



# 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

PLUNGE II LLC  
C/O TAG ASSOCIATES LLC  
810 7th AVENUE, 7th FLOOR  
NEW YORK, NY 10019

### NOTIFICATION TO OWNER

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

Property Address: **10 BOARDMAN AVENUE, MANCHESTER-BY-THE-SEA**

Property Owner: **PLUNGE II LLC c/o TAG ASSOCIATES LLC**

Licensed Title 5 Inspector: Benjamin Jamie Prescott SI# 13851

The Title 5 Inspection Report dated June 7/2023, states the system **PASSES**.

NOTE: The septic tank was not pumped as part of the inspection.  
The inspection report recommends pumping due to solids.

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.)



D.F. CLARK, INC.



June 8, 2023

Mark Ross  
Tag Associates, LLC  
810 7<sup>th</sup> Avenue, 7<sup>th</sup> Floor  
New York, NY 10019-5890

RE: 10 Boardman Avenue, Manchester, MA

Dear Mark:

Please find enclosed the Subsurface Sewage Disposal System Inspection Report for the above referenced property. As noted on Part B (Certification) of the report, the system Passes the inspection criteria. This inspection is good for the next two (2) years; you may extend the life of the inspection to three (3) years by having the septic tank pumped annually (before anniversary date of inspection).

Thank you for allowing us to be of service to you on this project. Please contact us if you have any questions regarding this matter.

Sincerely,  
D.F. Clark, Inc.

Benjamin "Jamie" Prescott  
Title 5 Inspector

Enclosure

cc: ☒ Manchester Board of Health w/ review fee  
D.F. Clark, Inc. file





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

10 Boardman Avenue

Property Address

Cynthia & Mark Ross

Owner's Name

Manchester

City/Town

MA

State

01944

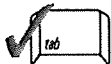
Zip Code

June 7, 2023

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

Benjamin "Jamie" Prescott

Name of Inspector

D.F. Clark, Inc.

Company Name

22 Mitchell Road, PO Box 265

Company Address

Ipswich

City/Town

MA

State

01938

Zip Code

(978) 356-5638

Telephone Number

S113851

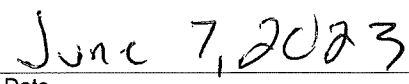
License Number

## 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

  
Inspector's Signature

  
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 system meets the criteria for a passing Title 5 as set forth in 310 CMR 15.303 or 310 CMR

15.304. The Waterloo Biofilter and Perc-Rite Drip Disposal System are maintained annually by Eco-

Dynamics.

### 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:

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## 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	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of the SAS, cesspool or privy is below high ground water elevation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of a cesspool or privy is within a Zone 1 of a public water supply well.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. <b>[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.]</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>The system fails.</b> 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	
<input type="checkbox"/>	<input type="checkbox"/>	the system is within 400 feet of a surface drinking water supply
<input type="checkbox"/>	<input type="checkbox"/>	the system is within 200 feet of a tributary to a surface drinking water supply
<input type="checkbox"/>	<input type="checkbox"/>	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

☐      ☒ Pumping information was provided by the owner, occupant, or Board of Health

☐      ☒ Were any of the system components pumped out in the previous two weeks?

☒      ☐ Has the system received normal flows in the previous two week period?

☐      ☒ Have large volumes of water been introduced to the system recently or as part of this inspection?

☐ N/A      ☐ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

☒      ☐ Was the facility or dwelling inspected for signs of sewage back up?

☒      ☐ Was the site inspected for signs of break out?

☒      ☐ Were all system components, excluding the SAS, located on site?

☒      ☐ 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?

☐      ☒ 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:

☒      ☐ Existing information. For example, a plan at the Board of Health.

☒      ☐ 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): 10 Number of bedrooms (actual): 7

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 1,100 gpd

Description:

As per design plan by Mill River Consulting dated April 18, 2006. 10 bedrooms x 110 gpd = 1,100

gallons per day.

