



# 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 24, 2023

David and Martha Swift  
39 Coolidge Point Road  
Manchester-by-the-Sea, MA 01944

### NOTIFICATION TO OWNER ACTION REQUIRED

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

Property Address: **39 COOLIDGE POINT ROAD, MANCHESTER-BY-THE-SEA**

Property Owner: **DAVID AND MARTHA SWIFT REVOCABLE TRUST**

Licensed Title 5 Inspector: Benjamin Prescott, D.F. Clark, Inc. SI# 13851

The Title 5 Inspection Report dated: 6/22/2023

#### **Further action is required:**

The on-site septic system for this property was not designed to accommodate garbage grinders per 310 CMR 15.223(1)(c). **You are required to provide a licensed plumber's receipt to confirm the removal of the garbage grinder(s).**

Note: The septic tank was not pumped as part of the inspection.

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.



July 19, 2023

David & Martha Swift  
39 Coolidge Point Road  
Manchester, MA 01944

RE: 39 Coolidge Point Road, Manchester

Dear David & Martha:

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.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

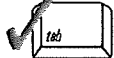
Zip Code

June 22, 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

SI13851

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:

1. ☒ Passes
2. ☐ Conditionally Passes
3. ☐ Needs Further Evaluation by the Local Approving Authority
4. ☐ Fails

  
Inspector's Signature

June 22, 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.**



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## 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 all the criteria for a passing Title 5 Inspection as described in 310 CMR 15.300.

Cleaned effluent filter in the Main House septic tank at time of inspection. D.F. Clark, Inc.

recommends filter be cleaned on a yearly basis to prevent filter from clogging and possibly backing sewerage into residence.

### 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):

---

---

---

---



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## 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:**



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## 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



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## 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 ½ 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



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/>            | <input checked="" 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 <b>size and location of the Soil Absorption System (SAS)</b> 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)]   |





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## D. System Information

### 1. Residential Flow Conditions:

Number of bedrooms (design): Ten (10) Number of bedrooms (actual): Nine (9)

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

Description:

As per design plan dated December 30, 1998 by H.L. Graham Associates

Number of current residents: Four (4)

Does residence have a garbage grinder? ☒ Yes ☐ No

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

If yes, discharges to: Backwash discharges to its own drywell

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)): 910 gpd

Detail:

April 7, 2021 - April 5, 2023 = 662,728 gallons divided by 728 days = 910 gallons per day

Sump pump? ☐ Yes ☒ No

Last date of occupancy: Currently occupied



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## 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 owner, system was pumped in 2019

Was system pumped as part of the inspection?

☐ Yes ☒ No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road - Main House

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## 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):  
Two (2) septic tanks, pump chamber, pressure distribution soil absorption system

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

As-built is dated September 15, 1999 per Board of Health file

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

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

Depth below grade:

2.75  
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.):

The building sewer pipe is in good condition with no signs of leaking.



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road - Main House

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## D. System Information (cont.)

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

Depth below grade:

2

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:

6' W x 12' L x 4' D

Sludge depth:

1<sup>st</sup> Compartment = 2"

2<sup>nd</sup> Compartment = 14"

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

1<sup>st</sup> Compartment = 30"

2<sup>nd</sup> Compartment = 18"

Scum thickness

1<sup>st</sup> Compartment = 0"

2<sup>nd</sup> Compartment = 6"

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

1<sup>st</sup> Compartment = N/A

2<sup>nd</sup> Compartment = 3"

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

1<sup>st</sup> Compartment = N/A

2<sup>nd</sup> Compartment = 13"

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 a two-compartment tank with PVC tees at the inlet and outlet. There is a filter at the outlet that was cleaned during the inspection. The tank is structurally sound with no signs of leakage or infiltration. The liquid level is normal and equals the outlet invert. Pumping is recommended. The tank is 24" below grade with a riser to grade over the inlet and outlet.



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road - Guest House

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## 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:

3.16  
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.):

The building sewer pipe is under the concrete slab floor. Unable to inspect. Portion that is exposed showed no signs of leakage.



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

39 Coolidge Point Road - Guest House

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## D. System Information (cont.)

