



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

August 28, 2023

L & C Nominee Trust
Lane and Charlotte Mann, Trustees
10 Eagle Head Road
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: **10 EAGLE HEAD ROAD, MANCHESTER-BY-THE-SEA**

Property Owner: L & C NOMINEE TRUST; LANE AND CHARLOTTE MANN, TR

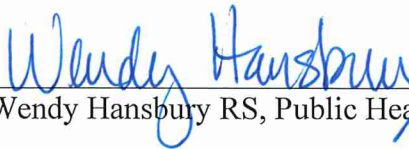
Licensed Title 5 Inspector: Benjamin Jamie Prescott SI# 13851

The Title 5 Inspection Report dated August 9, 2023, states the system **PASSES**.

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

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

Reviewing Board of Health Agent:



Wendy Hansbury RS, Public Health Director

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



D.F. CLARK, INC.

RECEIVED
PA CK 47786
AUG 28 2023
\$135.00
BOARD OF HEALTH

August 22, 2023

Lane Mann
10 Eaglehead Road
Manchester, MA 01944

RE: 10 Eaglehead Road, Manchester

Dear Lane:

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





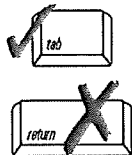
Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10 Eaglehead Road
 Property Address
 Lane Mann
 Owner's Name
 Manchester-by-the-Sea MA 01944 August 9, 2023
 City/Town State Zip Code Date of Inspection

Owner information is required for every page.

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 MA 01938
 City/Town State Zip Code
 (978) 356-5638 S113851
 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
- 3. Needs Further Evaluation by the Local Approving Authority
- 4. Fails

Benjamin Prescott
 Inspector's Signature
 August 9, 2023
 Date

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

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



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Lane Mann

Owner's Name

Manchester-by-the-Sea

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01944

August 9, 2023

City/Town

State

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Date of Inspection

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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.

It is serviced annually by Clear Water Industries.

2) System Conditionally Passes:

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

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

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

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

Y N ND (Explain below):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):
 - broken pipe(s) are replaced Y N ND (Explain below):
 - obstruction is removed Y N ND (Explain below):
 - distribution box is leveled or replaced Y N ND (Explain below):

- The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced Y N ND (Explain below):
 - obstruction is removed Y N ND (Explain below):

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

- Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.
 - a. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**



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C. Inspection Summary (cont.)

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

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

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

Method used to determine distance: _____

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

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

Yes No

- Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool



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C. Inspection Summary (cont.)

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

- Yes No
Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____.
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
Any portion of a cesspool or privy is within a Zone 1 of a public water supply well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

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

- Yes No
the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well



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C. Inspection Summary (cont.)

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

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input 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): Four (4) Number of bedrooms (actual): Four (4)
 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440 gpd
 Description:
 Per design plan by H.L. Graham Associates dated May 15, 1998 (revised October 8, 1998).

Number of current residents: One (1)
 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)): 178 gpd
 Detail:
 May 17, 2021 - May 15, 2023 = 129,404 gallons divided by 728 days = 178 gallons per day

Sump pump? Yes No
 Last date of occupancy: Currently occupied



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D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____
 Gallons per day (gpd)

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

Grease trap present? Yes No

Water treatment unit present? Yes No

If yes, discharges to: _____

Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: _____

Last date of occupancy/use: _____
 Date

Other (describe below):

3. Pumping Records:

Source of information: _____
 According to homeowner, system was last pumped in July of 2019 by Windriver.

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): Septic tank, pump chamber, pressure distribution disposal field

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

As-built is dated February 17, 1999 (revised April 13, 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:

2.12

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.):

Building sewer pipe is in good condition with no signs of leakage.



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D. System Information (cont.)

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

Depth below grade: 1.67
 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 11'2" L x 5'10" W

Sludge depth: 8"

Distance from top of sludge to bottom of outlet tee or baffle 23"

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. The inlet and outlet tees are PVC with a filter present in the outlet. The filter was cleaned as part of the inspection. The liquid level is normal and equals the outlet invert. Pumping is not needed at this time.



