

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

Scott Borgerson 301 Summer Street Manchester-by-the-Sea, MA 01944

NOTIFICATION TO OWNER

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

Property Address:

301 SUMMER STREET, MANCHESTER-BY-THE-SEA

Property Owner:

TIDEWOOD LLC

Licensed Title 5 Inspector: Patrick Rutledge SI# 14198

The Title 5 Inspection Report dated 7/12/2023, states the system PASSES.

NOTE:

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

No pumping information was provided.

The leach area is located on an abutting property easement.

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:

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 5System 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.)

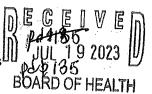


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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



301 Summer Street					<u> </u>
Property Address Scott Borgerson					
Owner's Name Manchester	e's	MA	01944	7/12/2023	
City/Town		State	Zip Code	Date of Inspection	
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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 tabkey to move your cursor - do not use the return key.





Inspector Inform			
Patrick Rutledge		the state of the s	
Name of Inspector Title Five Specialists	a de tegras de la Companya de la Com	1967年後日 1967年	
Company Name 123 c Hyde Park Ave			1.
Company Address Boston		MA	02130
City/Town 5082374628		State SI14198	Zip Code
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:

1.	Passes								*, *
2. /	Conditionally Passes	e de la companya de l	ndů) i s		1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 1	**** <u>*</u>	क्षातीच्छा विकासीच्छा	int. Çali
3.	 Needs Further Evalua	ition by 1	the Loc	al App	roving	Aut	nority	5 849 P	
4.	Fails		. 4		•	X7 -	24 di	$\frac{1}{4} \cdot \frac{1}{2} \cdot \frac{1}{2}$	* 30

Inspector's Signature 7/13/2023

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

	1 Summer Street			
	perty Address			
	ott Borgerson			
	ner's Name Inchester	N A A	04044	740,000
	r/Town	MA State	01944 7in Code	7/12/2023
-	Inspection Summary	State	Zip Code	Date of Inspection
	Inspection Summary: Complete 1,	2, 3, or 5 and all o	f 4 and 6.	
1)	System Passes:			
	I have not found any informatio in 310 CMR 15.303 or in 310 C indicated below.	n which indicates MR 15.304 exist.	that any of the Any failure crite	failure criteria described eria not evaluated are
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Commonwealth of Massachusetts

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Commonwealth of Massachusetts

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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 system 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 system each of the system and the system						
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 curfore 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 curfore 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 systems of the	ystem i	Failure C	riteria Applicable to All S ₎	ystems:		
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 systems of the	ou <u>mus</u>	<u>t</u> indicate	e "Yes" or "No" to each of	f the follo	ving for <u>all</u> ins	spections:
Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool Discharge or ponding of effluent to the systems of the						
Discharge or ponding of effluent to the surface of the			Backup of sewage into f		•	
			33 O O O O O O O O O O O O O	Ji ·	stem compone	ent due to overloaded or