Number of current residents: 4

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)): 727 gpd

Detail:

April 7, 2021 - April 6, 2023 = 530,370 gallons divided by 729 days = 727 gallons per day

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:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

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:

Date

Other (describe below):

### 3. Pumping Records:

Source of information:

According to Manchester Board of Health, system  
was last pumped on August 20, 2018.

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:

Unknown - no as-built available. O & M report stated the installation date as July, 2007.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

### 5. Building Sewer (locate on site plan):

Depth below grade:

4.92  
feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain):

Distance from private water supply well or suction line:

N/A  
feet

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

There are two (2) building sewer pipes. Both are behind finished walls. The exposed portions show no signs of leakage.



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## D. System Information (cont.)

### 6. Septic Tank (locate on site plan):

Depth below grade:

4.25  
feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

☐ Yes

☐ No

Dimensions:

4'6" D x 5' W x 16' L

Sludge depth:

1<sup>st</sup> Comp = 16", 2<sup>nd</sup> Comp = 8"

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

1<sup>st</sup> Comp = 24", 2<sup>nd</sup> Comp = 32"

Scum thickness

1<sup>st</sup> Comp = 6", 2<sup>nd</sup> Comp = 0"

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

1<sup>st</sup> Comp = 2", 2<sup>nd</sup> Comp = N/A

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

1<sup>st</sup> Comp = 10", 2<sup>nd</sup> Comp = N/A

How were dimensions determined?

Tape measure & 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 septic tank is 51" below grade with cast iron covers to grade over the inlet, center and outlet. The tank is a two-compartment tank. There are two (2) building sewer pipes, both with inlet tees in place.

There is a filter on the outlet side of the pass-through between compartments and a second filter in

the tank outlet. Both were cleaned at time of inspection. The septic tank is structurally sound with

normal liquid level that equals the outlet invert. Pumping is recommended due to depth of sludge.



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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.):

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\* 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 \_\_\_\_\_

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.):

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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 pump chamber is 51" below grade with a riser and cast iron cover to grade. There is no sign of infiltration and the chamber is structurally sound. The pumps were tested and are in working order.

The alarm was tested and functioning.

\* 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:

Type:

☐

leaching pits

number:

☐

leaching chambers

number:

☐

leaching galleries

number:

☐

leaching trenches

number, length:

☐

leaching fields

number, dimensions:

☐

overflow cesspool

number:

☒

innovative/alternative system

Type/name of technology:

Perc-Rite Drip Dispersal System



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## D. System Information (cont.)

### 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 soil absorption system (SAS) is under the front lawn. There is no evidence of ponding or

hydraulic failure over the SAS. The Perc-Rite Drip Dispersal System is inspected and maintained

under contract pursuant to DEP/Board of Health regulation. The contract and most recent inspection

report are attached.

### 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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## D. System Information (cont.)