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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.):

The pump chamber is structurally sound and shows no evidence of infiltration. The floats, pump and alarms were all 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:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 1 @ 12' x 62'
- overflow cesspool number: _____
- 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") measures 12' x 62'. There are five (5) lines in the pressure

distribution disposal field. There is no ponding or signs of hydraulic failure. The vegetation is

consistent with the rest of the property.

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes

No

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



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D. System Information (cont.)

13. Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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



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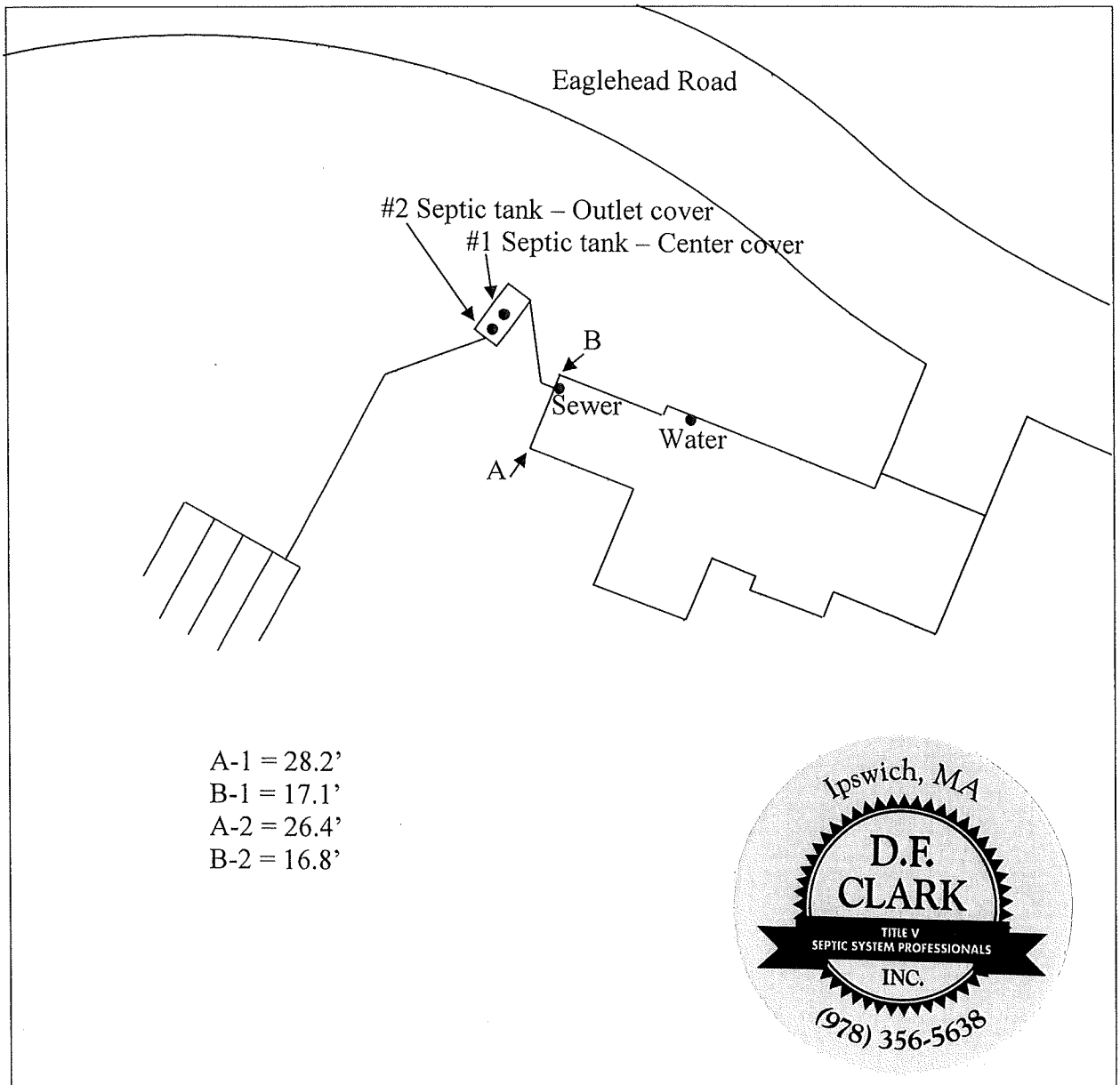
Owner information is required for every page.