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

Depth below grade:

2.42  
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' D x 10' L x 5' W

Sludge depth:

0"

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

N/A

Scum thickness

0"

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

N/A

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

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 structurally sound with no signs of leakage or infiltration. The tank is 29" below

grade with cast iron covers to grade over the inlet and outlet. The liquid level is normal and equals

the outlet invert. The inlet and outlet tees are PVC with no filter present. Pumping is not required at

this time.



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## 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



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## 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 \_\_\_\_\_

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.):

---

---

---

---

---

---





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## 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 29" below grade with a riser and cast iron cover to grade. The pump chamber is structurally sound with no signs of infiltration. The pump is in working order and was run to flush the SAS. The alarm float and alarm were tested and are in working order.

\* 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:

- |                                     |                               |                     |                   |
|-------------------------------------|-------------------------------|---------------------|-------------------|
| <input type="checkbox"/>            | leaching pits                 | number:             | _____             |
| <input type="checkbox"/>            | leaching chambers             | number:             | _____             |
| <input type="checkbox"/>            | leaching galleries            | number:             | _____             |
| <input type="checkbox"/>            | leaching trenches             | number, length:     | _____             |
| <input checked="" type="checkbox"/> | leaching fields               | number, dimensions: | 1 - 27' W x 56' L |
| <input type="checkbox"/>            | overflow cesspool             | number:             | _____             |
| <input type="checkbox"/>            | innovative/alternative system |                     |                   |

Type/name of technology: \_\_\_\_\_



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## 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 a pressure distribution leaching field measuring 27' W x 56' L.

The lines were flushed as part of the inspection. The sod has been removed over the SAS in

preparation for a pickleball court installation. Sewage odors were not detected but was unable to

evaluate soil conditions or vegetation.

### 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.):



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## 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.):



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

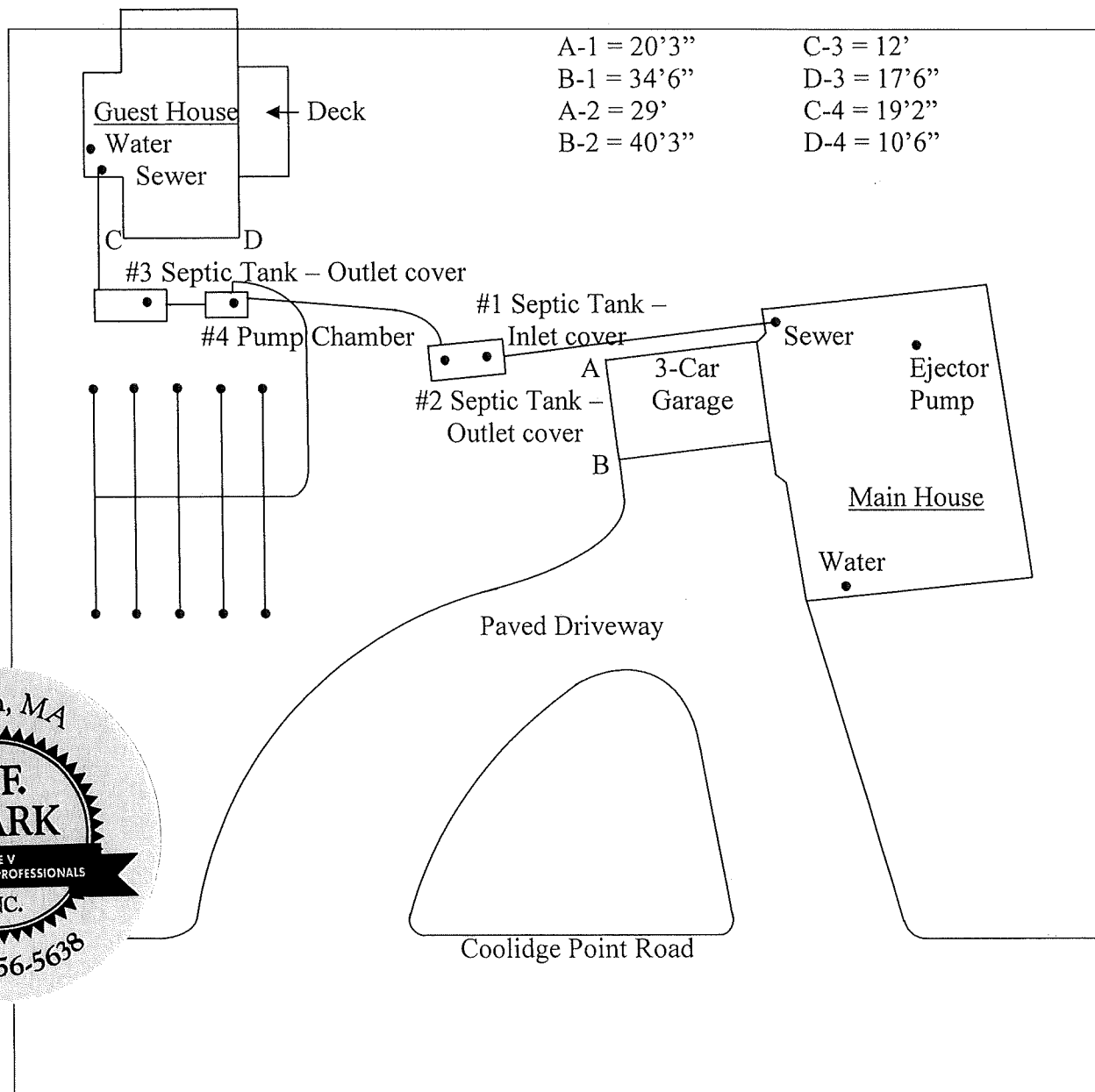
Owner  
information is  
required for every  
page.