Commonwealth of Massachusetts

	301 Summer S	treet			·	
⇔	Property Address					
•	Scott Borgerso	<u>n</u>				
ation is	Owner's Name Manchester	,		MA	01944	7/12/2023
ed for every	City/Town			State	Zip Code	Date of Inspection
	C. Inspect	tion Su	mmary (cont.)			S. 7 - 17 - 1 - 48 T
	_			Il Guetame:	(cont.)	
.,,	4) System F	ailure Crit	eria Applicable to A	ii Əystemə.	(cont.)	
**	Yes	No	18			entre de la graphica de la companya de la companya La companya de la co
, , <u>, , , , , , , , , , , , , , , , , </u>			Static liquid level in	the distribut	ion box above	outlet invert due to an overloaded
		\boxtimes	and cheminal CAC or (nacennol		
	[\boxtimes	was 1/ day flow			invert or available volume is less
	LJ		than ½ day flow Required pumping	more than 4	times in the la	ast year NOT due to clogged or
		\boxtimes	obstructed pipe(s).	Number of t	imes pumpea:	*
	:	\boxtimes	Any portion of the S	SAS, cesspo	ol or privy is b	elow high ground water elevation.
			Any portion of cess	pool or priv	y is within 100	feet of a surface water supply or
	A STATE OF THE STA		Libertamenta a cuefo c	A WOTOR CITE	iniv	
ŧ			Any portion of a ce	sspool or pr	ivy is within a	Zone 1 of a public water supply
			well.	a, j. 3	· · · · · · · · · · · · · · · · · · ·	a fact of a private water supply Well.
, /			Any portion of a ce	esspool or pr	rivy is within Si) feet of a private water supply well.
	Y			~~ ~!!~!^!!! 36!@	ai wan no acce	n 100 feet but greater than 50 feet eptable water quality analysis. [This
		ette ette	laboratory, for fed of ammonia nitro	cal coliform gen and nit other failur	i bacteria indi trate nitrogen e criteria are	performed at a DEP certified icates absent and the presence is equal to or less than 5 ppm, triggered. A copy of the analysis
	1.1	•	and chain of cus	tody must k	oe attached to) this ioini.]
	,	N .	The system is a c	esspool serv	ing a facility w	vith a design flow of 2000 gpd-
			10,000 gpd.	Lhava data	mined that O	ne or more of the above failure
		. 4.7		anadhad in 2	! 1 O C NAW 15 .5I	
200 A.S. 2	4		system owner sho	ould contact	the Roard of r	lealth to determine what will be
,13 - Z			necessary to com	ect the failur	e.	
			£ 1. Tel.	Burgary & March	garage and the same	
	5) Large S	systems:	To be considered a	large syste	m the system	nust serve a facility with a
•	For larg	e systems	s, you must indicate e	mer yes o	I IIO LO CACIT	of the following, in addition to the
	·	ns in Secti	UII U:4.			
	Yes	No				_
			the system is wit	hin 400 feet	of a surface d	rinking water supply
			the system is wit	hin 200 feet	of a tributary	to a surface drinking water supply
			the nuctom is loc	ated in a niti a mapped Z	rogen sensitiv Zone II of a pul	e area (Interim Wellhead Protection blic water supply well
	7000040			Title 5 Official	Inspection Form: Subs	urface Sewage Disposal System • Page 5 of 18
t5insp.doc • rev.	//Z6/ZU18					



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

301 Summer Street			
Property Address		· · · · · · · · · · · · · · · · · · ·	
Scott Borgerson			
Owner's Name			
Manchester	MA	01944	7/40/0000
City/Town			7/12/2023
C. Inspection Summary (cont.)	State	Zip Code	Date of Inspection

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	
	\boxtimes	Pumping information was provided by the owner, occupant, or Board of Health
	\boxtimes	Were any of the system components pumped out in the previous two weeks?
\boxtimes		Has the system received normal flows in the previous two week period?
	\boxtimes	Have large volumes of water been introduced to the system recently or as part of this inspection?
\boxtimes		Were as built plans of the system obtained and examined? (If they were not available note as N/A)
\boxtimes		Was the facility or dwelling inspected for signs of sewage back up?
		Was the site inspected for signs of break out?
\boxtimes		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?
\boxtimes		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:
\boxtimes		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)]



Commonwealth of Massachusetts

Property Address				
Scott Borgerson Owner's Name		04044	7/12/2023	•
Manchester	<u>MA</u> State	01944 Zip Code	Date of Inspection	n
City/Town	State	A SCAPE	Control of the North Control o	
D. System Information				
1. Residential Flow Conditions:		And the second		
7		Number of be	edrooms (actual):	7
Number of bedrooms (design):				770
DESIGN flow based on 310 CMR 15.20	03 (for exan	nple: 110 gpd X	# of bearooms):	
Description:				·
	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	
				3
Number of current residents:	** <u>*</u>			
Does residence have a garbage grind	ler?	Commence of the Commence of th	, S	☐ Yes ⊠ No
· ·			• .	☐ Yes ⊠ No
Does residence have a water treatme	ent unit?			
If yes, discharges to:	· · · · · · · · · · · · · · · · · · ·			
is laundry on a separate sewage syst	tem? (Includ	le laundry syste	m inspection	☐ Yes ⊠ No
information in this report.)	•			☐ Yes ☐ No
Laundry system inspected?				
Seasonal use?				☐ Yes ⊠ No
	40	reade (dbd)).		123 gpd
Water meter readings, if available (la	ist 2 years i	isage (gpu)).	general and the second	:
Detail:				
			and the second second	
	* .			
Compa numn?			·	☐ Yes ⊠ No
Sump pump?				Occupied
Last date of occupancy:	÷			Date



