



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

June 25, 2024

Cindy and Jeff Burbank
891 Canal Road
Sanbornville, NH 03872

NOTIFICATION TO OWNER

Upon receipt of the Title 5 Inspection Reports for the onsite sewage disposal systems at:

Property Address: **35 COOLIDGE POINT ROAD, MANCHESTER-BY-THE-SEA**
servicing the MAIN HOUSE and CARRIAGE HOUSE

Property Owner: BURBANK, JEFFEREY H and CYNTHIA C

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

The Title 5 Inspection Reports dated April 9, 2024, states the systems **PASS**.

Note: The septic tanks were not pumped as part of the inspection.

Separate septic systems serve the Main House and Carriage House buildings on this property.

The Main House has an alternative system requiring an Operation and Maintenance Contract to be on file with the Board of Health.

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 Harsbury 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
CK 48245
MAY 06 2024
9270435x2
BOARD OF HEALTH

April 26, 2024

Cindy & Jeff Burbank
891 Canal Road
Sanbornville, NH 03872

RE: 35 Coolidge Point – Main House & Carriage House
Manchester-by-the-Sea, MA

Dear Cindy & Jeff:

Please find enclosed the Subsurface Sewage Disposal System Inspection Report for the above-referenced properties. As noted on Part B (Certification) of the reports, both systems Pass the inspection criteria. The inspections are good for the next two (2) years; you may extend the life of each inspection to three (3) years by having the septic tanks 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-by-the-Sea Board of Health w/ review fees
D.F. Clark, Inc. file





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

35 Coolidge Point - Main House

Property Address

Cindy & Jeff Burbank

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

April 9, 2024

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

MA

State

01938

Zip Code

(978) 356-5638

Telephone Number

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

April 9, 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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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.

The system is maintained 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 | |
|--------------------------|-------------------------------------|---|
| <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 April 18, 2005 prepared by Hancock Associates (4 bedrooms x 110 gpd per bedroom)

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: Independent discharge pipe through foundation

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)): 143 gpd

Detail:

February 15, 2022 - February 15, 2024 = 104,720 gallons divided by 730 days = 143 gallons per day

Sump pump? Yes No

Last date of occupancy: Currently occupied



Commonwealth of Massachusetts
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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 August, 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 (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 as-built on file with the Board of Health is dated July 15, 2008.

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

3.25
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.):

Both building sewer pipes are 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:

2.33
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:

12' L x 6' W x 3' D (depth set by float setting)

Sludge depth:

6"

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

N/A

Scum thickness

2"

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 28" below grade. The inlet PVC tee is in place. There is a pump vault and biotube filter in the outlet side. There is no evidence of leakage or infiltration and the liquid level is within the normal range, and is set by the floats.



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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 and alarm were both tested and are in working order. There is no evidence of leakage or infiltration.

* 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: One (1) @ 25' x 30'
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology:

Pressure Distribution



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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 or signs of hydraulic failure within the soil absorption system ("SAS"). The vegetation is consistent with the surrounding area. The five (5) laterals that make up the SAS were flushed on September 25, 2023 by Clear Water Industries.

