



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

Leslie Gurley
2 Tuck's 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: **2 TUCK'S POINT ROAD, MANCHESTER-BY-THE-SEA**
Property Owner: **GURLEY, LESLIE & JOHN M GURLEY TE**

Licensed Title 5 Inspector: Benjamin Prescott, D.F. Clark, Inc. SI# 13851
The Title 5 Inspection Report dated: 6/29/2023

The report is submitted outside the 30-day time frame required by Title 5. The report dated June 29, 2023, was received in the office on July 31, 2023.

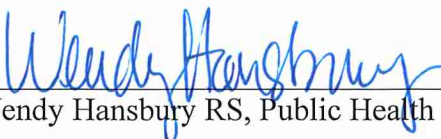
Further action is required:

- 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.
- Section D.6. states "Pumping is recommended based on the solids measurement at the time of 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 27, 2023

Leslie Gurley
2 Tucks Point Road
Manchester, MA 01944

RE: 2 Tucks Point Road, Manchester

Dear Leslie:

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.

2 Tucks Point Road

Property Address

Leslie Gurley

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

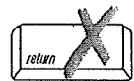
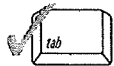
Zip Code

June 29, 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

(978) 356-5638

Telephone Number

MA

State

01938

Zip Code

SI13851

License Number

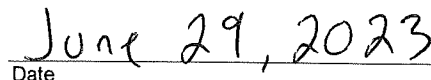
B. Certification

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



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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Massachusetts

Inspection Form

Form - Not for Voluntary Assessments

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

2) System Conditionally Passes:

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

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

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

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

☐ Y ☐ N ☐ ND (Explain below):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

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

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

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

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

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

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

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

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

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

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



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C. Inspection Summary (cont.)

☐ Cesspool or privy is within 50 feet of a surface water

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

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

☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

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

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

Yes No

☐☒

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

☐☒

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



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C. Inspection Summary (cont.)

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

Yes	No	
<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 NOT 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. [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.]
<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"/>	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	
<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

- | | | |
|-------------------------------------|-------------------------------------|--|
| <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 size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |



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D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): Five (5) Number of bedrooms (actual): Five (5)

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550 gpd

Description:

Per design plan dated September 1, 2001 prepared by Dan Johnson (110 gpd per bedroom x 5

bedrooms = 550 gpd)

Number of current residents: Two (2)

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)): 202 gpd

Detail:

May 17, 2021 - May 15, 2023 = 147,000 gallons divided by 728 days = 202 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:

System was last pumped on May 18, 2023 by
D.F. Clark, Inc.

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):
Bio-Microbics FAST System

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

As-built dated October 15, 2002 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:

3.17
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 runs under the finished floor. There is no evidence of leakage in the portions that are exposed.



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

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:

10' L x 5' W x 4' D (effective depth)

Sludge depth:

1st Compartment = 2"
2nd Compartment = 0"

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

N/A

Scum thickness

1st Compartment = 6"
2nd Compartment = 12"

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 a 1,500-gallon "Micro FAST" tank (Shea TK-15000FAST). The tank is 29" below

grade with risers and cast iron covers to grade over the inlet and center. The tank is a two-

compartment tank with a pass-through at 24" off the bottom of the tank. The inlet has a PVC tee. The

tank is structurally sound with no signs of leakage or infiltration. There is no tee or baffle in the Micro

FAST System compartment. The liquid level equals the outlet invert. Pumping is recommended

based on the solids measurement at the time of inspection.



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D. System Information (cont.)

7. Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping:

Date

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

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

Depth below grade:

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day



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D. System Information (cont.)

8. Tight or Holding Tank (cont.)

Alarm present:

☐ Yes

☐ No

Alarm level: _____

Alarm in working order:

☐ Yes

☐ No

Date of last pumping:

Date

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

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

☐ Yes

☐ No

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

Depth of liquid level above outlet invert _____

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.):

Pump chamber is 32" below grade with inlet & outlet risers & cast iron covers to grade. All three (3)

floats & alarm (audible & visual) were tested & are in working order. First float (PUMP OFF) is set for

6" (elev. 96.4) above the bottom. Second float (PUMP ON) is set for 23" (elev. 98.3) above the

bottom. High water alarm is set for 29", elev. 98.3 with 24 hours (933 gallons) of emergency storage.