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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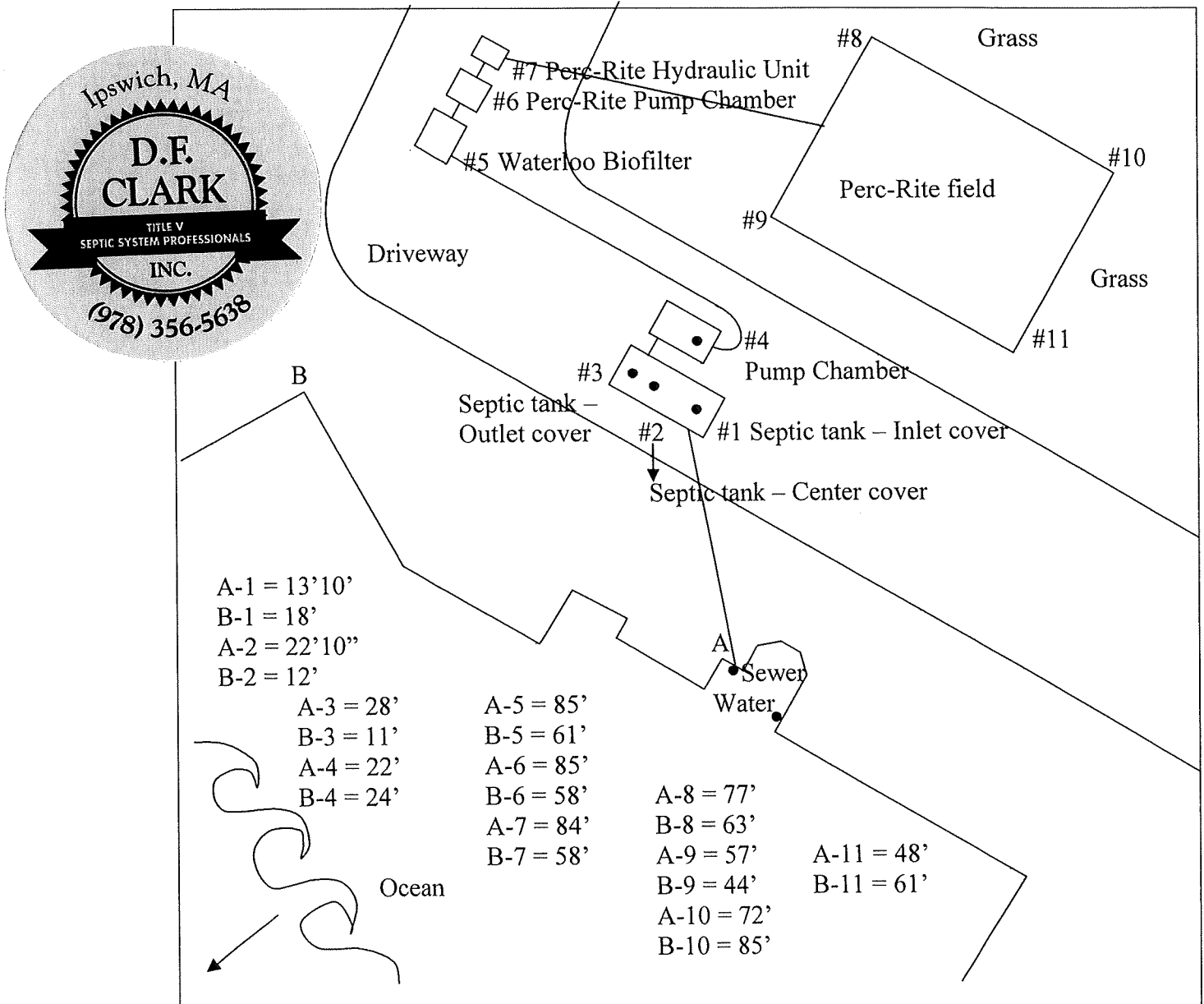
Owner  
information is  
required for every  
page.

## 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





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10 Boardman Avenue

Property Address

Cynthia & Mark Ross

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 7, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## D. System Information (cont.)

### 15. Site Exam:

- ☒ Check Slope – site has a slope over SAS.
- ☒ Surface water – none observed.
- ☒ Check cellar – dry with no sump pump.
- ☒ Shallow wells – none located.

Estimated depth to high ground water:

3

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:

April 18, 2006

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:

When Daniel Ottenheimer performed soil testing on June 7, 2005, which was witnessed by Gerard

McDonald, the ESHGW was determined to be 36". Test Pit 1 had refusal @ 63" with ESHGW @ 49".

Test Pit 2 had refusal @ 50" with ESHGW @ 40". There was refusal @ 39" in Test Pit 3 and ESHGW

was not logged. Test Pit 4 was dug and observed to a depth of 73" with ESHGW @ 36". Per design

plan, there is 2' of separation between the bottom of SAS and ESHGW.

**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

10 Boardman Avenue

Property Address

Cynthia & Mark Ross

Owner's Name

Manchester

MA

01944

June 7, 2023

City/Town

State

Zip Code

Date of Inspection

Owner  
information is  
required for every  
page.