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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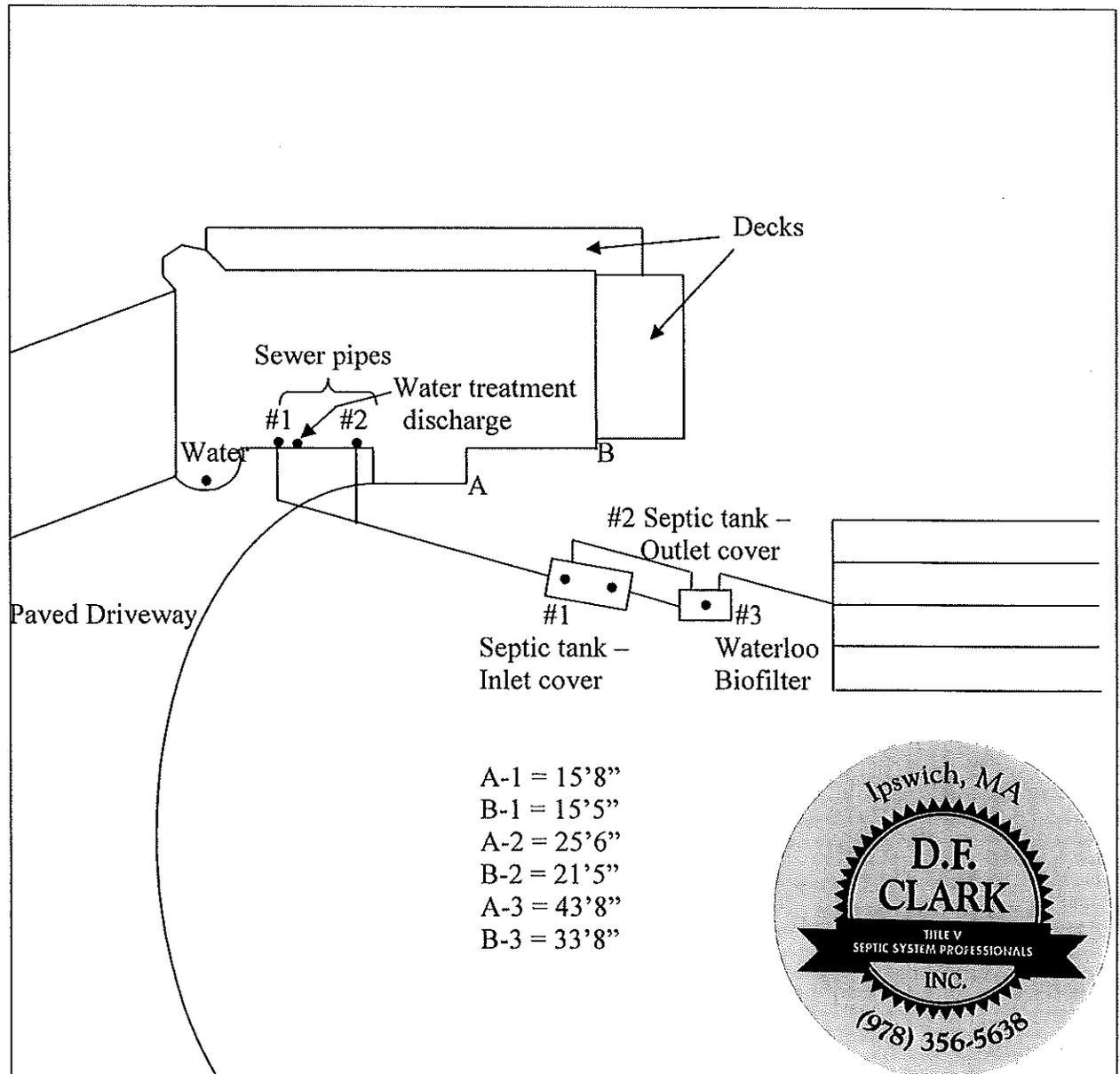
Owner information is required for every page.

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: 0 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: April 18, 2005
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:

When Jim Scanlan performed soil testing on June 3, 2004, ESHGW was observed in four (4) holes:

T-1B @ 44", T-2B @ 74", T-3B @ 46" and T-5B @ 0". According to design plan the bottom of the
SAS @ elevation 44.0 is 4' above the ESHGW in hole T-5B @ elevation 4.0. At time of inspection a
site exam was made, site is level, 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

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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

