



MANCHESTER-BY-THE-SEA

BOARD OF HEALTH

TOWN HALL - 10 CENTRAL STREET

Manchester-by-the-Sea, Massachusetts 01944-1399

Telephone (978) 526-7385

FAX (978) 526-2009

July 12, 2023

Summer Hill Trust
25 Blynman Circle
Manchester-by-the-Sea

NOTIFICATION TO OWNER

Upon receipt of the Title 5 Inspection Report for the onsite sewage disposal system at:

Property Address: **601 SUMMER STREET, MANCHESTER-BY-THE-SEA**

Property Owner: **SUMMER HILL TRUST**

Licensed Title 5 Inspector: John Gamache SI# 14319

The Title 5 Inspection Report dated June 6, 2023, states the system **PASSES**.

NOTE: The second FAST tank is not in use by blocking the outlet of the first distribution box.

The Board of Health DID NOT find the septic system, as it is now used, to constitute a danger to the public health and subsequently did not order its repair/replacement at this time.

Reviewing Board of Health Agent:



Wendy Hansbury RS, Public Health Director

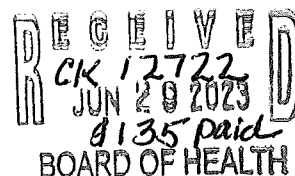
THIS INSPECTION reflects the **present** condition of the sanitary disposal system and is not any guarantee as to the life or future condition of said system. A passing Title 5 Inspection Report with pump receipts for three years within each calendar year may be used for sale of property. (Explanation: If there is a potential that your home will be sold within three years, you **MUST** have the septic tank pumped once a year, within a year of the date of the approved Title 5 Inspection Report for each of the three years. This allows the sale to occur with the use of the pumping reports and annual receipts abates the need for a "Title 5 System Inspection" for a property transfer within three years of the passing inspection, otherwise a passing Title 5 Inspection Report is only good for two years.)



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



Owner
information is
required for every
page.

601 Summer St

Property Address

Summer Hill Trust

Owner's Name

Manchester-by-the-sea

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Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When
filling out forms
on the computer,
use only the tab
key to move your
cursor - do not
use the return
key.



A. Inspector Information

John J Gamache

Name of Inspector

Wastewater Treatment Services, Inc.

Company Name

44 Commercial St

Company Address

Raynham

City/Town

MA

02767

State

Zip Code

508-880-0233

SI14319

Telephone Number

License Number

B. Certification

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

- ☒ Passes
- ☐ Conditionally Passes
- ☐ Needs Further Evaluation by the Local Approving Authority
- ☐ Fails

John J. Gamache
Inspector's Signature

06/12/2023

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original form should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Please note: This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.



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C. Inspection Summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

1) System Passes:

- ☒ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

The treatment system and SAS are functioning as designed.

2) System Conditionally Passes:

- ☐ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

☐ Y ☐ N ☐ ND (Explain below):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

☐ Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

☐ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

3) Further Evaluation is Required by the Board of Health:

☐ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

a. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:



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C. Inspection Summary (cont.)

- ☐ Cesspool or privy is within 50 feet of a surface water
- ☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

b. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

c. Other:

4) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes No

☐☒

Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

☐☒

Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool



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C. Inspection Summary (cont.)

4) System Failure Criteria Applicable to All Systems: (cont.)

Yes No

☐ ☒

Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool

☐ ☒

Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow

☐ ☒

Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: _____.

☐ ☒

Any portion of the SAS, cesspool or privy is below high ground water elevation.

☐ ☒

Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

☐ ☒

Any portion of a cesspool or privy is within a Zone 1 of a public water supply well.

☐ ☒

Any portion of a cesspool or privy is within 50 feet of a private water supply well.

☐ ☒

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

☐ ☒

The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.

☐ ☒

The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

5) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section C.4.

Yes No

☐ ☐

the system is within 400 feet of a surface drinking water supply

☐ ☐

the system is within 200 feet of a tributary to a surface drinking water supply

☐ ☐

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well



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C. Inspection Summary (cont.)

If you have answered "yes" to any question in Section C.5 the system is considered a significant threat, or answered "yes" to any question in Section C.4 above the large system has failed. The owner or operator of any large system considered a significant threat under Section C.5 or failed under Section C.4 shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

6. You must indicate "yes" or "no" for each of the following for *all* inspections:

Yes No

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |



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D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): 48 Number of bedrooms (actual): 48

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 5,280gpd

Description:

The I/A treatment system was designed for a cluster of single family dwellings serving a combined total of 48 bedrooms at a flow rate of 110 gpd. The system includes an 11,500 gal septic tank, 8,500 gal septic tank, 6,000 gal flow equalization tank which pumps to a flow distribution box that equally distributes flow to a series of (4) I/A technology treatment systems (FAST). The treated effluent flows to a 7,500 gal pump chamber which pumps flow to (25) - 56 foot long leaching trenches. The system is inspected and serviced monthly and effluent is sent to a lab for testing annually.

