	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature | 263 SE # | 9/26/2019 Date | Rec 12/13/19 | Page 2 of 3 HHE-200 Rev. 02/11

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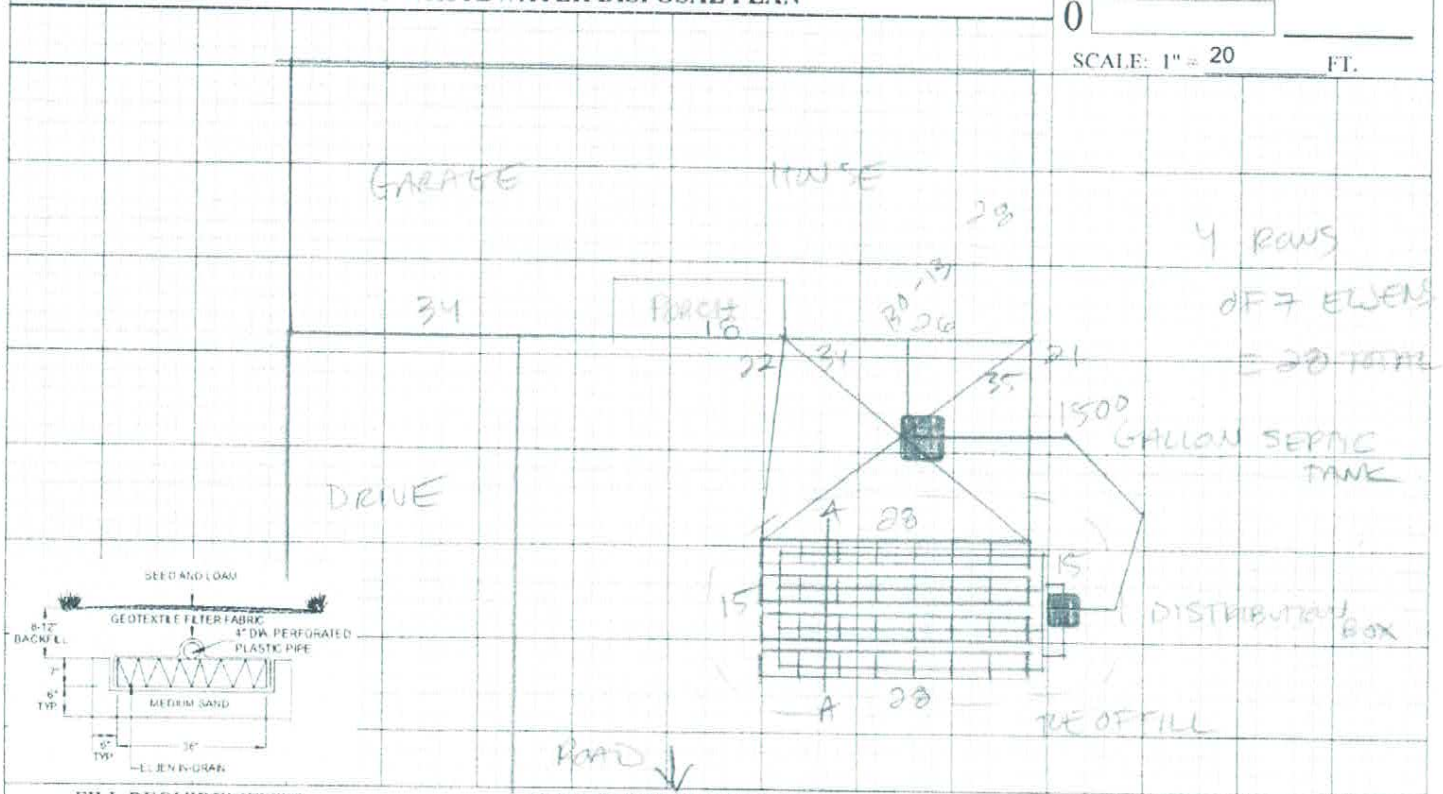
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Biddeford	Wadlin Road Lot 1	Vacation Properties

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	6	Finished Grade Elevation	-15	Location & Description: Top of foundation
		Top of Distribution Pipe or Proprietary Device	-25	
Depth of Fill (Downslope)	12	Bottom of Disposal Area	-36	Reference Elevation: 0

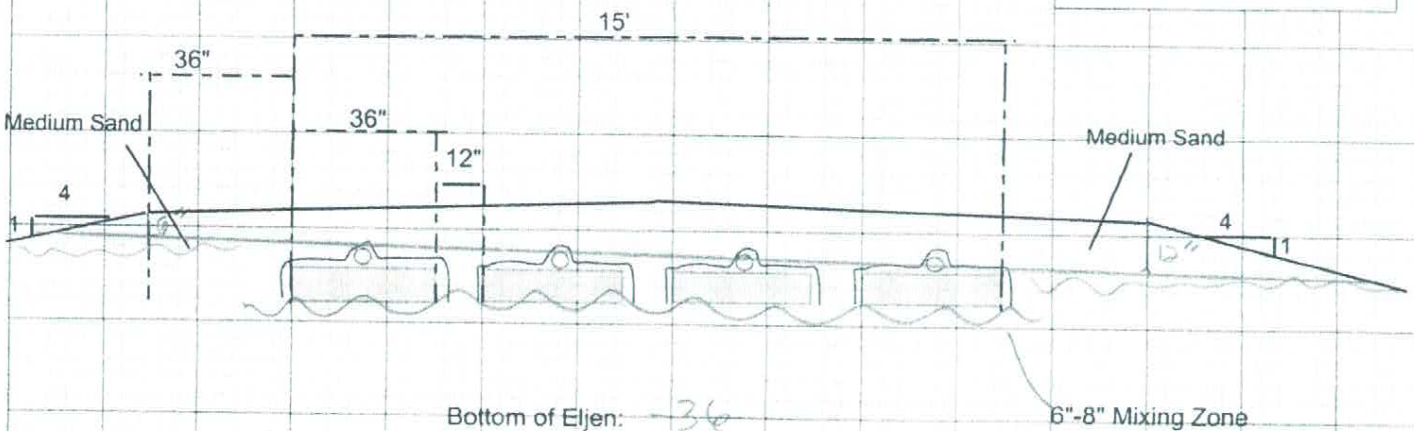
Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 08/15 as amended.

DISPOSAL AREA CROSS SECTION

A-A

Scale
Horizontal 1" = 4 ft.
Vertical 1" = 4 ft.

Note: All ground to be filled must be scarified



Site Evaluator Signature | 263 SE # | 9/26/2019 Date | Pd 12/13/19 CMH