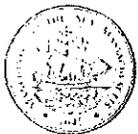
Customer Information

Account No: 40566
JL FFREY BURBANK
35 COOLIDGE POINT
MANCHESTER, MA 01944-

Location Information

Location No: 1009100
35 COOLIDGE POINT-HOUSE
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance	
08-15-2018	F Charge	07/02/2018	1386	1	1300	0.00	74.24	74.24
08-27-2018	Payment	CCC			74.24	-74.24	0.00	0.00
11-15-2018	Charge	10/02/2018	1405	1	1900	0.00	114.17	114.17
12-10-2018	Payment	CCC			114.17	-114.17	0.00	0.00
02-15-2019	Charge	01/08/2019	1426	1	2100	0.00	127.33	127.33
02-27-2019	Payment	CCC			127.33	-127.33	0.00	0.00
05-15-2019	Charge	04/10/2019	1439	1	1300	0.00	77.01	77.01
06-17-2019	Payment	CCC			77.01	-77.01	0.00	0.00
08-15-2019	Charge	07/12/2019	1459	1	2000	0.00	125.32	125.32
08-29-2019	Payment	CCC			125.32	-125.32	0.00	0.00
11-15-2019	Charge	10/09/2019	1480	1	2100	0.00	132.15	132.15
12-16-2019	Payment	CCC			132.15	-132.15	0.00	0.00
02-15-2020	Charge	01/08/2020	1498	1	1800	0.00	111.66	111.66
03-04-2020	Payment	CCC			111.66	-111.66	0.00	0.00
05-15-2020	Charge	04/06/2020	1514	1	1600	0.00	98.60	98.60
06-04-2020	Payment	CHECK			98.60	-98.60	0.00	0.00
08-17-2020	Charge	07/15/2020	1537	1	2300	0.00	145.81	145.81
09-01-2020	Payment	CHECK			145.81	-145.81	0.00	0.00
11-16-2020	Charge	10/06/2020	1555	1	1800	0.00	113.57	113.57
12-03-2020	Payment	CHECK			113.57	-113.57	0.00	0.00
02-16-2021	Charge	01/07/2021	1575	1	2000	0.00	127.47	127.47
03-01-2021	Payment	CHECK			127.47	-127.47	0.00	0.00
05-17-2021	Charge	04/07/2021	1595	1	2000	0.00	127.47	127.47
06-01-2021	Payment	CHECK			127.47	-127.47	0.00	0.00
08-16-2021	Charge	07/07/2021	1614	1	1900	0.00	120.52	120.52
09-07-2021	Payment	CHECK			120.52	-120.52	0.00	0.00
11-15-2021	Charge	10/05/2021	1702	1	8800	0.00	632.72	632.72
12-14-2021	Payment	CHECK			632.72	-632.72	0.00	0.00
02-15-2022	Charge	01/04/2022	1718	1	1600	0.00	102.53	102.53
03-02-2022	Payment	CHECK			102.53	-102.53	0.00	0.00
05-16-2022	Charge	04/05/2022	1729	1	1100	0.00	70.18	70.18
05-25-2022	Payment	CCC			70.18	-70.18	0.00	0.00
08-15-2022	Charge	07/14/2022	1751	1	2200	0.00	144.55	144.55
09-06-2022	Payment	CHECK			144.55	-144.55	0.00	0.00
11-15-2022	Charge	10/06/2022	1773	1	2200	0.00	148.83	148.83
12-06-2022	Payment	CHECK			148.83	-148.83	0.00	0.00
02-15-2023	Charge	01/05/2023	1789	1	1600	0.00	105.57	105.57
04-10-2023	Payment	CHECK			105.57	-105.57	0.00	0.00
05-11-2023	Reverse Pmt				0.00	105.57	105.57	105.57
05-15-2023	Charge	04/05/2023	1800	0	1100	105.57	72.27	177.84
05-16-2023	Adjustment				177.84	-105.57	72.27	72.27
06-01-2023	Payment	CHECK			72.27	-72.27	0.00	0.00
08-15-2023	Charge	07/06/2023	1820	1	2000	0.00	134.19	134.19
09-05-2023	Payment	CHECK			134.19	-134.19	0.00	0.00
11-15-2023	Charge	10/04/2023	1841	1	2100	0.00	144.95	144.95
12-06-2023	Payment	CHECK			144.95	-144.95	0.00	0.00