Number of current residents: all units occupied

Does residence have a garbage grinder? ☐ Yes ☒ No

Does residence have a water treatment unit? ☐ Yes ☒ No

If yes, discharges to: _____

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☒ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): est. 1,300 gpd

Detail:

The system is under its daily design flow of 5,280 gpd.

Sump pump? ☐ Yes ☒ No

Last date of occupancy: currently occupied



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D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment:

single family cluster

Design flow (based on 310 CMR 15.203):

5,280 gpd

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

48 bdrms @ 110 gpd per bdrm

Grease trap present?

☐ Yes ☒ No

Water treatment unit present?

☐ Yes ☒ No

If yes, discharges to:

Industrial waste holding tank present?

☐ Yes ☒ No

Non-sanitary waste discharged to the Title 5 system?

☐ Yes ☒ No

Water meter readings, if available:

Last date of occupancy/use:

current

Date

Other (describe below):

3. Pumping Records:

Source of information:

Was system pumped as part of the inspection?

☐ Yes ☒ No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:



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D. System Information (cont.)

4. Type of System:

- ☐ Septic tank, distribution box, soil absorption system
- ☐ Single cesspool
- ☐ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☒ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

5. Building Sewer (locate on site plan):

Depth below grade:

+/- 3 feet
feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain): _____

Distance from private water supply well or suction line:

feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

All piping was in good working order with no signs of inflow or infiltration and system venting was also in good working order.



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

Covers are at grade
feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

The treatment system includes (2) septic tanks at 11,500 gal and 8,500 gal with all covers at grade for inspections and pump outs.

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions:

11,500 gal tank & 8,500 gal tank

Sludge depth:

14"-16"/ 10"-12"

Distance from top of sludge to bottom of outlet tee or baffle

Scum thickness

1"-2"/ Floating - 1/2"

Distance from top of scum to top of outlet tee or baffle

12"/ 10"/10"/14"

Distance from bottom of scum to bottom of outlet tee or baffle

28"/ 28"

How were dimensions determined?

sludge judge

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

The treatment system is inspected monthly and pump outs recommended as needed. No pump out necessary at time of inspection. The outlet T's on the two septic tanks include Zabell filters that are inspected and cleaned at each monthly service/ inspection. All inlet T's, outlet T's, and FAST outlet baffles were structurally sound and in good working order at the time of the inspection and liquid levels through all tanks was normal. In addition to the (2) septic tanks - 11,500 gal & 8,500 gal - there are (4) concrete tanks housing the FAST I/A systems which include (3) 4,500 gal tanks (1) 4,000 gal tank, and (1) 6000 gal flow eq tank - all concrete tanks were structurally sound and in good working order with no signs of inflow or infiltration.



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D. System Information (cont.)

7. Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

Scum thickness

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

Date of last pumping:

Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

8. Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day



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D. System Information (cont.)

8. Tight or Holding Tank (cont.)

Alarm present:

☐ Yes

☐ No

Alarm level: _____

Alarm in working order:

☐ Yes

☐ No

Date of last pumping:

Date

Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached?

☐ Yes

☐ No

9. Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

The treatment system includes (2) distribution boxes. The first receives flow from the flow equalization tank and distributes flow evenly between (2) 4.5 micro FAST units. One of the (2) outlet pipes leaving this distribution box is capped as one of the FAST units is currently not being utilized. The second distribution box is after the NitrifAST 4.5 unit, equally splitting flows between the microFAST 3.0 with mixing unit and recycling half back to the 8,500 gal septic tank to aid in treatment. All distribution box outlets have flow equalizers installed to control the amount of flow throughout the system.



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D. System Information (cont.)

10. Pump Chamber (locate on site plan):

Pumps in working order:

☒ Yes ☐ No*

Alarms in working order:

☒ Yes ☐ No*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

The 6,000 gal flow equalization tank includes a duplex pumping system with a time dosed control panel with alarm located in the septic system mechanical building. The final pump chamber is a 7,500 gal concrete tank that includes a duplex pumping system with a control panel with alarm also located in the mechanical building. The concrete tanks and all associated piping is in good working order and structurally sound with no signs of inflow or infiltration. All alarms are wired in to a dial out system which is maintained by the operator and the association direction. All mechanicals, pumps and control panels are inspected monthly.

* If pumps or alarms are not in working order, system is a conditional pass.

11. Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

The SAS contains (25), 56 long laterals with end caps accessible at grade. The SAS displayed no signs of hydraulic failure, breakout, ponding, or damp soils, and vegetation looked normal. During inspection all end caps were removed and flow observed to ensure no signs of blockage or breakouts.

Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|-----------------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input checked="" type="checkbox"/> | leaching trenches | number, length: | <u>(25) @ 56 feet</u> |
| <input type="checkbox"/> | leaching fields | number, dimensions: | _____ |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | innovative/alternative system | | |

Type/name of technology: _____



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11. Soil Absorption System (SAS) (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

The SAS contains (25), 56 foot long laterals with end caps accessible at grade. The SAS displayed no signs of hydraulic failure, breakout, ponding, or damp soils, and vegetation looked normal. During inspection all end caps were removed and flow observed to ensure no signs of blockage or breakouts.

12. Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes ☐ No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):



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13. Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):



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D. System Information (cont.)

14. Sketch Of Sewage Disposal System:

Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- ☐ hand-sketch in the area below
☒ drawing attached separately



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D. System Information (cont.)

15. Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☒ Shallow wells

Estimated depth to high ground water:

> 4 feet
feet

Please indicate all methods used to determine the high ground water elevation:

☒ Obtained from system design plans on record

If checked, date of design plan reviewed: 2013

Date

☐ Observed site (abutting property/observation hole within 150 feet of SAS)

☐ Checked with local Board of Health - explain:

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

Established high ground water from the design plan on record with the board of health.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

601 Summer St

Property Address

Summer Hill Trust

Owner's Name

Manchester-by-the-sea

MA

State

01944

Zip Code

06/06/2023

Date of Inspection

E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

☒ A. Inspector Information: Complete all fields in this section.

☒ B. Certification: Signed & Dated and 1, 2, 3, or 4 checked

☒ C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

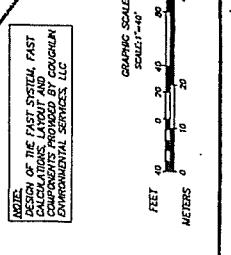
☒ D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 15: Explanation of estimated depth to high groundwater included

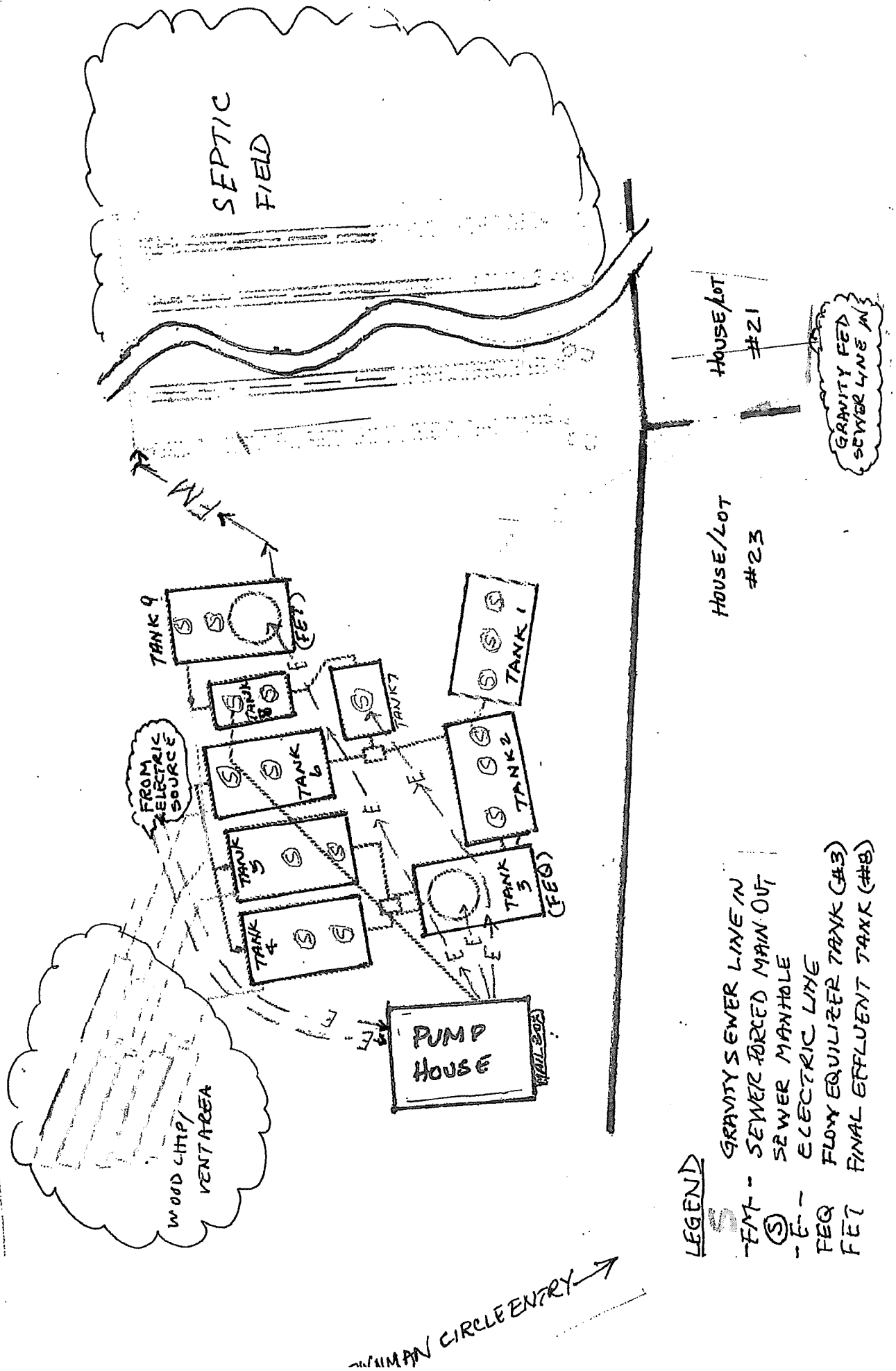
DATE	DESCRIPTION	BY
10/18/12	RECEIVED DATED 8/25/12	AD
8/10/12	INCREASE 1 CM FROM 26 TO 45	AD