## 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

Robert B. Tynan  
P.O. Box 4254  
Pittsfield, MA 01202-4254  
(413) 464-1791



**OPERATION AND MAINTENANCE SERVICE CHECKLIST/REPORT**  
for  
**PERC-RITE DRIP DISPERSAL SYSTEM**

Address: \_\_\_\_\_ 10 Boardman Ave. Manchester, MA \_\_\_\_\_ Date: \_\_\_\_\_ February 2, 2023 \_\_\_\_\_

Homeowner: \_\_\_\_\_ Ross \_\_\_\_\_ Service technician: \_\_\_\_\_ Robert B. Tynan \_\_\_\_\_

This visit is:      Routine: X                      Non-Routine                      Alarm Response

**HISTORICAL DATA and CURRENT READINGS**

Previous flow meter reading: 1,204,937  
Flow meter reading upon arrival: 1,351,770  
Water meter reading (if available):

Date of last visit: 1/5/2021 (BY C.W.I.)  
Calculated water usage: 146,833 GALS= 196 G.P.D.  
Design flow: 1,100 G.P.D.

Start-up dose rate	Current dose rate
ZONE 1: 3.7 G.P.M.	
ZONE 2: 3.7 G.P.M.	2.8 G.P.M.
ZONE 3: Not Used	2.8 G.P.M.
ZONE 4: Not Used	
ZONE 5: Not Used	
ZONE 6: Not Used	

**PUMP CHAMBER/FLOAT OPERATION**

Floats match pin lights in control panel YES X NO  
Comments:

Alarm float working YES X NO  
Comments:

Solids or scum present: YES X NO  
Comments: 2" Scum

**CONTROL PANEL**

Switches in AUTO position YES X NO  
Comments:

Peak Level light on YES NO X N/A  
Comments:

Power and Run lights "on" YES X NO N/A  
Comments:

**PUMP and VALVE OPERATION**

Pump in HAND position: flow meter running YES X NO  
Comments:

Zones 1-6 (one at a time): flow meter running YES X NO

Dose rate correct YES NO X  
flush rate > dose rate YES X NO  
Comments:

Disc filter back flushing: working properly YES NO X  
Comments: Control solenoids are not operating

Disc filter inspection: excessive residue YES X NO  
Cleaning Required YES X NO  
Comments:

Switches returned to AUTO position YES X NO  
Comments:

RESET/CYCLE START: functioning properly YES X NO  
Comments:

Hydraulic Unit: leaks, crimps, or other issues YES NO X  
Comments:

**SEPTIC and/or PRE-TREATMENT TANKS**

Examine and clean effluent filter: YES X NO N/A  
Excessive residue: YES X NO  
Comments:

Septic tank pumping recommended YES X NO  
1. Sludge depth: 18"  
2. Scum depth: 12"  
Comments:

Service pre-treatment system YES X NO N/A  
Comments:

**FIELD CONDITIONS**

Drip dispersal field: visible wet spots YES NO X  
Comments:

Air release valves: erosion YES NO X  
leaks/spraying YES NO X  
Comments:

Technician signature:

General Comments/Observations: Valve control solenoids are not operational.

P.O. Box 4254

Pittsfield, MA 01202-4254

(413) 464-1791



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**WATERLOO BIOFILTER SYSTEM  
ROUTINE INSPECTION**

ADDRESS: 10 Boardman Ave Manchester, MA

OWNER: Mark Ross

DATE: February 2, 2023

OPERATOR: Robert B. Tynan

**SYSTEM STATUS**

**Septic Tank**

Bio-tube Filter:	<u>O.K.,</u>
Scum Depth:	<u>12 "</u>
Sludge Depth:	<u>18"</u>

**Pump Chamber**

Pump H-O-A Setting:	<u>Auto</u>
Pump Cycle Timer:	<u>1m on/ 7m off</u>
Elapsed Time Meter:	<u>272310 m...</u>
Event Counter:	<u>262376</u>
Alarm Selector:	<u>ON</u>
High Level Alarm Count:	<u>109</u>
Low Level Alarm Count:	<u>46</u>
Exercise Pump:	<u>YES</u>
Test & Clean Floats:	<u>O.K., clean</u>
Tank Condition:	<u>Good</u>