Customer Transaction Summary

Customer Information

Account No: 40566
J. FREY BURBANK
35 COOLIDGE POINT
MANCHESTER, MA 01944-

Location Information

Location No: 1009100
35 COOLIDGE POINT-HOUSE,
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
02/15/2024	Charge	01/11/2024	1858	1	1700	0.00	114.95
03/04/2024	Payment	CHECK				114.95	-114.95
							0.00



WATERLOO BIOFILTER SYSTEM
ROUTINE INSPECTION

ADDRESS: 35 Coolidge Point Road, Manchester-by-the-Sea OWNER: Burbank
DATE: September 25, 2023 OPERATOR: Christopher Maskell

SYSTEM STATUS

Septic Tank

Bio-tube Filter: O.k., cleaned
Scum Depth: 1"/36"
Sludge Depth: 11"/36"
(Measured on September 25, 2023)

Pump Chamber

Pump H-O-A Setting: Auto
Pump Cycle Timer: 30 seconds on, 10 minutes off
Elapsed Time Meter: 8 hours, 31 minutes
Event Counter: 1,018
Alarm Selector: On
High Level Alarm Count: 1
Low Level Alarm Count: 13
Exercise Pump: Yes
Test & Clean Floats: O.k., cleaned
Tank Condition: Good

Waterloo Biofilter Chamber

Pump H-O-A Setting: Auto
Pump Cycle Timer: On demand
Event Counter: 40
Elapsed Time Meter: 1 hour, 45 minutes
Alarm Selector: On
High Level Alarm Count: 8
Exercise Pump: Yes
Test & Clean Floats: O.k., cleaned
Tank Condition: Good
Foam Medium Condition: Good, yellow
Spray Nozzles: Clear, good spray

Effluent Quality

Visual Inspection: Clear, no odor
Sample: pH = 6.8, Dissolved Oxygen = 4.22 mg/L, Turbidity = 9.58 NTU

Comments: Flushed all five (5) laterals in SAS on September 25, 2023.

Signature: Christopher Maskell Certificate # 19580

Handwritten initials 'OHL' with a checkmark



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Title 5

DEP Approved Inspection and O&M Form for Title 5 I/A
Treatment and Disposal Systems

A. Installation

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Jeffrey & Cynthia Burbank

Owner

35 Coolidge Point Road

Facility Street Address

Manchester-by-the-Sea

City

01944

Zip

Mailing address of owner, if different:

Street Address/PO Box:

City

State

Zip

() - ext.

Telephone Number

B. Authorized Service Provider

Clear Water Industries

O&M Firm

P.O. Box 825

Street Address

Ipswich

City

MA

State

01938

Zip

(978) 356 - 0779 ext.

Telephone Number

Christopher Maskell

Certified Operator Name

19580

Certification Number

C. Facility/System Information

DEP ID

September 21, 2007

Installation Date

Manufacturer ID

July 3, 2008

Start of Operation

Model Number

Approval Type: General Provisional Piloting Remedial

Seasonal Residence – used less than 6 mo./year: Yes No

D. Operating Information

September 25, 2023

Inspection Date

11"

Sludge Depth (to be checked yearly)

September 15, 2022

Previous Inspection Date

Pumping Recommended Yes No



DEP Approved Inspection and O&M Form for Title 5 I/A Treatment and Disposal Systems

E. Field Testing

Field Inspection:

Color: gray brown clear turbid

Other (specify): _____

Odor: musty earthy moldy offensive turbid

Effluent Solids: no some

pH $\frac{6.8 \text{ SU}}{6 \text{ to } 9}$ DO $\frac{4.22 \text{ mg/L}}{2 \text{ or greater}}$ Turbidity $\frac{9.58 \text{ NTU}}{40 \text{ or less}}$

Should a Remedial or General Use system fail the Field Testing, effluent samples shall be collected per Standard Methods and analyzed for BOD and TSS.

