



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

May 7, 2024

Johathan and Ann Ranger
23 Forest Lane
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: **23 FOREST LANE, MANCHESTER-BY-THE-SEA**

Property Owner: RANGER, JONATHAN N and ANN E

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

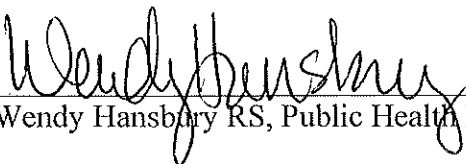
The Title 5 Inspection Report dated: 2/27/2024 has CONDITIONALLY PASSED

NOTES:

An amended Title 5 Inspection Report page 3 of 18, stating the 2 outlets in the distribution box need to be capped to resolve the infiltration and complete the Conditions of the Title 5 Inspection. The work was completed by D.F. Clark on April 10, 2024. The Conditional Pass is resolved.

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.



March 14, 2024

Jonathan & Ann Ranger
23 Forest Lane
Manchester-by-the-Sea, MA 01944

RE: Title 5 Inspection
23 Forest Lane, Manchester-by-the-Sea

Dear Jonathan & Ann:

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 Conditionally Passes the inspection criteria. The distribution box is structurally unsound and needs to be replaced.

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,

Benjamin "Jamie" Prescott
Title 5 Inspector

Enclosure

cc: Manchester Board of Health w/ review fee
D.F. Clark, Inc. file





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

Owner information is required for every page.

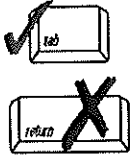
23 Forest Lane
 Property Address

Jonathan & Ann Ranger
 Owner's Name

Manchester-by-the-Sea MA 01944 February 27, 2024
 City/Town State Zip Code 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 MA 01938
 City/Town State Zip Code

(978) 356-5638
 Telephone Number License Number SI13851

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

February 27, 2024
 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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Property Address

Jonathan & Ann Ranger

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

February 27, 2024

Date of Inspection

Owner information is required for every page.

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:

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 distribution box ("d-box") is structurally unsound and needs to be replaced. (See attached photos.)

- 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 | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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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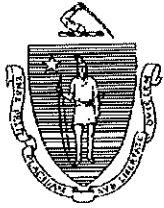
C. Inspection Summary (cont.)

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 1/2 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): 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 dated October 31, 2006 (rev. January 17, 2007 and March 6, 2007) prepared by

Gateway Consultants (4 bedrooms x 110 gpd per bedroom = 440 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)): 337 gpd

Detail:
 February 15, 2022 - February 15, 2024 = 246,092 gallons divided by 730 days = 337 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: _____ Per homeowner, the system was last pumped in March of 2023.

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...
Tight tank. Attach a copy of the DEP approval.
Other (describe): SoilAir System

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

The as-built on file with the Board of Health is dated June 28, 2007

Were sewage odors detected when arriving at the site? Yes No

5. Building Sewer (locate on site plan):

Depth below grade: 2.08 feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line: N/A feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

The building sewer pipe is in good condition with no evidence of leakage.



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D. System Information (cont.)

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

Depth below grade: 1.33
 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

Sludge depth: 1st compartment = 10"
2nd compartment = 2"

Distance from top of sludge to bottom of outlet tee or baffle 1st compartment = 2"
2nd compartment = 29"

Scum thickness 1st compartment = 2"
2nd compartment = 0"

Distance from top of scum to top of outlet tee or baffle 1st compartment = 6"
2nd compartment = N/A

Distance from bottom of scum to bottom of outlet tee or baffle 1st compartment = 34"
2nd compartment = 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 16" below grade. The liquid level is normal and equals the outlet invert. The inlet, outlet and middle pass-through PVC tees are in place. There are two (2) filters and both were cleaned at the time of inspection.* There is no evidence of leakage and the tank appears to be structurally sound. Pumping is recommended based on the guidelines set forth in 310 CMR 15.351.

*D.F. Clark, Inc. recommends filters be cleaned on a yearly basis to prevent filters from clogging and possibly backing sewerage into residence.