Commonwealth of Massachusetts

301 Summer Street			•
Property Address Scott Borgerson			
Owner's Name			
Manchester	MA	01944	7//0/200
City/Town	State	Zip Code	7/12/2023
D. System Information (cont.)			Date of Inspection
•		***	•
2. Commercial/Industrial Flow Conditions:	ı	. %	
Type of Establishment:			
Design flow (based on 310 CMR 15.203):		.·	
Basis of design flow (seats/persons/sq.ft., e	tc.):	Gallons p	per day (gpd)
Grease trap present?			
Water treatment unit present?			∐ Yes ∐ No
			Yes No
If yes, discharges to:			
Industrial waste holding tank present?			
			Yes No
Non-sanitary waste discharged to the Title 5	system?		☐ Von ☐ N
Water meter readings, if available:			∐ Yes ☐ No
Last date of occupancy/use:			
Other (describe below):		Date	
The (decembe below).		•	
Pumping Records:			
Source of information:			
Was system pumped as part of the inspection	?		☐ Yes ⋈ No
If yes, volume pumped:			NO NO 140
HOW was quartity	gallons		
How was quantity pumped determined?			
Reason for pumping:			



Commonwealth of Massachusetts

cott	y Address Borgerson				
wner'	s Name	Λ	/IA	01944	7/12/2023
	nester		State	Zip Code	Date of Inspection
	ystem Ir	formation (cont.)			
. T	ype of Syste			Una numbon	•
	\boxtimes	Septic tank, distribution box,	soil ab		u , at
		Single cesspool			
		Overflow cesspool		•	
		Privy			
		Shared system (yes or no) (
		Innovative/Altemative techn maintenance contract (to be inspection of the I/A system			
		Tight tank. Attach a copy of	the DE	P approval.	
		Other (describe):			
		Other (describe):	nstalled	(if known) and	source of information:
	2012	e age of all components, date in			I source of information:
	2012 Were sewa	e age of all components, date in ge odors detected when arriving			
5.	2012 Were sewa	e age of all components, date in ge odors detected when arriving ewer (locate on site plan):			
5.	2012 Were sewa	e age of all components, date in ge odors detected when arriving ewer (locate on site plan):			☐ Yes ⊠ No
5.	2012 Were sewa Building S Depth belo	e age of all components, date in ge odors detected when arriving ewer (locate on site plan):	g at the	site?	☐ Yes ⊠ No
	2012 Were sewa Building S Depth belo Material of	e age of all components, date in ge odors detected when arriving ewer (locate on site plan): w grade: construction:	g at the	site? er (explain):	☐ Yes ⊠ No
	2012 Were sewa Building S Depth belo Material of	e age of all components, date in ge odors detected when arriving ewer (locate on site plan): w grade:	g at the	site? er (explain):	☐ Yes ⊠ No