F. Sampling Information

Samples Taken: Influent Effluent

Commercial systems or systems with a design flow of 2000 gpd and greater, and General Use nitrogen reducing systems:

_____ gpd

Parameters sampled: pH BOD CBOD TSS TN Other (list below)

Other 1 _____

Other 2 _____

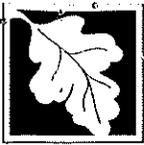
Other 3 _____

G. Inspection and Maintenance

Description of any maintenance performed since previous inspection & during this inspection:

Notes and Comments:

Field sample was clear with no odor.



**DEP Approved Inspection and O&M Form for Title 5 I/A
Treatment and Disposal Systems**

H. Certification

I certify: I have inspected the sewage treatment and disposal system at the address above, have conducted the required Field Testing and/or sample collection in accordance with Standard Methods, have completed this report and the attached technology operation and maintenance checklist, and the information reported is true, accurate, and complete as of the time of the inspection. I am a Massachusetts certified operator in accordance with 257 CMR 2.00.

Christopher Maween

September 25, 2023
Date

Operator Signature

System owner must submit this report, technology O&M checklist, and any required sampling results to the local board of health and DEP as follows for each inspection performed:

Remedial Use – by January 31st of each year for the previous calendar year

Piloting Use - within 45 days of inspection date

Provisional Use – by March 31th of each year for the previous 12 months

General Use – by September 30th of each year for the previous 12 months

Send to:

Department of Environmental Protection
Attention: Title 5 Program
One Winter Street, 6th Floor
Boston, MA 02108



May 19, 2022

Jeff & Cindy Burbank
35 Coolidge Point
Manchester-by-the-Sea, MA 01944

RE: Maintenance and Service Contract for the Waterloo Biofilter System located at
35 Coolidge Point, Manchester-by-the-Sea

Dear Jeff & Cindy:

Clear Water Industries (CWI) proposes to provide the service and maintenance for the Waterloo Biofilter System located at the above referenced property. The following maintenance and service schedule is for the next two (2) years of operation commencing upon the receipt of signed contract and annual cost received in full.

Scheduled Annual Service:

Annual Cost: 1 inspection and 1 field effluent test = \$355.00

(Note: Access cover for all components must be at the ground surface.)

1. Check sludge and scum depth in the septic tank and clean the bio-tube filter.
2. Check panel and alarm system.
3. Check ejector pumps and float switches in both the Pump Chamber and the Waterloo Biofilter.
4. Check spray nozzles and foam cubes in Waterloo Biofilter.
5. Flush and brush scour laterals in pressure-distribution disposal field as needed.
6. Take effluent sample as required by Massachusetts D.E.P. Sample will be analyzed for the following:
 - *Dissolved Oxygen,
 - *Turbidity,and *pH.
7. Notify Client verbally of any problems encountered.
(Note: There may be instances when the high water alarm will sound. In the event of an alarm condition, you are requested to silence the audible alarm and contact CWI @ (978) 356-0779 for instruction and/or a follow-up field visit by a CWI personnel. See emergency service costs.)

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 initial DFC

Owner's initial CCB



Page 2
Jeff & Cindy Burbank
May 19, 2022

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.

2. If results of field effluent testing for pH, Dissolved Oxygen or Turbidity do not comply with Massachusetts Department of Environmental Protection limits, additional testing for Total Suspended Solids and Biochemical Oxygen Demand would need to be done at a certified laboratory. Owner would be contacted prior to additional testing. Additional testing of effluent would be \$110.00 per sample.

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 DEP's Title V Regulations, CWI will file an annual report transmitting the data from the annual inspection, as noted above, as well as a review of any unscheduled service. CWI will also file an annual report with the home owner and the local Board of Health.