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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 0"
 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.):
 The distribution box ("d-box") is 20" below grade with a riser to 11" below grade. The d-box measures 16" x 16" and has a normal liquid level equaling the speed level inverts. There is equal distribution between the four (4) lines leaving. There is evidence of solids carryover. The two (2) unused outlets are compromised and the d-box is no longer structurally sound and needs to be replaced (see attached photos).



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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.):

* 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: 32
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: One (1) @ 32' x 12.8'
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: SoilAir



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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.):

There is no ponding over the soil absorption system ("SAS"). The vegetation is consistent with the rest of the property. The SAS consists of four (4) rows of infiltrator chambers with eight (8) chambers in each row. There are four (4) inspection ports in the field, all to varying depths (35", 54", 37" and 42"). There is standing water in each.

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.):

Four horizontal lines for handwritten comments.



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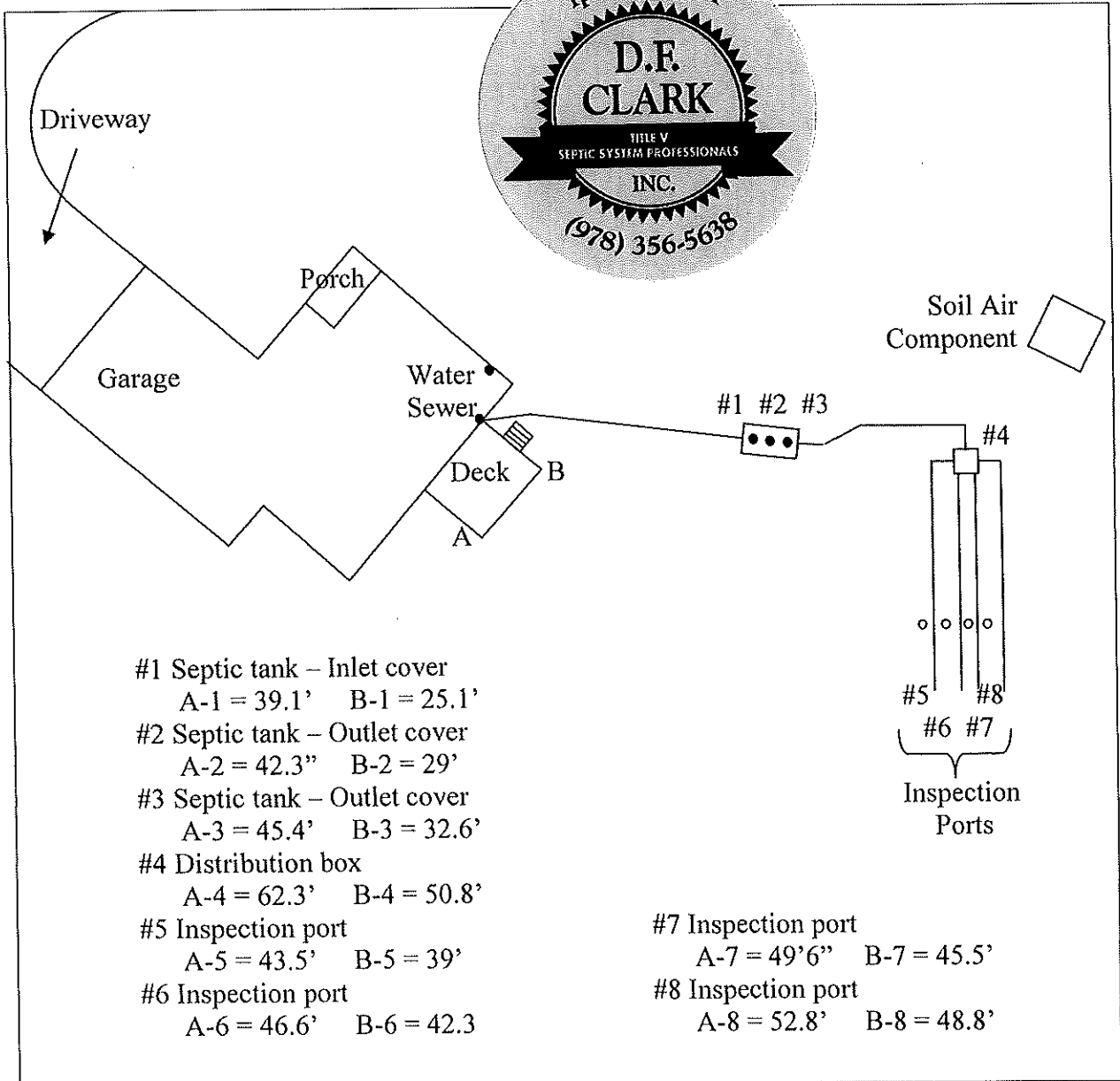
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D. System Information (cont.)