* 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: | One (1)
50' L x 15' W x .5' |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | innovative/alternative system | | |

Type/name of technology: _____



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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 a pressure-dosed leaching field measuring 50' in length by 15'

wide and 6" deep. The SAS consists of three (3) 1.25" SCH 40 PVC laterals. There is no ponding or

signs of hydraulic failure over the SAS. The lawn over the SAS is consistent with the rest of the

property. There is a 3" manifold distributing the liquid between the laterals. The bottom of the SAS is

26" below grade.

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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City/Town

MA

State

01944

Zip Code

June 29, 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.):



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Tucks Point Road

Property Address

Leslie Gurley

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

June 29, 2023

Date of Inspection

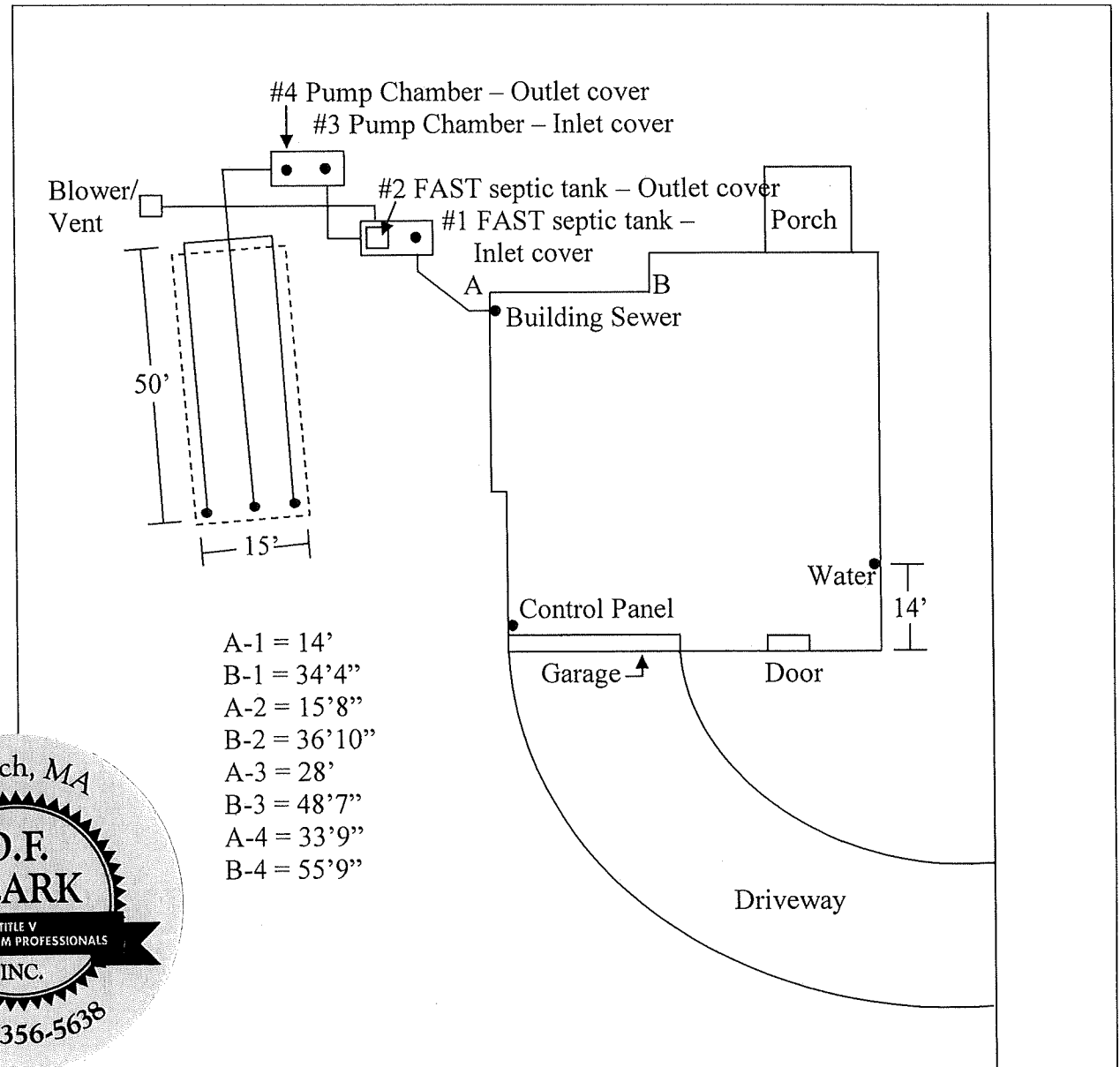
Owner
information is
required for every
page.

