



# MANCHESTER-BY-THE-SEA

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## BOARD OF HEALTH

TOWN HALL - 10 CENTRAL STREET

Manchester-by-the-Sea, Massachusetts 01944-1399

Telephone (978) 526-7385

FAX (978) 526-2009

December 12, 2023

Chris Finn  
304 Summer Street  
Manchester-by-the-Sea, MA 01944

### NOTICE OF VIOLATION TO OWNER

Upon receipt on December 7, 2023, of the Title 5 Inspection Report for the on-site sewage disposal system located at:

Property Address: **304 SUMMER STREET, MANCHESTER-BY-THE-SEA**

Property Owner: FINN, CHRISTOPHER M and SUZANNE G

Licensed Title 5 Inspector: Jonathan Granz, Preventative Septic Services SI# 13405

Inspection Result: **FAILS**

Dated: **11/07/2023**

System Type: Septic tank, distribution box, leach trenches.

The Board of Health Agent did find the septic system, as it is now used, to constitute a danger to the public health and subsequently orders its repair/replacement at this time.

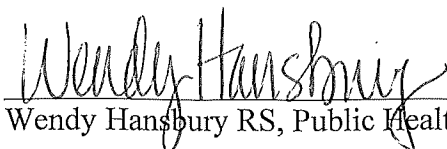
#### Failing Conditions:

- Backup of sewage into facility or system component due to overloaded or clogged soil absorption system or cesspool.
- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged soil absorption system or cesspool.

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

**REQUIRED RESPONSE:** You have 2 years from the date of this inspection report to upgrade your system in accordance with the requirements of Title 5 of the Massachusetts Code of Regulations. If you have any questions, contact the Board of Health offices, Monday through Thursday from 8:30 a.m. to 5:00 p.m.

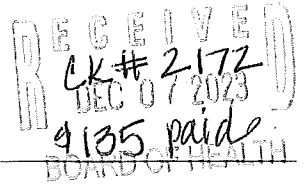
Reviewing Board of Health Agent:

  
Wendy Hansbury RS, Public Health Director



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



304 Summer Street

Property Address

Chris Finn

Owner's Name

Manchester by the Sea

City/Town

MA

State

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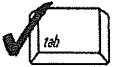
11/7/23

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

Jonathan J. Granz

Name of Inspector

Preventative Septic Services

Company Name

46 Beech Street

Company Address

South Hamilton

City/Town

MA

State

01982

Zip Code

978-468-9001

Telephone Number

SI13405

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

12/3/23

Date

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

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



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## C. Inspection Summary (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.)

### 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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## D. System Information

### 1. Residential Flow Conditions:

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

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

Description:

System is composed of a 1500 gallon septic tank, distribution box and two leaching trenches.

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

Number of current residents: 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? N/A  Yes  No

Seasonal use?  Yes  No

Water meter readings, if available (last 2 years usage (gpd)): 113.89 GPD

Detail:

Water meter readings were provided by the Manchester water department, usage was averaged from 10/5/21-10/4/23, 729 days (see attached).

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

Sump pump?  Yes  No

Last date of occupancy: Current

Date



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## D. System Information (cont.)

### 4. Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):

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

The system was installed in 1994, BOH records.

Were sewage odors detected when arriving at the site?

Yes  No

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

Depth below grade:

36"  
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 appear to be in good condition, there is no evidence of any backup or problems.



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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.)

### 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.):

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\* 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:

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Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: 2@ 50'L
- leaching fields number, dimensions: \_\_\_\_\_
- overflow cesspool number: \_\_\_\_\_
- innovative/alternative system

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





Commonwealth of Massachusetts

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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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## D. System Information (cont.)

### 15. Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water: >7'  
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: 2/8/94  
Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

Soil data from design of system.

Checked with local excavators, installers - (attach documentation)

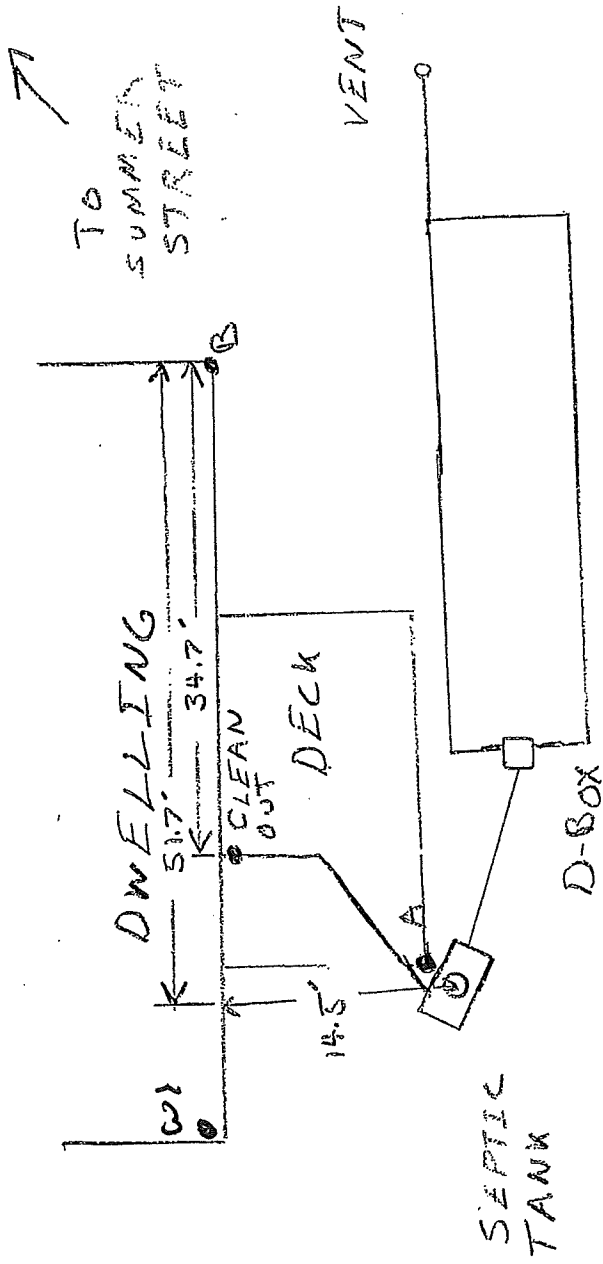
Accessed USGS database - explain:  
\_\_\_\_\_

You **must** describe how you established the high ground water elevation:

Soil tests were performed at this property for the design of this system on 5/4/83 by F.C. Hancock, no ground water was found at 84"-100" below grade (four soil tests). This system shows no evidence of any groun water interference.

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

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



<u>A.</u>	<u>B.</u>
D-BOX 16.8'	40.5'
SEPTIC TANK RISER 1.5'	

WATER SERVICE ENTERS AT FRONT OF BUILDING