Commonwealth of Massachusetts

301 Summer Street			
Property Address Scott Borgerson			
Owner's Name			
Manchester	BAA		
City/Town	MA State	01944	7/12/2023
D. System Information (cont.)	Zip Code	Date of Inspection
6. Septic Tank (locate on site plan):	,		
Depth below grade:		1'	Cover at grade
Material of construction:		fee	
⊠ concrete ☐ metal	fiberglass	i □ poly	rethylene
If tank is motal. But a			
If tank is metal, list age: Is age confirmed by a Certificate of Con	mpliance? (attacl	years	rtificata)
If tank is metal, list age: Is age confirmed by a Certificate of Conditional Dimensions:	mpliance? (attacl	n a copy of ce	rtificate)
Is age confirmed by a Certificate of Cor	mpliance? (attacl	n a copy of ce	rtificate) 🗌 Yes 🗌 No
Is age confirmed by a Certificate of Con Dimensions:		n a copy of ce 200 5"	rtificate)
Is age confirmed by a Certificate of Con Dimensions: Sludge depth:		n a copy of ce 200 5"	rtificate)
Is age confirmed by a Certificate of Con Dimensions: Sludge depth: Distance from top of sludge to bottom o	f outlet tee or ba	1 a copy of ce 200 5" ffle 35"	rtificate)
Is age confirmed by a Certificate of Con Dimensions: Sludge depth: Distance from top of sludge to bottom of Scum thickness	f outlet tee or bat et tee or baffle	1 a copy of ce 20 5" ffle 1" 8"	rtificate)
Is age confirmed by a Certificate of Condimensions: Sludge depth: Distance from top of sludge to bottom of Scum thickness Distance from top of scum to top of outleters	f outlet tee or bat et tee or baffle	1 a copy of ce 20 5" ffle 1" 8"	rtificate)



Commonwealth of Massachusetts

01 Summer Street roperty Address			•	
Scott Borgerson				
Owner's Name	MA	01944	7/12/2023	
Manchester City/Town	State	Zip Code	Date of Inspecti	on
D. System Information (cont.)) 	i i de la compania d La compania de la co	and the second s	
7. Grease Trap (locate on site plan):				
Depth below grade:			feet	
Material of construction:				other (explain):
concrete metal	fibergla	ass	polycury	other (explain).
Dimensions:				
Scum thickness				
Distance from top of scum to top of	outlet tee or bat	ffle	,	
Distance from bottom of scum to bot	ttom of outlet te	e or pame		
L10.0011				
Diometric Action in the Control of t	in the state of th	\$ \$4.		
the second secon	1	* * * * * * * * * * * * * * * * * * *	Dula	
Date of last pumping:	dations inlet a	nd outlet tee	Date or baffle condition	
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet inve	dations inlet a	nd outlet tee leakage, etc.	Date or baffle condition.):	
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet inve	dations, inlet ar ert, evidence of	nd outlet tee leakage, etc	Date or baffle condition.	
Date of last pumping:	dations, inlet ar ert, evidence of	nd outlet tee leakage, etc	Date or baffle condition):	
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet inve	dations, inlet ar ert, evidence of	nd outlet tee leakage, etc	Date or baffle condition):	
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet inve	dations, inlet ar ert, evidence of	nd outlet tee leakage, etc.	Date or baffle condition):	
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet inve	dations, inlet ar ert, evidence of	nd outlet tee leakage, etc.	Date or baffle condition):	
Date of last pumping: Comments (on pumping recomment liquid levels as related to outlet invented to outlet	dations, inlet arent, evidence of	nd outlet tee leakage, etc.	Date or baffle condition):	structural integrity,
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet inve	dations, inlet arent, evidence of	nd outlet tee leakage, etc.	Date or baffle condition):	structural integrity,
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet inve	dations, inlet arent, evidence of	nd outlet tee leakage, etc.	Date or baffle condition,):	structural integrity,
Date of last pumping: Comments (on pumping recomment liquid levels as related to outlet invested to outlet	dations, inlet arent, evidence of	nd outlet tee leakage, etc.	Date or baffle condition,):	structural integrity,
Date of last pumping: Comments (on pumping recomment liquid levels as related to outlet invented as related as related to outlet invented as related	dations, inlet arent, evidence of	nd outlet tee leakage, etc.	Date or baffle condition,):	structural integrity,
Date of last pumping: Comments (on pumping recommentiquid levels as related to outlet invented in the liquid levels as related to outlet invented in the low grade: 8. Tight or Holding Tank (tank must Depth below grade:	dations, inlet arent, evidence of	nd outlet tee leakage, etc.	Date or baffle condition,): ection) (locate on s	structural integrity,
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet invested as related to outlet invested by the low grade: Material of construction:	dations, inlet arent, evidence of	nd outlet tee leakage, etc.	Date or baffle condition,): ection) (locate on s	structural integrity,
Date of last pumping: Comments (on pumping recommentiquid levels as related to outlet investigated as related to outlet investigated as related to outlet investigated. Begin as related to outlet investigated as related to outlet investigated. Depth below grade: Material of construction: concrete metal	dations, inlet arent, evidence of	nd outlet tee leakage, etc.	Date or baffle condition,): ection) (locate on s	structural integrity,
Date of last pumping: Comments (on pumping recommendiquid levels as related to outlet investigated as related to outlet investigated). 8. Tight or Holding Tank (tank must Depth below grade: Material of construction: concrete metal Dimensions:	dations, inlet arent, evidence of	nd outlet tee leakage, etc. time of inspe	Date or baffle condition,): ction) (locate on s	structural integrity,