## 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

Owner  
information is  
required for every  
page.

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

Date of Inspection

## D. System Information (cont.)

### 15. Site Exam:

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

Estimated depth to high ground water:

2.66  
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: December 30, 1998  
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:

On October 15 and December 8, 1998, H.L. Graham Associates performed soil testing and ESHGW was determined to be @ 32". Six (6) test pits were dug and observed. DOH-1 was dug to a depth of 92" with ESHGW @ 32". DOH-4 was dug and observed to a depth of 76" with ESHGW @ 32". ESHGW in DOH-5 was 79" out of a bottom depth of 116". DOH-6 found the ESHGW @ 50" when dug to 90". ESHGW was @ 58" in DOH-7 and DOH-8 when dug to depths of 102" and 116", respectively. Per design plan, bottom of SAS is 4' above the ESHGW in DOH-1.

**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

39 Coolidge Point Road

Property Address

David & Martha Swift

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

June 22, 2023

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

**Customer Transaction Summary****Customer Information**

Account No: 40451  
 MARTHA SWIFT REVOC TRST  
 39 COOLIDGE POINT  
 MANCHESTER, MA 01944

**Location Information**

Location No: 1008705  
 39 COOLIDGE POINT  
 MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
05/16/2017	F Charge	04/05/2017	3438 1	1200	0.00	68.16	68.16
05/30/2017	Payment	CCC			68.16	-68.16	0.00
08/15/2017	Charge	07/12/2017	3447 1	900	0.00	51.12	51.12
09/11/2017	Payment	CHECK			51.12	-51.12	0.00
11/15/2017	Charge	10/03/2017	3457 1	1000	0.00	56.90	56.90
12/15/2017	Payment	CHECK			56.90	-56.90	0.00
02/15/2018	Charge	01/11/2018	3466 1	900	0.00	51.12	51.12
03/12/2018	Payment	CHECK			51.12	-51.12	0.00
05/16/2018	Charge	04/10/2018	3476 1	1000	0.00	56.90	56.90
06/20/2018	Payment	CHECK			56.90	-56.90	0.00
08/15/2018	Charge	07/02/2018	3484 1	800	0.00	45.44	45.44
09/18/2018	Payment	CHECK			45.44	-45.44	0.00
11/15/2018	Charge	10/02/2018	3496 1	1200	0.00	71.01	71.01
12/12/2018	Payment	CHECK			71.01	-71.01	0.00