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





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D. System Information (cont.)

15. Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☒ Shallow wells

Estimated depth to high ground water: 2
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: September 1, 2001
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 August 21, 2001, Dan Johnson performed soil testing witnessed by John Jacobi. Two test pits

were dug and observed. TP-1 was dug to a depth of 156" with ESHGW @ 24" and TP-2 found

ESHGW @ 33" when dug to a depth of 120". Per design plan there is 4' of separation between the

bottom of the SAS @ elevation 102.7 and ESHGW @ elevation 98.7. At time of inspection a site

exam was made, property is flat over the SAS, no surface water was observed, cellar was dry with no

sump pump, and no shallow wells were located.

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

2 Tucks Point Road

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MA

01944

June 29, 2023

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State

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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




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

MASSACHUSETTS FIELD INSPECTION & SERVICE REPORT

For Bio-Microbics FAST® Systems

41397

INSTALLATION		AUTHORIZED SERVICE PROVIDER	
Installation Address: 2 Tuck's Point Road Manchester, MA 01944		Name: Wastewater Treatment Services, Inc.	
Owner Name: Leslie Gurley			
Mail Address: 2 Tuck's Point Road Manchester, MA 01944		Mail Address: 44 Commercial Street Raynham, MA 02767	
Phone: 978-526-8413	Fax:	e-mail:	Phone: (508) 880-0233 Fax: (508) 880-7232 e-mail:
INSTALLATION INFORMATION			
<u>Model No.</u>	<u>Serial No.</u>	<u>Startup Date</u>	<u>Date of last pump out</u>
Single HomeFAST .9	3276	11/19/2002	2/1/2006
<u>Approval Type</u>	() General () Provisional () Piloting (x) Remedial () General Denite		
<u>Seasonal Residence</u>	() Yes (x) No		
EQUIPMENT	YES	NO	MAINTENANCE PERFORMED AND COMMENTS
Electrical Panel(s)			
Visual Alarm Operating	x		
Audio Alarm Operating (if present)	x		
Blower(s)			
Air Inlet Filter Clean	x		
Blower Hood Vents Clear	x		
Excessive Noise		x	
Excessive Vibration		x	
Treatment unit(s)			
Unusual Odor		x	
Settleable Solids Test Performed			
Pump out Required		x	
Primary Settling Zone Sludge Depth	"		
Aerobic Treatment Zone Sludge Depth	"		
Thickness of Scum Layer	"		
Sludge Level Distance to Outlet	"		

Depth of Ponding Within SAS			
Visual Observation	Comments:		
Measurement	Comments:		
EFFLUENT	LIMIT	RESULT	
Estimated Daily Flow		550 gpd	
pH (Standard Units)	6 to 9		
Turbidity	≤ 40 NTU		
Dissolved Oxygen	≥ 2 Mg/L		
Color	Clear		
Temperature			
Odor	Not Septic		
Effluent Solids		<input type="radio"/> None <input type="radio"/> Some	
Effluent Samples Taken:			
Influent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite () Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity () Oil/Grease ()VOC ()Fecal Coliform			
Effluent: ()pH ()BOD ()CBOD ()TSS ()TKN ()Nitrate ()Nitrite () Total Nitrogen ()Phosphorus ()Spec. Cond. ()Ammonia ()Alkalinity ()Oil/Grease ()VOC ()Fecal Coliform			
Description of any maintenance performed since previous inspection & during this inspection: Cleaned Filter, Checked Splash Recycle			
Notes and Comments: Found pump chamber in high level. Water is backed up into the FAST system. Turned the blower off to prevent the blower from being overloaded. Left door tag informing the owner. The pump chamber should be serviced or the power supply should be turned on to prevent system backup.			
CERTIFIED OPERATOR NAME	CERTIFICATION NUMBER	SERVICE DATE	
Brendan Pires	19033	9/30/22	
OPERATOR SIGNATURE			
			