Commonwealth of Massachusetts

A	wner's Name lanchester ity/Town	MA	01944	7/12/2023
		State	Zip Code	Date of Inspection
). System Information (cont.)			
8	Tight or Holding Tank (cont.)		·	
	Alarm present:		•	
			Yes _	No .
	Alarm level:		Alarm in ward-in	
	Date of last pumping:		Alarm in working	order: Yes No
	Date of last pumping:		n - 1	
	Comments (condition of alarm and float sw		Date	
	* Attach copy of current pumping contract (n	equired). Is	Copy attached	? \[\forall \text{Ves} \[\sqrt{\text{Ne}} \]
•	* Attach copy of current pumping contract (n	equired). Is	copy attached	? Yes No
•	Distribution Box (if present must be opene	equired). Is d) (locate (copy attached on site plan):	? Yes No
).	* Attach copy of current pumping contract (no possible po	d) (locate d	on site plan): Level	



Commonwealth of Massachusetts

ddress					
orgerson					-
Name		MA	01944	7/12/2023	
ester		State	Zip Code	Date of Inspec	ction
retem Inf	ormation (cont.)	1	The Royal Control	(x 5 1	
		, ,	t kan ing	Same to the	•
mp Chambe	r (locate on site plan):		9 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	and the second	
		1	a an agricult	Yes	No*
ımps in worki	ng older.	e - 6		Yes	□ No*
arms in worki	ng order:			· —	<u></u>
	te condition of pump chamb	er conditio	on of pumps	and appurtenan	ces, etc.):
omments (no	te coudition of bamb chamb	01, 00114			
	•				. •
	and the second second second	4		$g_{ij}(t) = g_{ij}(\theta_i^{(i)}(t)) \qquad \qquad \forall i \in [n]$	
'					
Soil Absorpti	alarms are not in working ordion System (SAS) (locate o	n site plan	, excavation	n not required):	
Soil Absorpti	ion System (SAS) (locate o	n site plan	, excavation	n not required):	
Soil Absorpti	alarms are not in working or ion System (SAS) (locate o ated, explain why:	n site plan	, excavation	n not required):	
Soil Absorpti	ion System (SAS) (locate o	n site plan	, excavation	n not required):	·
Soil Absorpti	ion System (SAS) (locate o	n site plan	, excavation	n not required):	
Soil Absorpti	ion System (SAS) (locate o	n site plan	, excavation	n not required):	·
Soil Absorpti	ion System (SAS) (locate o	n site plan	, excavation	n not required):	
Soil Absorpti	ion System (SAS) (locate o	n site plan	, excavation	n not required):	
Soil Absorpti	ion System (SAS) (locate o	n site plan	, excavation	n not required):	
Soil Absorpti	ion System (SAS) (locate o	n site plan	, excavation	n not required):	70
Soil Absorpti	ion System (SAS) (locate o ated, explain why:	n site plan	nun	n not required):	<u>78</u>
Soil Absorpti	ion System (SAS) (locate o	n site plan	nun	n not required): nber:	78
Soil Absorpti	leaching pits	n site plan	nun	n not required):	78
Soil Absorpti	ion System (SAS) (locate o ated, explain why:	n site plan	nun nun	n not required): nber: mber:	78
Soil Absorpti	leaching pits leaching chambers leaching galleries	n site plan	nun nun	n not required): nber:	78
Soil Absorpti	leaching pits leaching chambers leaching galleries leaching trenches	n site plan	nun nun nur	n not required): nber: mber: mber: mber, length:	
Soil Absorpti	leaching pits leaching chambers leaching galleries	n site plan	nun nun nur	n not required): nber: mber:	
Soil Absorpti	leaching pits leaching chambers leaching galleries leaching trenches leaching fields	n site plan	nun nur nur	n not required): nber: mber: mber: mber, length:	
Soil Absorpti	leaching pits leaching chambers leaching galleries leaching trenches	n site plan	nun nur nur	n not required): nber: mber: mber, length: mber, dimensions	
Soil Absorpti	leaching pits leaching chambers leaching galleries leaching trenches leaching fields overflow cesspool	n site plan	nun nur nur	n not required): nber: mber: mber, length: mber, dimensions	
Soil Absorpti	leaching pits leaching chambers leaching galleries leaching trenches leaching fields	n site plan	nun nur nur	n not required): nber: mber: mber, length: mber, dimensions	