02/15/2019	Charge	01/08/2019	3502 1	600	0.00	35.34	35.34
03/18/2019	Payment	CHECK			35.34	-35.34	0.00
05/15/2019	Charge	04/10/2019	3517 1	1500	0.00	89.01	89.01
06/13/2019	Payment	CHECK			89.01	-89.01	0.00
08/15/2019	Charge	07/12/2019	3528 1	1100	0.00	67.45	67.45
09/13/2019	Payment	CHECK			67.45	-67.45	0.00
11/15/2019	Charge	10/09/2019	3555 1	2700	0.00	173.13	173.13
12/10/2019	Payment	CHECK			173.13	-173.13	0.00
02/15/2020	Charge	01/08/2020	3559 1	400	0.00	24.44	24.44
03/12/2020	Payment	CHECK			24.44	-24.44	0.00
05/15/2020	Charge	04/06/2020	3580 1	2100	0.00	132.15	132.15
06/15/2020	Payment	CHECK			132.15	-132.15	0.00
08/17/2020	Charge	07/15/2020	3653 1	7300	0.00	496.75	496.75
09/14/2020	Payment	CHECK			496.75	-496.75	0.00
11/16/2020	Charge	10/29/2020	3736 0	8300	0.00	580.92	580.92
12/10/2020	Payment	CHECK			580.92	-580.92	0.00
02/16/2021	Charge	01/07/2021	3795 1	5900	0.00	399.72	399.72
03/12/2021	Payment	CHECK			399.72	-399.72	0.00
05/17/2021	Charge	04/07/2021	3881 1	8600	0.00	603.57	603.57
06/16/2021	Payment	CHECK			603.57	-603.57	0.00
08/16/2021	Charge	07/30/2021	3954 4	7300	0.00	505.42	505.42
09/13/2021	Payment	CHECK			505.42	-505.42	0.00
11/15/2021	Charge	10/05/2021	4036 1	8200	0.00	586.40	586.40
12/10/2021	Payment	CHECK			586.40	-586.40	0.00
02/15/2022	Charge	01/04/2022	4077 1	4100	0.00	279.64	279.64
03/11/2022	Payment	CCC			279.64	-279.64	0.00
05/16/2022	Charge	04/05/2022	4155 1	7800	0.00	555.52	555.52
05/31/2022	Payment	CCC			555.52	-555.52	0.00
08/15/2022	Charge	07/14/2022	4219 1	6400	0.00	447.44	447.44
09/09/2022	Payment	CCC			447.44	-447.44	0.00
11/15/2022	Charge	10/06/2022	4306 1	8700	0.00	643.53	643.53
12/08/2022	Payment	CCC			643.53	-643.53	0.00

06/27/2023 12:37:48 PM

F = First Bill

L = Final Bill

U = Unclosed Transaction

Page

1

**Customer Transaction Summary****Customer Information**

Account No: 40451  
MARTHA SWIFT REVOC TRST  
39 COOLIDGE POINT  
MANCHESTER, MA 01944

**Location Information**

Location No: 1008705  
39 COOLIDGE POINT  
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
02/15/2023	Charge	01/05/2023	4409 1	10300	0.00	770.73	770.73
03/08/2023	Payment	CCC			770.73	-770.73	0.00
05/15/2023	Charge	04/05/2023	4523 1	11400	0.00	858.18	858.18
05/26/2023	Payment	CCC			858.18	-858.18	0.00