[illegible]

ROUTE 127 →

Summer Hill Septic System Schematic

Enlarged Section of 2/25/16 As Built Site Plan; By Joe Grimaldi, 7/12/22



INSPECTION AND TESTING AGREEMENT

Tel: (508) 880-0233
Fax: (508) 880-7232

Agreement entered into by and between **Wastewater Treatment Services, Inc.** (herein called **WTS**) and the **FAST® System OWNER** (herein called **OWNER**) for the inspection by **WTS** of certain equipment of **OWNER** which is described below.

Upon acceptance of this agreement at **WTS's** office, **WTS** will render the following services only:

Equipment will be inspected at least 12 times per year that this Agreement remains in effect, with the first inspections beginning 10-17-17. These inspections will include:

- 1) Measurement of the sludge depth in the septic and FAST® tanks. Sludge measurements taken a minimum of one time per year, or as deemed necessary by the onsite technician.
- 2) Inspection, power testing and clean/replace intake filter of the air blower.
- 3) Inspection of the alarm system.
- 4) Inspect overall condition of FAST® System.
- 5) Inspection of MicroC System: Note: MicroC to be billed as utilized.
- 6) Notify **OWNER** of any problems encountered.
- 6) Additional services noted as Appendix 1 to this Agreement
- 7) Service other than routine maintenance will be billed at an hourly rate, plus travel and parts.

WTS shall notify the local Board of Health and Department of Environmental Protection in writing within 24 hours of a system failure or alarm event including corrective measures that have been taken.

OWNER will be billed standard **WTS** charges for any parts used in repairs or maintenance. Any additional labor time will be billed to the **OWNER** at current labor rates.

Emergency service between regular inspections will be provided at standard labor rates during normal business hours; at time and one-half after 5:00 PM and on Saturdays; and at double time on Sundays and holidays.

Emergency service charges will include a minimum four (4) hours of labor, plus standard **WTS** charges for parts, plus mileage and travel charges. The annual rate includes routine maintenance, but does not include repairs required for damages caused by abuse, accident, theft, acts of third persons, forces of nature, or alterations made to the equipment. **WTS** shall not be responsible for failure to render the agreed services if caused by strikes, labor disputes, non-cooperation by **OWNER**, or other factors beyond the control of **WTS**.

OWNER understands and agrees that **WTS** is not responsible for special, incidental or consequential damages, including but not limited to loss of time, injury to person or property, or equipment failure.

OWNER agrees that **WTS** may enter **OWNER's** property and have acceptable access to all areas deemed by **WTS** to be necessary or appropriate for **WTS** to perform its duties hereunder.

Current **WTS** practice is to send **OWNER** approximately 10 days before expiration of the term of the current contract an invoice for one year of service. It is **OWNER's** responsibility to timely return the payment. **WTS** must receive the payment before expiration of the current contract year to assure continuous contract coverage.

Failure to return payment may result in suspension of service, cancellation of the contract and/or nullification of warranties, at the election of **WTS**. **OWNER** may not assign this contract without the prior written consent of **WTS**. It will remain in force until a party cancels by written notice to the other at the address given herein.

<u>MANUFACTURER</u>	<u>MODEL NO.</u>	<u>SERIAL NO.</u>	<u>LOCATION</u>	<u>ANNUAL RATE</u>
Bio-Microbics	(2) MicroFAST 4.5	8252, 8253,	Manchester, MA	\$5,500.00
	(1) NitraFAST 4.5	80002, 7009,		Includes Field Tests
	(1) MicroFAST	40615		
	with mixing/ABCN 3.0			
	(1) MicroFAST 0.9			

EQUIPMENT OWNER

*Signed by OWNER: [Signature]

Summer Hill Trust and
Summer Hill Homeowner's Association

*Physical Address:
601 Summer Street



Wastewater Treatment Services, Inc.