**Perc-Rite/Waterloo Biofilter Chamber**

Pump H-O-A Setting:	<u>Auto</u>
Pump Cycle Timer:	<u>Drip Dispersal Point</u>
Event Counter:	<u>" " "</u>
Elapsed Time Meter:	<u>" " "</u>
Alarm Selector:	<u>On</u>
Level Alarm:	<u>Normal</u>
Exercise Pump:	<u>Yes</u>
Test & Clean Floats:	<u>O.K., clean</u>
Tank Condition:	<u>Good</u>
Foam Medium Condition:	<u>Good, charcoal</u>
Spray Nozzle:	<u>Clean, good spray</u>

**Effluent Quality**

Visual Inspection:	<u>Clear,</u>
Sample:	<u>Ph= 6.6, TU=12.0, D.O.= 2.16 mg/L @ 11/3 c</u>

**Comments:**

Signature: Robert B. Tynan

Certificate# 15548

**WASTEWATER • STORMWATER**

**Operation & Maintenance Contract for Waterloo Biofilter/Perc-Rite Drip Dispersal System**

**Owner(s):** Cynthia Ross  
10 Boardman Ave.  
Manchester, MA 01944

**Effective Date:** July 31, 2022

**System Location:** 10 Boardman Ave.  
Manchester-by-the-Sea, MA

**Expiration Date:** July 31, 2023

**Terms:** One Year Contract/(1) annual routine service visit: \$395 (To be paid annually in advance)

This agreement is made between Robert B. Tynan, doing business as **ECO-DYNAMICS** (hereafter referred to as "the Company") and **Cynthia Ross**, ("the Owner") as the owner or his/her duly authorized agent of the subject property located at 10 Boardman Avenue in Manchester-by-the-Sea, Massachusetts. Upon receipt of this signed agreement and \$395.00, **ECO-DYNAMICS** agrees to perform the following services during the term of this agreement:

**I. SERVICES**

Subject to the terms and conditions of this agreement, the Company agrees to provide one (1) operation and maintenance service visit by an ECO-DYNAMICS service technician within the calendar year commencing on the date of endorsement of this contract at the above referenced property including, but not limited to:

Annual Inspection:

- A visual check and walk-through of the Drip Dispersal System
- Check control panel lights and switches
- Check that pin lights are operating correctly
- Verify output operation in automatic mode of control panel
- Check pump chamber liquid level and float switches in both the discharge pump chamber and Waterloo Biofilter
- Check spray nozzles and foam cubes in Waterloo Biofilter
- Check and clean system disc filter(s) if required
- Take effluent sample as required by the Massachusetts Department of Environmental Protection. Sample will be analyzed in the field for the following:
  - \*Dissolved Oxygen
  - \*Turbidity
  - \*pH
- Verify proper operation of air release valves
- Pressurize system and check dosing flow rates to each zone
- Check flow meter operation. Compare to design flow (If data is available)
- Pressurize system and check forward flush flow rates to each zone
- Check pump run times
- Measure sludge and scum in septic tank
- Provide summary report to client
- Provide signed and dated report to the regulatory agencies as required

**II. PAYMENT AND TERMS**

- Parts and labor costs shall apply for the repair or replacement of any equipment which has failed due to flooding or water infiltration, neglect, or for exceeding design limits as set forth in the wastewater system design. Water infiltration into tanks, conduit, or items installed by others is not covered in this agreement. Water infiltration can include - but is not limited to - groundwater, rain, melting snow, swales, running toilets/faucets, or water treatment systems.
- Parts and labor costs shall apply to all equipment which has not been properly maintained or equipment which has been disassembled, repaired by unauthorized persons, subjected to external damage, or otherwise mistreated including but not limited to an interruption of electrical power to the system.
- Parts and labor after any manufacturer's warranty has expired will be billed to the owner for any required repairs.
- The owner shall be billed for the cost of pumping and hauling of waste when necessary. Additionally, if the inlet, center, or outlet access/cleanout manhole(s) is/are not currently extended to the surface, ECO-DYNAMICS may charge the owner to raise the manhole(s) for future access if required.
- ECO-DYNAMICS shall not be liable for costs or replacement of lawn decorations, landscaping improvements, structures, or plantings which are located on or near system components.
- Parts and labor in response to alarm events will be charged to the owner on a per visit basis. The fee for this contract includes the items specified in **Section I** only and does not cover responses to alarm events or any additional service or maintenance visits. Alarm events or any additional service or maintenance visits not specified in **Section I** above shall be billed in accordance with the following Labor Rates:

**Labor rates:**

* Regular business hours Monday-Friday 8:00 a.m. - 5:00 p.m.	\$ 145.00/hour
* Emergency service from Monday-Friday 5:00 p.m. - 8:00 a.m.	\$ 218.00/hour
* Emergency service during weekends and holidays	\$ 290.00/hour

**III. OWNER'S RESPONSIBILITY TO MAINTAIN/CONVEY SERVICE CONTRACT**

- I/we understand as owners of an Innovative/Alternative Technology system, that the system requires ongoing maintenance by a person duly certified and authorized to perform such maintenance as a condition of its use by the Massachusetts Department of Environmental Protection.
- I/we understand that this Maintenance Contract must remain in place. Failure to pay the annual fee will void the warranty on the system and cancel this agreement.
- I/we understand that I/we are obliged to disclose the information in this Maintenance Contract to any subsequent property buyers.
- I/we understand that a current valid Maintenance Contract must remain in effect for the life of the system. Failure to maintain a valid contract renders the system non-compliant with 310 CMR 15.00 Title 5 and the local permit issued for the use of this system.
- I/we understand that this contract is fully transferable in the event of the sale or transfer of ownership of the subject property and the terms and conditions set forth herein shall be honored by the Company until the above specified Expiration Date in accordance with said terms.

**IV. CLIENT/OWNER CONSENT**

The Owner hereby grants to the Company and its employees, agents, subcontractors and suppliers permission to enter upon and use the Property and any appurtenances including electrical power, tools, hoses and water sources for the purpose of providing maintenance of the on-site wastewater treatment system throughout the life of this contract.

The Owner agrees to protect any and all of their flowers, shrubbery, landscaping features and decorations on or near the system or any of its components by relocating them to safe area before maintenance service is undertaken. Every effort will be made to protect existing site features from damage resulting from the performance of maintenance; however reasonable judgement is expected when considering any site alterations including the placement of statues, ornaments, and plantings on or near the system or any of its components.

**V. RELEASE AND WAIVER**



11 COPY

The Owner further agrees to release, indemnify and hold harmless the Company, its employees, agents, contractors and suppliers against any and all losses, accidents, damages, injuries, expenses and claims resulting in whole or part, directly or indirectly, from the performance of maintenance duties.

The Owner agrees that in no event shall the Company, its employees, agents, contractors or suppliers incur total and aggregate liability under this agreement exceeding the amount of fees paid by the Owner.

## VI. LIMITATIONS

The Company shall not incur any expense or liability for any worn, defective, or malfunctioning materials or equipment found or discovered through the course of completing our work. The Company will attempt to determine if any such materials or equipment is covered under any preexisting warranty when such discovery is made, however no warranty or guarantee is hereby provided for any existing materials or equipment by the Company. New parts, materials, equipment or components required to maintain proper function of the system is the responsibility of the Owner.

The Company shall not be liable for any expenses related to testing of potable water. Should the local approving authority or any other agency require any testing of potable water, the Owner will be responsible for any and all fees associated with such testing.

The execution and maintenance of this contract does not in any way guarantee, expressly or implied, the operation and/or function of the system. Since the company cannot control the necessary pumping of tanks, electrical requirements of the system, nor the manner in which the system is used, no representation is hereby made as to the functionality or longevity of the system or any of its components.