**Customer Transaction Summary****Customer Information**

Account No: 40451  
MARTHA SWIFT REVOC TRST  
39 COOLIDGE POINT  
MANCHESTER, MA 01944

**Location Information**

Location No: 1008700  
39 COOLIDGE POINT  
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
05/16/2017	F Charge	04/05/2017	5512 1	400	0.00	22.72	22.72
05/30/2017	Payment	CCC			22.72	-22.72	0.00
08/15/2017	Charge	07/12/2017	5599 1	8700	0.00	557.66	557.66
09/11/2017	Payment	CHECK			557.66	-557.66	0.00
11/15/2017	Charge	10/03/2017	5735 1	13600	0.00	895.27	895.27
12/15/2017	Payment	CHECK			895.27	-895.27	0.00
02/15/2018	Charge	01/11/2018	5736 1	100	0.00	5.68	5.68
03/12/2018	Payment	CHECK			5.68	-5.68	0.00
05/16/2018	Charge	04/10/2018	5738 1	200	0.00	11.36	11.36
06/20/2018	Payment	CHECK			11.36	-11.36	0.00
08/15/2018	Charge	07/02/2018	5818 1	8000	0.00	509.43	509.43
09/18/2018	Payment	CHECK			509.43	-509.43	0.00
11/15/2018	Charge	10/02/2018	6132 1	31400	0.00	2291.08	2291.08
12/12/2018	Payment	CHECK			2291.08	-2291.08	0.00
02/15/2019	Charge	01/08/2019	6204 1	7200	0.00	471.46	471.46
03/18/2019	Payment	CHECK			471.46	-471.46	0.00
05/15/2019	Charge	04/10/2019	6206 1	200	0.00	11.78	11.78
06/13/2019	Payment	CHECK			11.78	-11.78	0.00
08/15/2019	Charge	07/12/2019	6207 1	100	0.00	6.11	6.11
09/13/2019	Payment	CHECK			6.11	-6.11	0.00
11/15/2019	Charge	10/09/2019	6209 1	200	0.00	12.22	12.22
12/10/2019	Payment	CHECK			12.22	-12.22	0.00
02/15/2020	Charge	01/08/2020	6212 1	300	0.00	18.33	18.33
03/12/2020	Payment	CHECK			18.33	-18.33	0.00
05/15/2020	Charge	04/06/2020	6216 1	400	0.00	24.44	24.44
06/15/2020	Payment	CHECK			24.44	-24.44	0.00
08/17/2020	Charge	07/15/2020	6301 1	8500	0.00	585.79	585.79
09/14/2020	Payment	CHECK			585.79	-585.79	0.00
11/16/2020	Charge	10/06/2020	6707 1	40600	0.00	3179.23	3179.23
12/10/2020	Payment	CHECK			3179.23	-3179.23	0.00
02/16/2021	Charge	01/07/2021	6745 1	3800	0.00	252.57	252.57
03/12/2021	Payment	CHECK			252.57	-252.57	0.00
05/17/2021	Charge	04/07/2021	6747 1	200	0.00	12.44	12.44
06/16/2021	Payment	CHECK			12.44	-12.44	0.00
08/16/2021	Charge	07/07/2021	6897 1	15000	0.00	1086.77	1086.77
09/13/2021	Payment	CHECK			1086.77	-1086.77	0.00
11/15/2021	Charge	10/05/2021	7024 1	12700	0.00	933.80	933.80
12/10/2021	Payment	CHECK			933.80	-933.80	0.00
02/15/2022	Charge	01/04/2022	7027 1	300	0.00	19.08	19.08
03/11/2022	Payment	CCC			19.08	-19.08	0.00
05/16/2022	Charge	04/05/2022	7028 1	100	0.00	6.36	6.36
05/31/2022	Payment	CCC			6.36	-6.36	0.00
08/15/2022	Charge	07/14/2022	7180 1	15200	0.00	1126.80	1126.80
09/09/2022	Payment	CCC			1126.80	-1126.80	0.00
11/15/2022	Charge	10/06/2022	7268 1	8800	0.00	651.48	651.48
12/08/2022	Payment	CCC			651.48	-651.48	0.00

**Customer Transaction Summary****Customer Information**

Account No: 40451  
MARTHA SWIFT REVOC TRST  
39 COOLIDGE POINT  
MANCHESTER, MA 01944

**Location Information**

Location No: 1008700  
39 COOLIDGE POINT  
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
02/15/2023	Charge	01/05/2023	7271 1	300	0.00	19.65	19.65
03/08/2023	Payment	CCC			19.65	-19.65	0.00
05/15/2023	Charge	04/05/2023	7272 1	100	0.00	6.55	6.55
05/26/2023	Payment	CCC			6.55	-6.55	0.00