Commonwealth of Massachusetts

Scott Borgerson Owner's Name				
Manchester				
City/Town		MA	01944	7/12/2023
D. System Information	(cont.)	State	Zip Code	Date of Inspection
11. Soil Absorption System (SA			, *	
Comments (note condition of	soil, signs of hyd	lraulic fa	ilure. level of	ponding, damp soil, condition o
IND SIGH OF FAILURE DRY SOIL OV	OPTOLIN	d email		portuing, damp soil, condition o
clearing to prevent root damage	ge to system	u Siliali	plants in the le	eaching area- recommend
2. Cessools (cessool must be				
Cesspools (cesspool must be Number and configuration	pumped as part	of inspe	ction) (locate	on site plan):
Cesspools (cesspool must be Number and configuration Depth – top of liquid to inlet inve		of inspe	ction) (locate	on site plan):
Number and configuration		of inspe	ction) (locate d	on site plan):
Number and configuration Depth – top of liquid to inlet inve		of inspe	ction) (locate	on site plan):
Number and configuration Depth – top of liquid to inlet invo		of inspe	ction) (locate d	on site plan):
Number and configuration Depth – top of liquid to inlet invo Depth of solids layer Depth of scum layer		of inspe	ction) (locate	on site plan):
Number and configuration Depth – top of liquid to inlet involution Depth of solids layer Depth of scum layer Dimensions of cesspool Materials of construction Indication of groundwater inflow	ert			
Number and configuration Depth – top of liquid to inlet involution Depth of solids layer Depth of scum layer Dimensions of cesspool Materials of construction Indication of groundwater inflow Comments (note condition of soil etc.);	ert I, signs of hydrau	ılic failur	e, level of por	
Depth – top of liquid to inlet invention Depth of solids layer Depth of scum layer Dimensions of cesspool Materials of construction Indication of groundwater inflow Comments (note condition of soil etc.);	ert	ılic failur	e, level of por	



Commonwealth of Massachusetts

301 Summer				·	
Property Addres					· · · · · · · · · · · · · · · · · · ·
Scott Borger Owner's Name	son				
Manchester		* * * *			
ity/Town	· · · · · · · · · · · · · · · · · · ·	<u>MA</u>	01944	7/12/2023	
	n Information (co	State	Zip Code	Date of Inspection	
J. Oyalei	ii iiioiiiation (co	ont.)			
landmark the buildin	of Sewage Disposal System of the sewage disposor benchmarks. Locate ong. Check one of the box	osal system, includ all wells within 100 es below:	ling ties to at le) feet. Locate w	ast two permanent refere there public water supply	nce enter
drawi	sketch in the area below ng attached separately				
				•	
			•		



Commonwealth of Massachusetts

er's Name nchester	VΙΑ	01944	7/12/2023
Town	State	Zip Code	Date of Inspection
System Information (cont.)	:		
Privy (locate on site plan):		To Park	
Materials of construction:	, , , , , , , , , , , , , , , , , , , 	· ·	
Dimensions		<u> </u>	
Depth of solids Comments (note condition of soil, signs of hy			



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

301 Summer Street				
Property Address			The state of the s	
Scott Borgerson				
Owner's Name				
Manchester	MA	01944	7/12/2023	
City/Town	State	Zip Code	Date of Inspection	
E Domand Committee	43.7 11.11			