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 – Site is flat over system.

Surface water – None observed.

Check cellar – Dry with no sump pump.

Shallow wells – None located.

Estimated depth to high ground water:

5
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: October 31, 2006 (rev. January 15, 2007 & March 6, 2007)

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:

Soil testing was performed on January 10, 2007 by John Judd and witnessed by Gerry McDonald of the Board of Health. ESHGW was determined to be @ 60". T-1 and T-3 were dug and observed to a depth of 108" with ESHGW @ 60". T-4 also had ESHGW @ 60" when dug and observed to a depth of 106". T-2 was dug and observed to 120" with ESHGW @ 72". Per the design plan there is 5' of separation between the ESHGW @ elevation 93 and bottom of the SAS @ elevation 98.

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

23 Forest Lane

Property Address

Jonathan & Ann Ranger

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

February 27, 2024

Date of Inspection

Owner information is required for every page.

E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

A. Inspector Information: Complete all fields in this section.

B. Certification: Signed & Dated and 1, 2, 3, or 4 checked

C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 15: Explanation of estimated depth to high groundwater included







Customer Transaction Summary

Customer Information

Account No: 801698
JONATHAN RANGER
23 FOREST LANE
MANCHESTER, MA 01944

Location Information

Location No: 0917200
23 FOREST LANE
MANCHESTER, MA 01944

Date	Type	More Info	Reading		Usage	Prior Balance	Transaction Amount	Balance
05/16/2018	Charge	04/11/2018	3673	1	3900	0.00	236.84	236.84
06/18/2018	Payment	CHECK				236.84	-236.84	0.00
08/15/2018	Charge	07/05/2018	3737	1	6400	0.00	399.19	399.19
09/17/2018	Payment	CHECK				399.19	-399.19	0.00
11/15/2018	Charge	10/03/2018	3820	1	8300	0.00	550.11	550.11
12/18/2018	Payment	CHECK				550.11	-550.11	0.00
02/15/2019	Charge	01/28/2019	3889	0	6900	0.00	450.01	450.01
03/18/2019	Payment	CHECK				450.01	-450.01	0.00
05/15/2019	Charge	04/10/2019	3930	1	4100	0.00	258.93	258.93
06/18/2019	Payment	CHECK				258.93	-258.93	0.00
08/15/2019	Charge	07/12/2019	4010	1	8000	0.00	548.69	548.69
09/17/2019	Payment	CHECK				548.69	-548.69	0.00
11/15/2019	Charge	10/30/2019	4117	0	10700	0.00	749.03	749.03
12/13/2019	Payment	CHECK				749.03	-749.03	0.00
02/15/2020	Charge	01/08/2020	4148	1	3100	0.00	200.45	200.45
03/18/2020	Payment	CHECK				200.45	-200.45	0.00
05/15/2020	Charge	04/06/2020	4191	1	4300	0.00	282.41	282.41
06/18/2020	Payment	CHECK				282.41	-282.41	0.00
08/17/2020	Charge	07/15/2020	4298	1	10700	0.00	749.03	749.03
09/17/2020	Payment	CHECK				749.03	-749.03	0.00
11/16/2020	Charge	10/06/2020	4372	1	7400	0.00	512.97	512.97
12/15/2020	Payment	CHECK				512.97	-512.97	0.00
02/16/2021	Charge	01/07/2021	4418	1	4600	0.00	308.17	308.17
03/15/2021	Payment	CHECK				308.17	-308.17	0.00
05/17/2021	Charge	04/07/2021	4468	1	5000	0.00	335.97	335.97
06/16/2021	Payment	CHECK				335.97	-335.97	0.00
08/16/2021	Charge	07/07/2021	4521	1	5300	0.00	356.82	356.82
09/16/2021	Payment	CHECK				356.82	-356.82	0.00
11/15/2021	Charge	10/05/2021	4547	1	2600	0.00	172.99	172.99
12/10/2021	Payment	CHECK				172.99	-172.99	0.00
02/15/2022	Charge	01/04/2022	4566	1	1900	0.00	123.22	123.22
03/18/2022	Payment	CHECK				123.22	-123.22	0.00
05/16/2022	Charge	04/05/2022	4587	1	2100	0.00	137.44	137.44
06/14/2022	Payment	CHECK				137.44	-137.44	0.00
08/15/2022	Charge	07/14/2022	4653	1	6600	0.00	462.88	462.88
09/19/2022	Payment	CHECK				462.88	-462.88	0.00
11/15/2022	Charge	10/06/2022	4704	1	5100	0.00	361.11	361.11
12/14/2022	Payment	CHECK				361.11	-361.11	0.00
02/15/2023	Charge	01/05/2023	4742	1	3800	0.00	265.95	265.95
03/16/2023	Payment	CHECK				265.95	-265.95	0.00
05/15/2023	Charge	04/05/2023	4783	1	4100	0.00	287.91	287.91
06/14/2023	Payment	CHECK				287.91	-287.91	0.00
08/15/2023	Charge	07/06/2023	4832	1	4900	0.00	346.47	346.47
09/25/2023	Payment	CHECK				346.47	-346.47	0.00
11/15/2023	Charge	10/04/2023	4868	1	3600	0.00	257.45	257.45
12/21/2023	Payment	CHECK				257.45	-257.45	0.00