D. System Information (cont.)

14. Sketch Of Sewage Disposal System:

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

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





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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: 6.67
 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: May 15, 1998 (revised October 8, 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 April 14, 1998 H.L. Graham Associates dug and observed three (3) test pits. All three (3) had refusal (TP-1 @ 84", TP-2 @ 79" and TP-3@ 60"). TP-1 had mottling @ 80". TP-2 and TP-3 showed no mottling. Per design plan there is 4.7' of separation between the the bottom of the SAS @ elevation 57.8 and the ESHGW @ elevation 53.1. At time of inspection a site exam was made, SAS sits higher than the rest of the property, no surface water was observed, cellar was dry with a sump pump, and no shallow wells were located.

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



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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



Customer Transaction Summary

Customer Information

Account No: 801960
LANE MANN
10 EAGLEHEAD ROAD
MANCHESTER, MA 01944

Location Information

Location No: 1104500
10 EAGLEHEAD ROAD
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
02/15/2018	Charge	01/12/2018	3487	1	1000	0.00	56.90
02/28/2018	Payment	CCC				56.90	-56.90
05/16/2018	Charge	04/11/2018	3496	1	900	0.00	51.12
06/08/2018	Payment	CCC				51.12	-51.12
08/15/2018	Charge	07/09/2018	3515	1	1900	0.00	110.04
08/23/2018	Payment	CCC				110.04	-110.04
11/15/2018	Charge	10/03/2018	3538	1	2300	0.00	140.49
11/26/2018	Payment	CCC				140.49	-140.49
02/15/2019	Charge	01/08/2019	3548	1	1000	0.00	59.01
02/22/2019	Payment	CCC				59.01	-59.01
05/15/2019	Charge	04/10/2019	3556	1	800	0.00	47.12
05/24/2019	Payment	CCC				47.12	-47.12
08/15/2019	Charge	07/12/2019	3567	1	1100	0.00	67.45
08/22/2019	Payment	CCC				67.45	-67.45
11/15/2019	Charge	10/08/2019	3592	1	2500	0.00	159.47
12/02/2019	Payment	CCC				159.47	-159.47
02/15/2020	Charge	01/08/2020	3599	1	700	0.00	42.77
02/24/2020	Payment	CCC				42.77	-42.77
05/15/2020	Charge	04/06/2020	3607	1	800	0.00	48.88
05/22/2020	Payment	CCC				48.88	-48.88
08/17/2020	Charge	07/14/2020	3646	1	3900	0.00	255.09
08/26/2020	Payment	CCC				255.09	-255.09
11/16/2020	Charge	10/06/2020	3696	1	5000	0.00	335.97
11/24/2020	Payment	CCC				335.97	-335.97
02/16/2021	Charge	01/07/2021	3707	1	1100	0.00	68.64
03/03/2021	Payment	CCC				68.64	-68.64
05/17/2021	Charge	04/07/2021	3714	1	700	0.00	43.54
05/27/2021	Payment	CCC				43.54	-43.54
08/16/2021	Charge	07/07/2021	3755	1	4100	0.00	273.42
08/26/2021	Payment	CHECK				273.42	-273.42
11/15/2021	Charge	10/05/2021	3766	1	1100	0.00	70.18
12/06/2021	Payment	CHECK				70.18	-70.18
02/15/2022	Charge	01/04/2022	3770	1	400	0.00	25.44
02/24/2022	Payment	CHECK				25.44	-25.44
05/16/2022	Charge	04/05/2022	3780	1	1000	0.00	63.71
05/31/2022	Payment	CHECK				63.71	-63.71
08/15/2022	Charge	07/13/2022	3805	1	2500	0.00	165.88
08/22/2022	Payment	CHECK				165.88	-165.88
11/15/2022	Charge	10/06/2022	3871	1	6600	0.00	476.58
11/28/2022	Payment	CHECK				476.58	-476.58
02/15/2023	Charge	01/05/2023	3880	1	900	0.00	58.95
03/06/2023	Payment	CHECK				58.95	-58.95
05/15/2023	Charge	04/05/2023	3887	1	700	0.00	45.85
06/01/2023	Payment	CHECK				45.85	-45.85