Sincerely,
Clear Water Industries

David F. Clark /cmb

David F. Clark
Manager

Acceptance by Owner:

Cindy Burbank

Jeff or Cindy Burbank

5/23/22
Date



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED
CK 48295
MAY 06 2024
\$276 \$135 x 2
BOARD OF HEALTH

35 Coolidge Point - Carriage House

Property Address

Cindy & Jeff Burbank

Owner's Name

Manchester-by-the-Sea

City/Town

MA
State

01944
Zip Code

April 9, 2024
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

City/Town

MA
State

01938
Zip Code

(978) 356-5638

Telephone Number

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

April 9, 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 10,000 gpd or greater, the inspector and the system owner shall submit the report to the regional office of the DEP. The original form should be sent to the system owner, the buyer, if applicable, and the approving authority.

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



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

Owner information is required for every page.

35 Coolidge Point - Carriage House
 Property Address
 Cindy & Jeff Burbank
 Owner's Name
 Manchester-by-the-Sea MA 01944 April 9, 2024
 City/Town State Zip Code Date of Inspection

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.

Cleaned effluent filter in the septic tank at time of inspection. D.F. Clark, Inc. recommends filter be cleaned on a yearly basis to prevent filter from clogging and possibly backing sewage into residence.

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):



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

Owner information is required for every page.

35 Coolidge Point - Carriage House
 Property Address
 Cindy & Jeff Burbank
 Owner's Name
 Manchester-by-the-Sea MA 01944 April 9, 2024
 City/Town State Zip Code Date of Inspection

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:**



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Coolidge Point - Carriage House

Property Address

Cindy & Jeff Burbank

Owner's Name

Manchester-by-the-Sea

City/Town

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01944
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April 9, 2024
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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 |



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Coolidge Point - Carriage House

Property Address

Cindy & Jeff Burbank

Owner's Name

Manchester-by-the-Sea

City/Town

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April 9, 2024
Date of Inspection

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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 |



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Coolidge Point - Carriage House

Property Address

Cindy & Jeff Burbank

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

April 9, 2024

Date of Inspection

Owner information is required for every page.

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

- Pumping information was provided by the owner, occupant, or Board of Health
- Were any of the system components pumped out in the previous two weeks?
- Has the system received normal flows in the previous two week period?
- Have large volumes of water been introduced to the system recently or as part of this inspection?
- Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- Was the facility or dwelling inspected for signs of sewage back up?
- Was the site inspected for signs of break out?
- Were all system components, excluding the SAS, located on site?
- Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
- 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:
- Existing information. For example, a plan at the Board of Health.
- Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Coolidge Point - Carriage House

Property Address

Cindy & Jeff Burbank

Owner's Name

Manchester-by-the-Sea

City/Town

MA
State

01944
Zip Code

April 9, 2024
Date of Inspection

Owner information is required for every page.

D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): Two (2) Number of bedrooms (actual): Two (2)

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 220 gpd

Description:

Per design plan dated April 13, 2020 (revised May 6, 2020) prepared by Sullivan Engineering (2 bedrooms x 110 gpd per bedroom). Design flow taken from Construction Permit dated April 25, 2020.

Number of current residents: Varies

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)): 31 gpd

Detail:

February 15, 2022 - February 15, 2024 = 22,440 gallons divided by 730 days = 31 gallons per day

Sump pump? Yes No

Last date of occupancy: Currently occupied



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Coolidge Point - Carriage House

Property Address

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Zip Code

April 9, 2024

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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 August, 2023

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped: _____

gallons

How was quantity pumped determined? _____

Reason for pumping: _____



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Coolidge Point - Carriage House

Property Address

Cindy & Jeff Burbank

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

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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 as-built on file with the Board of Health is dated September 25, 2020. The septic tank and distribution box were replaced and the SAS was existing. Age of SAS is unknown.

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

1.58
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

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: .83
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: 0"

Distance from top of sludge to bottom of outlet tee or baffle N/A

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 10" below grade. The inlet PVC tee and outlet PVC tee are in place. The filter at the outlet was cleaned during the inspection. The liquid level is normal and equals the outlet invert. There is no evidence of leakage and the tank appears to be structurally sound. Pumping is not required based on the guidelines in 310 CMR 15.351.