Customer Transaction Summary

Customer Information

Account No: 801698
JONATHAN RANGER
23 FOREST LANE
MANCHESTER, MA 01944

Location Information

Location No: 0917200
23 FOREST LANE
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
02/15/2024	Charge	01/11/2024	4895 1	2700	0.00	189.95	189.95



SOIL AIR SYSTEM
ROUTINE INSPECTION

ADDRESS: 23 Forest Lane, Manchester-by-the-Sea OWNER: Jonathan Ranger

DATE: December 14, 2023 OPERATOR: Christopher Maskell

SYSTEM STATUS

Septic Tank

Table with 3 columns: Component, 1st Compartment, 2nd Compartment. Rows: Effluent Filter, Scum Depth, Sludge Depth. Includes note: (Measured on December 14, 2023)

Inspect check valve

Yes

Soil Air Panel

Soil Air: 3.24 amps

Soil Air Filter

Cleaned

Table with 5 columns: Inspection port, #1, #2, #3, #4. Row: Liquid level with values 8, 12, 24, 3.

Comments: Gravity to D-Box.

Signature Christopher Maskell

Certificate # 19580

O.H.E ✓



May 20, 2022

Mr. & Mrs. Jonathan Ranger
23 Forest Lane
Manchester-by-the-Sea 01944

RE: Maintenance and Service Contract for the Soil Air system
located at 23 Forest Lane, Manchester-by-the-Sea

Dear Jonathan & Ann:

Clear Water Industries proposes to provide the service and maintenance for the Soil Air system 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: \$230.00

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

1. Check sludge and scum depth in the 1500 gallon septic tank.
2. Clean the effluent filter in the septic tank.
3. Check panel and alarm system.
4. Check float switch in the septic tank.
5. Check the leach field inspection port for ponding.
6. Check Soil Air Blower unit for proper operation.
7. Prepare report of findings including recommendations and any problems encountered, as required by MA DEP Approval for the Soil Air System.

Emer. enc. service:

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

	1 st 2 hrs.	Hourly
*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 *DFC*

Owner's initials *[Signature]*



Page 2
Mr. & Mrs. Jonathan Ranger
May 20, 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 annual reports as well as a review of any unscheduled service.

Sincerely,
Clear Water Industries

A handwritten signature in black ink that reads "David F. Clark /cmtb".

David F. Clark
Manager

Acceptance by Owner:

A handwritten signature in black ink that appears to be "Jonathan or Ann Ranger".
Jonathan or Ann Ranger

7/28/22
Date

may electronically file
not be shared with others;