## ACCEPTANCE OF AGREEMENT

### Homeowner (or duly authorized agent):

Name: Cynthia Ross

Mailing Address: 10 Boardman Ave

Town: Manchester State: MA Zip: 01944

Signature: Cynthia C Ross Date: 10 / 5 / 22

Telephone: cell 310-880-6623 Cell: Home 978-525-3636

Email: MeFmusic@aol.com

### ECO-DYNAMICS:

Signature: Robert B. Tynan Date: 10 / 5 / 22  
Robert B. Tynan, Owner/Operator



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Title 5



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**DEP Approved Inspection and O&M Form for Title 5 I/A  
Treatment and Disposal Systems**

**A. Installation**

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



Mark Ross

Owner

10 Boardman Ave

Facility Street Address

Manchester

City

01944

Zip

Mailing address of owner, if different:

Street Address/PO Box:

City

State

Zip

( ) - ext.

Telephone Number

**B. Authorized Service Provider**

ECO-DYNAMICS

O&M Firm

P. O. Box 4254

Street Address

Pittsfield

City

MA

State

01202-4254

Zip

(413) 464 - 1791 ext.

Telephone Number

Robert B. Tynan

Certified Operator Name

15548

Certification Number

**C. Facility/System Information**

unknown

DEP ID

unknown

Manufacturer ID

Model Number

Installation Date

12/23/2021

Start of Operation

Approval Type:

☐

General

☐

Provisional

☐

Piloting

☒

Remedial

Seasonal Residence - used less than 6 mo./year:

☐

Yes

☒

No

**D. Operating Information**

February 2, 2023

Inspection Date

18"

Sludge Depth (to be checked yearly)

January 5, 2021

Previous Inspection Date

Pumping Recommended

☒

Yes

☒

No



## DEP Approved Inspection and O&M Form for Title 5 I/A Treatment and Disposal Systems

### E. Field Testing

Field Inspection:

Color: ☐ gray ☐ brown ☒ clear ☐ turbid

☐ Other (specify): \_\_\_\_\_

Odor: ☐ musty ☐ earthy ☐ moldy ☐ offensive ☐ turbid

Effluent Solids: ☐ no ☐ some

pH  $\frac{6.6 \text{ SU}}{6 \text{ to } 9}$

DO  $\frac{2.16 \text{ mg/L}}{2 \text{ or greater}}$

Turbidity  $\frac{12.0 \text{ NTU}}{40 \text{ or less}}$

Should a Remedial or General Use system fail the Field Testing, effluent samples shall be collected per Standard Methods and analyzed for BOD and TSS.

### F. Sampling Information

Samples Taken: ☐ Influent ☐ Effluent

Commercial systems or systems with a design flow of 2000 gpd and greater, and General Use nitrogen reducing systems:

\_\_\_\_\_ gpd

Parameters sampled: ☐ pH ☐ BOD ☐ CBOD ☐ TSS ☐ TN ☐ Other (list below)

Other 1 \_\_\_\_\_

Other 2 \_\_\_\_\_

Other 3 \_\_\_\_\_

### G. Inspection and Maintenance

Description of any maintenance performed since previous inspection & during this inspection:

\_\_\_\_\_  
\_\_\_\_\_

Notes and Comments:

\_\_\_\_\_  
\_\_\_\_\_



**DEP Approved Inspection and O&M Form for Title 5 I/A  
Treatment and Disposal Systems**

**H. Certification**

I certify: I have inspected the sewage treatment and disposal system at the address above, have conducted the required Field Testing and/or sample collection in accordance with Standard Methods, have completed this report and the attached technology operation and maintenance checklist, and the information reported is true, accurate, and complete as of the time of the inspection. I am a Massachusetts certified operator in accordance with 257 CMR 2.00.

*Robert B. Jovan*  
Operator Signature

Date 2/2/23

System owner must submit this report, technology O&M checklist, and any required sampling results to the local board of health as follows for each inspection performed:

**Remedial Use** – by January 31<sup>st</sup> of each year for the previous calendar year

**Piloting Use** - within 45 days of inspection date

**Provisional Use** – by March 31<sup>th</sup> of each year for the previous 12 months

**General Use** – by September 30<sup>th</sup> of each year for the previous 12 months

**Send to:**

Department of Environmental Protection  
Attention: Title 5 Program  
One Winter Street, 5<sup>th</sup> Floor  
Boston, MA 02108