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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 17" below grade and measures 16" x 16". There was no solids

carryover observed. There is no evidence of leakage and the liquid level is normal and equals the

outlet inverts. There is equal distribution between the three (3) lines leaving. The d-box appears to be

structurally sound.



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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: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: One (1)
@ 15' x 35'
- 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.):

There is no ponding over or signs of hydraulic failure with the soil absorption system ("SAS"). The vegetation is consistent with the surrounding area. The bottom of the SAS is 33" below the existing grade. There is no evidence of solids carryover.

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.):



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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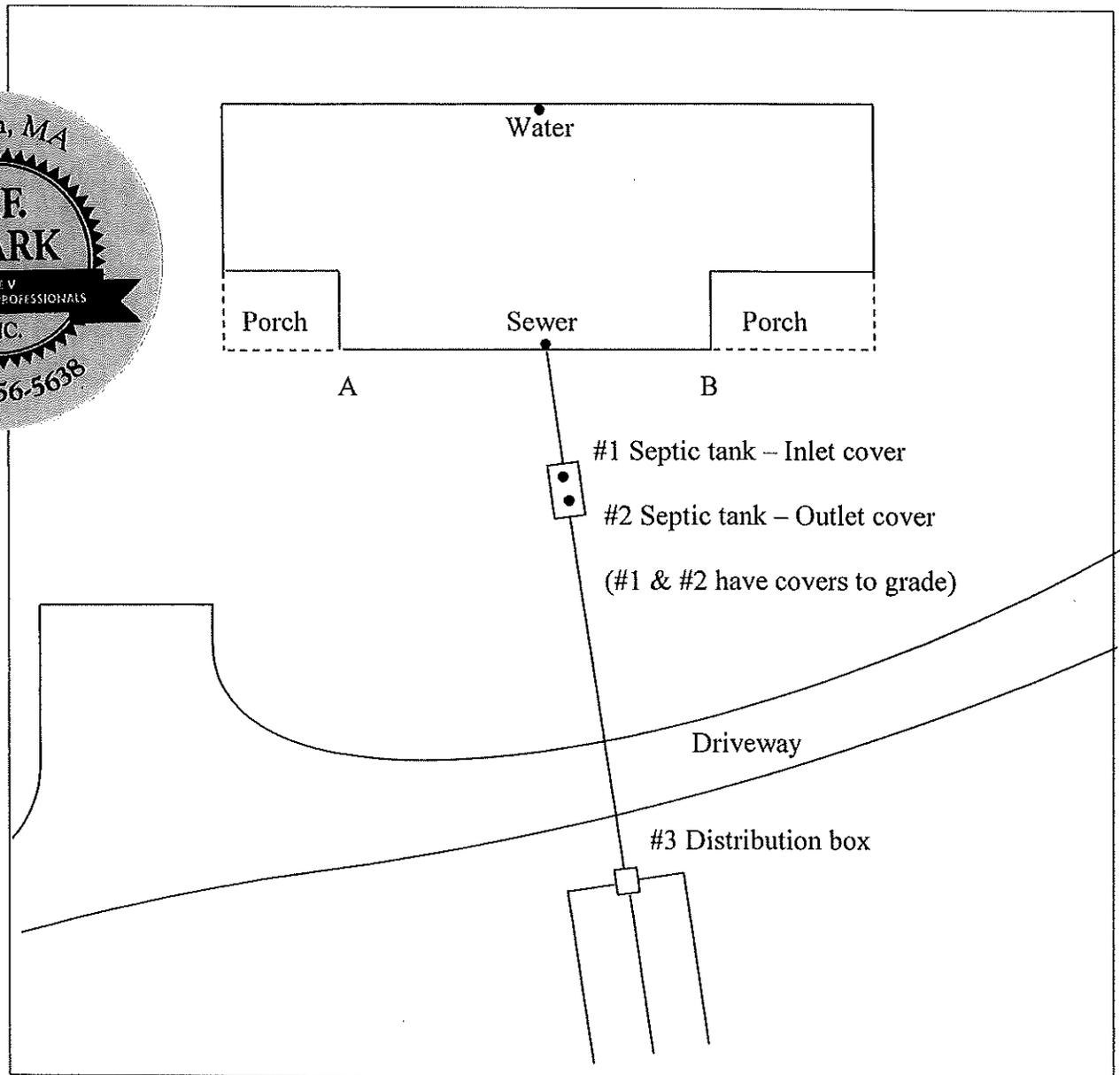
Owner information is required for every page.