Signed: Lauren D. Vinton Isf.

44 Commercial Street
Raynham, MA 02767
Tele: (508) 880-0233
Fax: (508) 880-7232

*City: Manchester State: MA Zip: 01944

Telephone: (978) 578-5556 (Stephen Pletcher - Trustee) Effective Date of Agreement 10-19-17

E-mail address: summerhillhoatrust@gmail.com

OWNER understands that (1) ANNUAL RATE payment is for one year only commencing on the effective date set forth above and is non-refundable; and (2) Current DEP Regulations require OWNER to maintain a service agreement for the life of the FAST® System. **I HAVE READ AND UNDERSTAND THE FOREGOING.**

*Signed by OWNER: [Signature]



paid monthly LV/SF

Field Testing

Onsite testing performed (4) times per year will be used to demonstrate that the systems are operating at a secondary treatment standard of 30 mg/L of BOD5 and TSS. The following will be performed:

- 1) Visual examination of the effluent for color, turbidity and effluent solids.
- 2) Effluent pH to determine if the waste water is between 6 and 9 standard units.
- 3) Dissolved Oxygen, 2mg/L or more, to ensure that the system is operating.
- 4) Turbidity, less than or equal to 40 NTU.

If the effluent does not meet effluent quality standards, a grab sample will be collected for laboratory analysis.

Results sent to state and local Agencies as well as the OWNER. OWNER is responsible for providing acceptable access to effluent for field testing and/or to enable a grab sample to be taken for laboratory testing performed. If such laboratory sample is required, OWNER will be responsible for charges incurred. **IF REQUIRED, THE COST FOR THIS ADDITIONAL TESTING WILL BE \$200.00/VISIT.**

Effluent Testing

Town Requirements are for the system to meet <10 mg/L TN. One (1) grab sample to be taken per year for Nitrate, Nitrite, and TKN at a cost of \$215.00/test. Any additional sampling requested will be performed after approval from OWNER, and will be billed to the OWNER.

*Approval for Testing: [Signature]

Owner's Signature



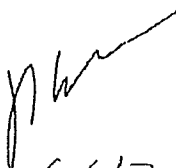
Operator assigned: Michael Moreau

Telephone: (508) 989-2744

*See Appendix 1 for additional Operation and Maintenance Requirements

Appendix 1: Additional Operation and Maintenance Requirements

1. Operate and maintain Septic tanks, FAST[®] units, and pump station equipment.
2. Provide monthly inspection of facilities, cleaning of screens and exercising of pumps and generator (as applicable). Pulling and cleaning of pumps is not included in the Agreement. Coordination of this maintenance item can be done annually and billed to Owner.
3. Monthly reporting to Owner.
4. Maintenance of Operation, Set Point and Maintenance Logs for the facilities.
5. Exercising of equipment and systems to maintain operational and emergency capabilities. (This excludes the normal and emergency services of a generator service contract which must be retained by the site owner.)
6. Preventative maintenance and coordination of FAST[®] equipment repairs and replacements, including the coordination of manufacturer representatives for the servicing of components on an as needed basis.
7. Respond to alarms and emergency calls within 24 hours of notification and maintain an on-call operator for the facilities monitoring facility alarm beeper 24/7.
8. Coordinate scum and sludge pumping of septic tank as needed to safeguard system performance. This assumes facility owner has established a current contract with septic pumping company. Pumping charges to be billed directly to Owner.
9. Provide monthly billing to Owner for services provided, as needed.
10. Maintain all records for a minimum of three years.
11. Provide qualified operational staff who are trained on the facilities (FAST[®] units), on safety issues, on maintenance requirements and on Standard Operating Procedures (SOP's).
12. Troubleshoot mechanical equipment as needed.
13. Troubleshoot system performance as needed.
14. Advise owner of significant anticipated expenditures relative to capital facilities as soon as Operator determines the need for such.
15. Prepare and provide Work Scope Amendments as may be required for additional services needed or required.
16. Provide technical guidance requested by Owner, as needed or warranted.
17. Provide Title 5 Inspection and reporting every three years. Distal Pressure measurement in leach field to be completed as required. Title 5 Inspection to be billed separately to Owner.
18. Advise client of any anticipated system upgrades and/or repairs if apparent.


6-1-17

Wastewater Treatment Services, Inc.