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

7/12/2023 Date of Inspection
Date of Inspection
•
<u>)" </u>
et
water elevation:
within 150 feet of SAS)
documentation)
-

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



Customer Transaction Summary

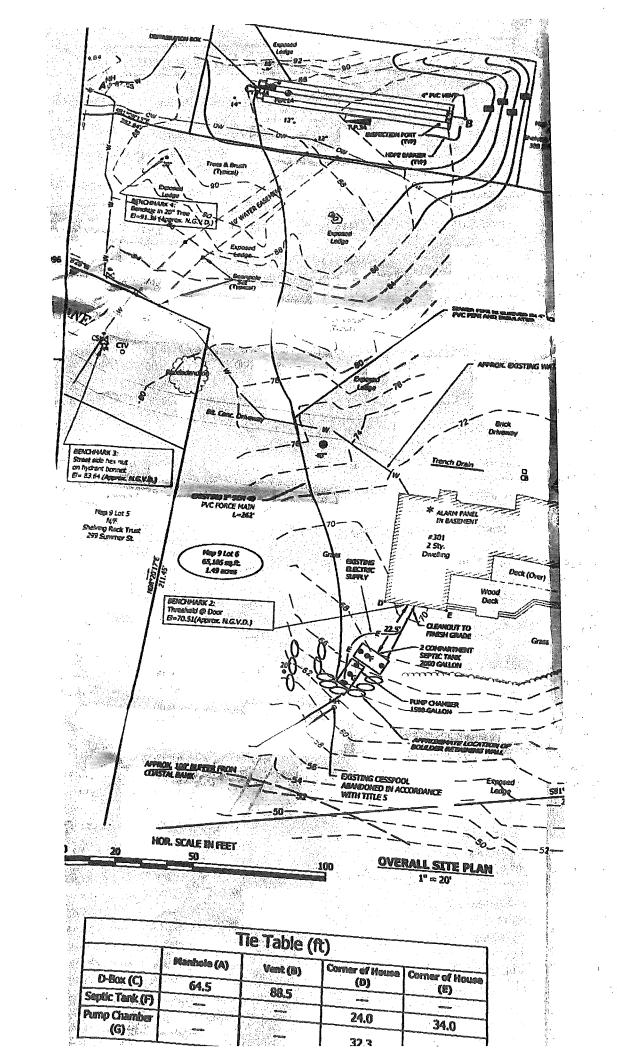
Customer Information

Account No: 40396 TIDEWOOD LLC 301 SUMMER STREET MANCHESTER, MA 01944-

Location Information

Location No: 0906800 301 SUMMER STREET MANCHESTER, MA 01944

Date	T.m.		,			Transaction	
08/15/2016	Туре	More Info	Reading	Usage	Prior Balance	Amount	Balance
11/14/2016	F Charge	08/15/2016	5709	0	0.00	0.00	0.00
12/27/2016	Charge	10/05/2016	. 5744 1	3500	0.00	199.30	199.30
02/15/2017	Payment	CHECK			199.30	-199.30	0.00
02/13/2017	Charge	01/04/2017	5745 1	100	0.00	5.68	5.68
	Payment	ONLINE			5.68	-5.68	0.00
05/16/2017 06/05/2017	Charge	04/05/2017	5747 i	200	0.00	11.36	11.36
	Payment	CCC		•	11.36	-11.36	0.00
08/15/2017	Charge	07/12/2017	5750 4	300	0.00	17.04	17.04
08/21/2017	Payment	ONLINE			17.04	-17.04	0.00
11/15/2017	Charge	10/03/2017	5755 4	500	0.00	28.40	28.40
11/29/2017	Payment	CHECK	•		28.40	-28.40	0.00
02/15/2018	Charge	01/10/2018	5756 4	100	0.00	5.68	5.68
02/20/2018	Payment	ONLINE			5.68	-5.68	0.00
05/16/2018	Charge	04/10/2018	5758 4	200	0.00	11,36	
05/22/2018	Payment	CCC			11.36	-11.36	11.36
08/15/2018	Charge	07/03/2018	5768 4	1000	0.00	56.90	0.00
08/20/2018	Payment	CCC			56.90	-56.90	56.90
11/15/2018	Charge	10/03/2018	5783 4	1500	0.00	-30.90 89.01	0.00
12/04/2018	Payment	CENTURY		1000	89.01	-89.01	89.01
02/15/2019	Charge	01/08/2019	5793 4	1000	0.00	-89.01 59.01	0.00
03/11/2019	Payment	CCC			59.01		59.01
05/15/2019	Charge	04/10/2019	5795 4	200	0.00	-59.01	0.00
06/06/2019	Payment	CCC			11.78	11.78	11.78
08/15/2019	Charge	07/12/2019	5806 4	1100	0.00	-11.78	0.00
08/29/2019	Payment	CCC		1100	67.45	67.45	67.45
11/15/2019	Charge	10/09/2019	5821 4	1500	0.00	-67.45	0.00
12/11/2019	Payment	CCC		1500	92.37	92.37	92.37