**PRESSURE DISTRIBUTION DISPOSAL SYSTEM
ROUTINE INSPECTION**

ADDRESS: 10 Eagle Head Road, Manchester-by-the-Sea **OWNER:** Mann

DATE: May 17, 2023 **OPERATOR:** Christopher Maskell

SYSTEM STATUS

Septic Tank

Effluent Filter: O.k., cleaned
Scum Depth: 3"/48"
Sludge Depth: 6"/48"
(Measured on May 17, 2023)

Pump Chamber

Exercise Pump: Yes
Clean & Check Floats: O.k., cleaned
Test Alarm: Yes
Pump Chamber Condition: Good

Control Panel

Pump Setting H.O.A.: Auto
Alarm Setting: On

S.A.S.

Flush Laterals: Yes
Test for equal distribution: Yes
Brush Scour Laterals: Not needed

Comments: Scum & sludge layers are o.k. Does not require pumping at this time. Flushed all five (5) laterals in SAS on May 17, 2023.

Signature: Christopher Maskell

Certificate # 19580

*O.k.
1/17/23*



October 21, 2022

Mr. & Mrs. Lane Mann
10 Eagle Head Road
Manchester-by-the-Sea, MA 01944

RE: Maintenance and Service Contract for the Pressure Distribution Disposal Field located at 10 Eagle Head Road, Manchester-by-the-Sea

Dear Lane & Charlotte:

Clear Water Industries proposes to provide the service and maintenance for the Pressure Distribution Disposal Field located at the above referenced address. The following maintenance and service schedule is for the next two (2) years of operation commencing upon receipt of signed contract and annual cost received in full.

Scheduled Annual Service:

Annual Cost: \$265.00

(Note: All covers and access ports must be to grade to allow for maintenance.)

1. Check sludge and scum depth and clean the effluent filter in the Septic Tank.
2. Check panel and alarm system.
3. Check ejector pump and float switches in the Pump Chamber.
4. Check distal pressure and compare with design plan, if necessary.
5. Clean, flush and brush laterals as needed.
6. Notify Client verbally of any problems encountered.

Emergency service:

1. Emergency service calls will be billed at the following rates for the first two (2) hours & thereafter, with the stated hourly rate:

	<u>1st 2 hrs.</u>	<u>Hourly</u>
*Monday through Friday 7am – 3:30pm:	\$200	\$100
*Monday through Friday 3:30pm – 7am:	\$300	\$150
*Saturday & Sunday:	\$300	\$150.

I have read and agree with the above Scope of Work, including the granting of access to the subject property in order to conduct the required maintenance:

CWI's initials

Owner's initials



Page 2

Mr. & Mrs. Lane Mann

October 21, 2022

Certified technician:

The service technician shall be a Massachusetts Certified Operator. The certified operator will be Mark Cottrell, Mario Rosa, or Christopher Maskell.

Reporting requirements:

In accordance with Board of Health approval, Clear Water Industries will file an annual report with the home owner and the local Board of Health as well as a review of any unscheduled service.

Sincerely,

Clear Water Industries

A handwritten signature in cursive script that reads "David F. Clark".

David F. Clark
Manager

Acceptance by Owner:

A handwritten signature in cursive script, appearing to be "Lane or Charlotte Mann".

Lane or Charlotte Mann

10/21/22

Date

Could you please provide us with your email address so we may electronically file your maintenance reports to you? This information will not be shared with others; it will be strictly for Clear Water Industries use.

LANE H MANN @ gmail. com

Email address