44 Commercial Street
Raynham, MA
02767

Tel: (508) 880-0233
Fax: (508) 880-7232

Summer Hill Trust
Summer Hill Homeowner's Assoc.
25 Blynman Circle
Manchester by the Sea, MA 01944

Reference: FAST® Wastewater Treatment System - Serial Number: 8252, 8253,
80002, 7009, 40615

Attached please find the Field Inspection & Service Report for services performed on
3/6/23 at 601 Summer Street, Manchester, MA.

Please call if you have any questions or require additional information.

Sincerely,

Wastewater Treatment Services

Wastewater Treatment Services, Inc.
Service Department

Enclosures

Copy to: Manchester Board of Health




16002 West 110th Street, Lenexa, KS 66219, Phone 913-422-0707, Fax 913-422-0808
 e-mail: onsite@biomicrobics.com, www.biomicrobics.com, 800-753-FAST(3278)

MASSACHUSETTS FIELD INSPECTION & SERVICE REPORT

For Bio-Microbics FAST® Systems

42500

INSTALLATION		AUTHORIZED SERVICE PROVIDER	
Installation Address: 601 Summer Street Manchester, MA 01944		Name: Wastewater Treatment Services, Inc.	
Owner Name: Summer Hill Trust			
Mail Address: Summer Hill Homeowner's Assoc. Manchester by the Sea, MA 01944		Mail Address: 44 Commercial Street Raynham, MA 02767	
Phone: 508-843-2464	Fax:	e-mail:	Phone: (508) 880-0233 Fax: (508) 880-7232 e-mail:
INSTALLATION INFORMATION			
Model No.	Serial No.	Startup Date	Date of last pump out
MicroFAST 4.5	8252	5/15/2014	
Approval Type	(x) General () Provisional () Piloting () Remedial () General Denite		
Seasonal Residence	() Yes (x) No		
EQUIPMENT	YES	NO	MAINTENANCE PERFORMED AND COMMENTS
Electrical Panel(s)			
Visual Alarm Operating		x	
Audio Alarm Operating (if present)		x	
Blower(s)			
Air Inlet Filter Clean		x	
Blower Hood Vents Clear		x	
Excessive Noise		x	
Excessive Vibration		x	
Treatment unit(s)			
Unusual Odor		x	
Settleable Solids Test Performed			
Pump out Required		x	
Primary Settling Zone Sludge Depth	26"		
Aerobic Treatment Zone Sludge Depth	24/16"		
Thickness of Scum Layer	2/3"		
Sludge Level Distance to Outlet	"		

Depth of Ponding Within SAS			
Visual Observation	Comments:		
Measurement	Comments:		
EFFLUENT	LIMIT	RESULT	
Estimated Daily Flow		5280 gpd	
pH (Standard Units)	6 to 9		
Turbidity	≤ 40 NTU		
Dissolved Oxygen	≥ 2 Mg/L		
Color	Clear	Clear	
Temperature			
Odor	Not Septic	Earthy	
Effluent Solids		(x) None () Some	
Effluent Samples Taken: Influent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite ()Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform Effluent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite ()Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform			
Description of any maintenance performed since previous inspection & during this inspection: 			
Notes and Comments: Serial number 8252 is off due to low flows, influent pipe is capped so no flow is entering the system. Pumps and floats inspected. Effluent filters inspected and cleaned.			
CERTIFIED OPERATOR NAME		CERTIFICATION NUMBER	SERVICE DATE
Brendan Pires		19033	3/6/23
OPERATOR SIGNATURE			
			



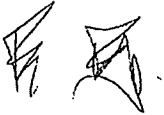
16002 West 110th Street, Lenexa, KS 66219, Phone 913-422-0707, Fax 913-422-0808
e-mail: onsite@biomicrobics.com, www.biomicrobics.com, 800-753-FAST(3278)

MASSACHUSETTS FIELD INSPECTION & SERVICE REPORT

For Bio-Microbics FAST® Systems

42928

INSTALLATION		AUTHORIZED SERVICE PROVIDER	
Installation Address: 601 Summer Street Manchester, MA 01944		Name: Wastewater Treatment Services, Inc.	
Owner Name: Summer Hill Trust			
Mail Address: Summer Hill Homeowner's Assoc. Manchester by the Sea, MA 01944		Mail Address: 44 Commercial Street Raynham, MA 02767	
Phone: 508-843-2464	Fax:	e-mail:	Phone: (508) 880-0233 Fax: (508) 880-7232 e-mail:
INSTALLATION INFORMATION			
<u>Model No.</u>	<u>Serial No.</u>	<u>Startup Date</u>	<u>Date of last pump out</u>
MicroFAST 4.5	8253	5/15/2014	
<u>Approval Type</u>	(x) General () Provisional () Piloting () Remedial () General Denite		
<u>Seasonal Residence</u>	() Yes (x) No		
EQUIPMENT	YES	NO	MAINTENANCE PERFORMED AND COMMENTS
Electrical Panel(s)			
Visual Alarm Operating	x		
Audio Alarm Operating (if present)	x		
Blower(s)			
Air Inlet Filter Clean	x		
Blower Hood Vents Clear	x		
Excessive Noise		x	
Excessive Vibration		x	
Treatment unit(s)			
Unusual Odor		x	
Settleable Solids Test Performed			
Pump out Required		x	
Primary Settling Zone Sludge Depth	26"		
Aerobic Treatment Zone Sludge Depth	24/16"		
Thickness of Scum Layer	2/3"		
Sludge Level Distance to Outlet	"		