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

Account No: 802226
 LESLIE GURLEY
 2 TUCK'S POINT ROAD
 MANCHESTER, MA 01944

Location Information

Location No: 1206500
 2 TUCK'S POINT ROAD
 MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
05/16/2018	Charge	04/13/2018	3777 1	1300	0.00	74.24	74.24
05/22/2018	Payment	CCC			74.24	-74.24	0.00
08/15/2018	Charge	07/11/2018	3798 1	2100	0.00	122.72	122.72
08/29/2018	Payment	CCC			122.72	-122.72	0.00
11/15/2018	Charge	10/04/2018	3818 1	2000	0.00	120.75	120.75
01/09/2019	Interest				120.75	1.41	122.16
01/10/2019	Penalty				122.16	5.00	127.16
01/28/2019	Payment	CHECK			127.16	-127.16	0.00
01/30/2019	Payment	CENTURY			0.00	-120.75	-120.75
02/15/2019	Charge	01/08/2019	3832 1	1400	-120.75	83.01	-37.74
05/15/2019	Charge	04/09/2019	3845 1	1300	-37.74	77.01	39.27
07/09/2019	Interest				39.27	0.46	39.73
07/11/2019	Penalty				39.73	5.00	44.73
07/16/2019	Payment	ONLINE			44.73	-44.73	0.00
08/15/2019	Charge	07/12/2019	3855 1	1000	0.00	61.22	61.22
08/29/2019	Payment	CCC			61.22	-61.22	0.00
11/15/2019	Charge	10/08/2019	3869 1	1400	0.00	86.14	86.14
12/09/2019	Payment	CHECK			86.14	-86.14	0.00
02/15/2020	Charge	01/08/2020	3882 1	1300	0.00	79.91	79.91
02/24/2020	Payment	CCC			79.91	-79.91	0.00
05/15/2020	Charge	04/06/2020	3889 1	700	0.00	42.77	42.77
05/20/2020	Payment	UNIBANK			42.77	-42.77	0.00
08/17/2020	Charge	07/14/2020	3941 1	5200	0.00	343.88	343.88
09/08/2020	Payment	CHECK			343.88	-343.88	0.00
11/16/2020	Charge	10/06/2020	3964 1	2300	0.00	148.32	148.32
11/19/2020	Payment	CCC			148.32	-148.32	0.00
02/16/2021	Charge	01/06/2021	3978 1	1400	0.00	87.63	87.63
02/23/2021	Payment	UNIBANK			87.63	-87.63	0.00
05/17/2021	Charge	04/07/2021	3986 1	800	0.00	49.76	49.76
05/26/2021	Payment	UNIBANK			49.76	-49.76	0.00
08/16/2021	Charge	07/07/2021	4013 1	2700	0.00	176.12	176.12
11/15/2021	Charge	10/05/2021	4044 1	3100	176.12	208.54	384.66
11/23/2021	Payment	UNIBANK			384.66	-384.66	0.00
02/15/2022	Charge	01/04/2022	4057 1	1300	0.00	83.12	83.12
02/22/2022	Payment	UNIBANK			83.12	-83.12	0.00
05/16/2022	Charge	04/05/2022	4070 1	1300	0.00	83.12	83.12
06/16/2022	Payment	UNIBANK			83.12	-83.12	0.00
08/15/2022	Charge	07/13/2022	4093 1	2300	0.00	151.66	151.66
08/29/2022	Payment	CCC			151.66	-151.66	0.00
11/15/2022	Charge	10/06/2022	4113 1	2000	0.00	134.19	134.19
11/22/2022	Payment	UNIBANK			134.19	-134.19	0.00
02/15/2023	Charge	01/05/2023	4125 1	1200	0.00	78.93	78.93
02/23/2023	Payment	UNIBANK			78.93	-78.93	0.00
05/15/2023	Charge	04/06/2023	4133 1	800	0.00	52.40	52.40
05/23/2023	Payment	UNIBANK			52.40	-52.40	0.00