02/15/2020	Charge	01/08/2020	5831 4	1000	0.00	-92.37	0.00
03/09/2020	Payment	CCC		1000	61.22	61.22	61.22
05/15/2020	Charge	04/06/2020	5833 4	200	0.00	-61.22	0.00
05/27/2020	Payment	CCC	,	200		12.22	12.22
08/17/2020	Charge	07/15/2020	5843 4	1000	12.22	-12.22	0.00
09/08/2020	Payment	UNIBANK	,	1000	0.00	61.22	61.22
11/16/2020	Charge	10/06/2020	6211 1	36800	61.22	-61.22	0.00
11/24/2020	Payment	CCC		30000	0.00	2859.55	2859.55
02/16/2021	Charge	01/07/2021	6223 1	1200	2859.55	-2859.55	0.00
02/23/2021	Payment	CCĊ	0223	1200	0.00	74.97	74.97
05/17/2021	Charge	04/07/2021	6233 1	1000	74.97	-74.97	0.00
05/24/2021	Payment	UNIBANK	0255 1	1000	0.00	62.31	62.31
08/16/2021	Charge	07/07/2021	6248 1	1.500		-62.31	0.00
08/30/2021	Payment	CCC	0240	1500	0.00	93.96	93.96
11/15/2021	Charge	10/05/2021	6260 I	1200	93.96	-93.96	0.00
12/01/2021	Payment	CCC	6260 i	1200	0.00	76.65	76.65
)2/15/2022	Charge	01/04/2022	6271 1	1100	76.65	-76.65	0.00
)3/01/2022	Payment	CCC	6271 1	1100	0.00	70.18	70.18
)5/16/2022	Charge	04/05/2022	6204 1	1000	70.18	-70.18	0.00
7/06/2023 09:48		F = First Bill	6284 1	1300	0.00	83.12	83.12
		r ~ Lust Dill	L = Final Bill	U = Unclosed T	ransaction	Page	1





Customer Transaction Summary

Customer Information

Account No: 40396 TIDEWOOD LLC 301 SUMMER STREET MANCHESTER, MA 01944-

Location Information

Location No: 0906800 301 SUMMER STREET MANCHESTER, MA 01944

Date	Туре	More Info	Reading	Usage	Prior Balance	Amount	Balance
06/03/2022	Payment	CCC			83.12	-83.12	0.00
08/15/2022	Charge	07/14/2022	6305 1	2100	0.00	137.44	137.44
08/26/2022	Payment	CCC			137.44	-137.44	0.00
11/15/2022	Charge	10/06/2022	6322 1	1700	0.00	112.23	112.23
12/01/2022	Payment	CCC			112.23	-112.23	0.00
02/15/2023	Charge	01/05/2023	6332 1	1000	0.00	65.61	65.61
03/20/2023	Payment	CCC			65.61	-65.61	0.00
05/15/2023	Charge	04/05/2023	6342 1	1000	0.00	65.61	65.61
05/30/2023	Payment	CCC			65.61	-65.61	0.00

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L = Final Bill

- 07/06/2023 09:48:28 AM