Depth of Ponding Within SAS			
Visual Observation	Comments:		
Measurement	Comments:		
EFFLUENT	LIMIT	RESULT	
Estimated Daily Flow		5280 gpd	
pH (Standard Units)	6 to 9		
Turbidity	≤ 40 NTU		
Dissolved Oxygen	≥ 2 Mg/L		
Color	Clear	Clear	
Temperature			
Odor	Not Septic	Earthy	
Effluent Solids		(x) None () Some	
Effluent Samples Taken:			
Influent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite () Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity () Oil/Grease ()VOC ()Fecal Coliform			
Effluent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite () Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform			
Description of any maintenance performed since previous inspection & during this inspection: Cleaned Filter, Checked Splash Recycle			
Notes and Comments:			
CERTIFIED OPERATOR NAME		CERTIFICATION NUMBER	SERVICE DATE
Brendan Pires		19033	3/6/23
OPERATOR SIGNATURE			
			




16002 West 110th Street, Lenexa, KS 66219, Phone 913-422-0707, Fax 913-422-0808
e-mail: onsite@biomicrobics.com, www.biomicrobics.com, 800-753-FAST(3278)

MASSACHUSETTS FIELD INSPECTION & SERVICE REPORT

For Bio-Microbics FAST® Systems

42929

INSTALLATION		AUTHORIZED SERVICE PROVIDER	
Installation Address: 601 Summer Street Manchester, MA 01944		Name: Wastewater Treatment Services, Inc.	
Owner Name: Summer Hill Trust			
Mail Address: Summer Hill Homeowner's Assoc. Manchester by the Sea, MA 01944		Mail Address: 44 Commercial Street Raynham, MA 02767	
Phone: 508-843-2464	Fax:	e-mail:	Phone: (508) 880-0233 Fax: (508) 880-7232 e-mail:
INSTALLATION INFORMATION			
Model No.	Serial No.	Startup Date	Date of last pump out
NitriFAST 4.5	80002	5/15/2014	
Approval Type	(x) General () Provisional () Piloting () Remedial () General Denite		
Seasonal Residence	() Yes (x) No		
EQUIPMENT	YES	NO	MAINTENANCE PERFORMED AND COMMENTS
Electrical Panel(s)			
Visual Alarm Operating	x		
Audio Alarm Operating (if present)	x		
Blower(s)			
Air Inlet Filter Clean	x		
Blower Hood Vents Clear	x		
Excessive Noise		x	
Excessive Vibration		x	
Treatment unit(s)			
Unusual Odor		x	
Settleable Solids Test Performed			
Pump out Required		x	
Primary Settling Zone Sludge Depth	26"		
Aerobic Treatment Zone Sludge Depth	24/16"		
Thickness of Scum Layer	2/3"		
Sludge Level Distance to Outlet	"		

Depth of Ponding Within SAS			
Visual Observation	Comments:		
Measurement	Comments:		
EFFLUENT	LIMIT	RESULT	
Estimated Daily Flow		5280 gpd	
pH (Standard Units)	6 to 9		
Turbidity	≤ 40 NTU		
Dissolved Oxygen	≥ 2 Mg/L		
Color	Clear	Clear	
Temperature			
Odor	Not Septic	Earthy	
Effluent Solids		(x) None () Some	
Effluent Samples Taken: Influent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite ()Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform Effluent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite ()Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform			
Description of any maintenance performed since previous inspection & during this inspection: Cleaned Filter, Checked Splash Recycle			
Notes and Comments:			
CERTIFIED OPERATOR NAME		CERTIFICATION NUMBER	SERVICE DATE
Brendan Pires		19033	3/6/23
OPERATOR SIGNATURE			
			