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





Commonwealth of Massachusetts
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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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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: 3.66
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: June 3, 2004
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:

Bottom of SAS is 33" below grade. Hancock Engineering performed soil testing at 35 Coolidge Point

- Main House on May 5, 2004 and observed ESHGW in all three (3) holes: T-1B @ 44", T-2B @ 74",

T-3B @ 46". At time of inspection a site exam was made, site is level, no surface water was

observed, there is no cellar, 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: 40566
JEFFREY BURBANK
35 COOLIDGE POINT
MANCHESTER, MA 01944-

Location Information

Location No: 1009000
35 COOLIDGE PT-CARRIAGE HSE
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
08/15/2018	F Charge	07/02/2018	1527 1	100	0.00	5.68	5.68
08/27/2018	Payment	CCC			5.68	-5.68	0.00
11/15/2018	Charge	10/02/2018	1527 1	0	0.00	0.00	0.00
02/15/2019	Charge	01/08/2019	1527 1	0	0.00	0.00	0.00
05/15/2019	Charge	04/10/2019	1527 1	0	0.00	0.00	0.00
08/15/2019	Charge	07/12/2019	1527 1	0	0.00	0.00	0.00
11/15/2019	Charge	10/09/2019	1527 1	0	0.00	0.00	0.00
02/15/2020	Charge	01/08/2020	1527 1	0	0.00	0.00	0.00
05/15/2020	Charge	04/06/2020	1527 1	0	0.00	0.00	0.00
08/17/2020	Charge	08/17/2020	1527	0	0.00	0.00	0.00
11/16/2020	Charge	10/28/2020	1527	0	0.00	0.00	0.00
02/16/2021	Charge				0.00	0.00	0.00
04/30/2021	Misc - ON				0.00	45.00	45.00
05/17/2021	Charge	04/07/2021	0 1	0	45.00	0.00	45.00
06/01/2021	Payment	CHECK			45.00	-45.00	0.00
08/16/2021	Charge	07/07/2021	5 1	500	0.00	31.10	31.10
09/07/2021	Payment	CHECK			31.10	-31.10	0.00
11/15/2021	Charge	10/05/2021	8 1	300	0.00	19.08	19.08
12/14/2021	Payment	CHECK			19.08	-19.08	0.00
02/15/2022	Charge	01/04/2022	9 0	100	0.00	6.36	6.36
03/02/2022	Payment	CHECK			6.36	-6.36	0.00
05/16/2022	Charge	04/05/2022	9	0	0.00	0.00	0.00
08/15/2022	Charge	07/25/2022	10 0	100	0.00	6.36	6.36
09/06/2022	Payment	CHECK			6.36	-6.36	0.00
11/15/2022	Charge	10/06/2022	11 0	100	0.00	6.55	6.55
12/06/2022	Payment	CHECK			6.55	-6.55	0.00
02/15/2023	Charge	02/15/2023	11	0	0.00	0.00	0.00
04/18/2023	Payment	CHECK			0.00	-105.57	-105.57
05/15/2023	Charge	04/05/2023	11	0	-105.57	0.00	-105.57
05/16/2023	Adjustment				-105.57	105.57	0.00
08/15/2023	Charge	07/06/2023	11	0	0.00	0.00	0.00
11/15/2023	Charge	10/04/2023	12 1	100	0.00	6.71	6.71
12/06/2023	Payment	CHECK			6.71	-6.71	0.00
02/15/2024	Charge	01/11/2024	12 1	0	0.00	0.00	0.00