# Customer Transaction Summary

**Customer Information**

Account No: 21160  
 MARK ROSS  
 10 BOARDMAN AVENUE  
 MANCHESTER, MA 01944-

**Location Information**

Location No: 1208200  
 10 BOARDMAN AVENUE  
 MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
11/29/2017	Payment	CCC			1060.63	-1060.63	0.00
02/15/2018	Charge	01/17/2018	3070 0	4000	0.00	243.18	243.18
03/05/2018	Payment	CCC			243.18	-243.18	0.00
05/16/2018	Charge	04/13/2018	3090 0	2000	0.00	116.38	116.38
05/29/2018	Payment	CCC			116.38	-116.38	0.00
08/15/2018	Charge	07/11/2018	3340 0	25000	0.00	1731.13	1731.13
09/06/2018	Payment	CCC			1731.13	-1731.13	0.00
11/15/2018	Charge	10/04/2018	3450 0	11000	0.00	743.16	743.16
12/07/2018	Payment	CCC			743.16	-743.16	0.00
02/15/2019	Charge	01/08/2019	3480 0	3000	0.00	186.55	186.55
03/07/2019	Payment	CCC			186.55	-186.55	0.00
05/15/2019	Charge	04/09/2019	3510 0	3000	0.00	186.55	186.55
05/22/2019	Payment	CCC			186.55	-186.55	0.00
08/15/2019	Charge	07/25/2019	3640 0	13000	0.00	919.69	919.69
08/29/2019	Payment	CCC			919.69	-919.69	0.00
11/15/2019	Charge	10/17/2019	3780 0	14000	0.00	993.89	993.89
11/25/2019	Payment	CCC			993.89	-993.89	0.00
02/15/2020	Charge	01/08/2020	3810 0	3000	0.00	193.62	193.62
03/09/2020	Payment	CCC			193.62	-193.62	0.00
04/13/2020	Payment	UNIBANK			0.00	-193.62	-193.62
05/15/2020	Charge	04/06/2020	3830 0	2000	-193.62	125.32	-68.30
08/17/2020	Charge	07/14/2020	3980 0	15000	-68.30	1068.09	999.79
11/16/2020	Charge	10/06/2020	4110 0	13000	999.79	935.77	1935.56
12/07/2020	Payment	CCC			1935.56	-1935.56	0.00
02/16/2021	Charge	01/06/2021	4130 0	2000	0.00	127.47	127.47
05/17/2021	Charge	04/07/2021	4160 0	3000	127.47	196.97	324.44
06/29/2021	Interest				324.44	3.80	328.24
07/01/2021	Penalty				328.24	5.00	333.24
07/01/2021	Payment	UNIBANK			333.24	-324.44	8.80
08/16/2021	Charge	07/07/2021	4360 0	20000	8.80	1488.67	1497.47
11/15/2021	Charge	10/05/2021	4590 0	23000	1497.47	1772.36	3269.83
12/06/2021	Payment	CCC			3269.83	-3269.83	0.00
02/15/2022	Charge	01/04/2022	4610 0	2000	0.00	130.33	130.33
03/15/2022	Payment	UNIBANK			130.33	-130.33	0.00
05/16/2022	Charge	04/05/2022	4620 0	1000	0.00	63.71	63.71
05/25/2022	Payment	CCC			63.71	-63.71	0.00
08/15/2022	Charge	07/13/2022	4780 0	16000	0.00	1188.56	1188.56
10/04/2022	Interest				1188.56	13.91	1202.47
10/05/2022	Penalty				1202.47	5.00	1207.47
10/06/2022	Payment	CCC			1207.47	-1188.56	18.91
11/15/2022	Charge	10/06/2022	4850 0	7000	18.91	508.38	527.29
12/06/2022	Payment	CCC			527.29	-527.29	0.00
02/15/2023	Charge	01/05/2023	4870 0	2000	0.00	134.19	134.19
03/08/2023	Payment	CCC			134.19	-134.19	0.00
05/15/2023	Charge	04/06/2023	4870 0	0	0.00	0.00	0.00