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MASSACHUSETTS FIELD INSPECTION & SERVICE REPORT

For Bio-Microbics FAST® Systems

42930

INSTALLATION		AUTHORIZED SERVICE PROVIDER	
Installation Address: 601 Summer Street Manchester, MA 01944		Name: Wastewater Treatment Services, Inc.	
Owner Name: Summer Hill Trust			
Mail Address: Summer Hill Homeowner's Assoc. Manchester by the Sea, MA 01944		Mail Address: 44 Commercial Street Raynham, MA 02767	
Phone: 508-843-2464	Fax:	e-mail:	Phone: (508) 880-0233 Fax: (508) 880-7232 e-mail:
INSTALLATION INFORMATION			
Model No.	Serial No.	Startup Date	Date of last pump out
ABCN-3.0	7009	5/15/2014	
Approval Type	(x) General () Provisional () Piloting () Remedial () General Denite		
Seasonal Residence	() Yes (x) No		
EQUIPMENT	YES	NO	MAINTENANCE PERFORMED AND COMMENTS
Electrical Panel(s)			
Visual Alarm Operating	x		
Audio Alarm Operating (if present)	x		
Blower(s)			
Air Inlet Filter Clean		x	
Blower Hood Vents Clear		x	
Excessive Noise		x	
Excessive Vibration		x	
Treatment unit(s)			
Unusual Odor		x	
Settleable Solids Test Performed			
Pump out Required		x	
Primary Settling Zone Sludge Depth	26"		
Aerobic Treatment Zone Sludge Depth	24/16"		
Thickness of Scum Layer	2/3"		
Sludge Level Distance to Outlet	"		

Depth of Ponding Within SAS			
Visual Observation	Comments:		
Measurement	Comments:		
EFFLUENT	LIMIT	RESULT	
Estimated Daily Flow		5280 gpd	
pH (Standard Units)	6 to 9		
Turbidity	≤ 40 NTU		
Dissolved Oxygen	≥ 2 Mg/L		
Color	Clear	Clear	
Temperature			
Odor	Not Septic	Earthy	
Effluent Solids		(x) None () Some	
Effluent Samples Taken:			
Influent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite () Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity () Oil/Grease ()VOC ()Fecal Coliform			
Effluent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite () Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform			
Description of any maintenance performed since previous inspection & during this inspection:			
Notes and Comments:			
CERTIFIED OPERATOR NAME		CERTIFICATION NUMBER	SERVICE DATE
Brendan Pires		19033	3/6/23
OPERATOR SIGNATURE			
			



16002 West 110th Street, Lenexa, KS 66219, Phone 913-422-0707, Fax 913-422-0808
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MASSACHUSETTS FIELD INSPECTION & SERVICE REPORT

For Bio-Microbics FAST® Systems

42931

INSTALLATION		AUTHORIZED SERVICE PROVIDER	
Installation Address: 601 Summer Street Manchester, MA 01944		Name: Wastewater Treatment Services, Inc.	
Owner Name: Summer Hill Trust			
Mail Address: Summer Hill Homeowner's Assoc. Manchester by the Sea, MA 01944		Mail Address: 44 Commercial Street Raynham, MA 02767	
Phone: 508-843-2464	Fax:	e-mail:	Phone: (508) 880-0233 Fax: (508) 880-7232 e-mail:
INSTALLATION INFORMATION			
Model No.	Serial No.	Startup Date	Date of last pump out
MicroFAST 0.9	40615	5/15/2014	
Approval Type	(x) General () Provisional () Piloting () Remedial () General Denite		
Seasonal Residence	() Yes (x) No		
EQUIPMENT	YES	NO	MAINTENANCE PERFORMED AND COMMENTS
Electrical Panel(s)			
Visual Alarm Operating	x		
Audio Alarm Operating (if present)	x		
Blower(s)			
Air Inlet Filter Clean	x		
Blower Hood Vents Clear	x		
Excessive Noise		x	
Excessive Vibration		x	
Treatment unit(s)			
Unusual Odor		x	
Settleable Solids Test Performed			
Pump out Required		x	
Primary Settling Zone Sludge Depth	26"		
Aerobic Treatment Zone Sludge Depth	24/16"		
Thickness of Scum Layer	2/3"		
Sludge Level Distance to Outlet	"		

Depth of Ponding Within SAS			
Visual Observation	Comments:		
Measurement	Comments:		
EFFLUENT	LIMIT	RESULT	
Estimated Daily Flow		5280 gpd	
pH (Standard Units)	6 to 9		
Turbidity	≤ 40 NTU		
Dissolved Oxygen	≥ 2 Mg/L		
Color	Clear	Clear	
Temperature			
Odor	Not Septic	Earthy	
Effluent Solids		(x) None () Some	
Effluent Samples Taken: Influent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite ()Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform Effluent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite ()Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform			
Description of any maintenance performed since previous inspection & during this inspection: Cleaned Filter, Checked Splash Recycle			
Notes and Comments:			
CERTIFIED OPERATOR NAME		CERTIFICATION NUMBER	SERVICE DATE
Brendan Pires		19033	3/6/23
OPERATOR SIGNATURE			
