



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 12, 2024

Anne Dodge Revocable Trust
c/o Tom Dodge
70 School Street
Manchester-by-the-Sea, MA 01944

NOTICE OF VIOLATION TO OWNER

On May 28, 2024, the Board of Health received the Title 5 Inspection Report for the on-site sewage disposal system located at:

Property Address: **239 SUMMER STREET, MANCHESTER-BY-THE-SEA (COTTAGE)**
Property Owner: Anne N. Dodge Revocable Trust

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

Inspection Result: **FAILS** Dated: **4/30/2024**
System Type: Septic tank, distribution box, leach trenches.

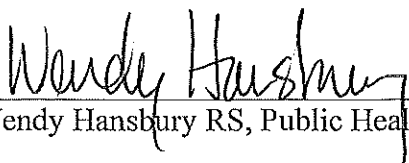
The Board of Health Agent did find the septic system, as it is now used, to constitute a danger to the public health and subsequently orders its repair/replacement at this time.

Failing Conditions:

- Any portion of the soil absorption system is below high ground water elevation.

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

Reviewing Board of Health Agent:


Wendy Hansbury RS, Public Health Director



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NOTIFICATION TO OWNER – ACTION REQUIRED

On May 28, 2024, the Board of Health received the Title 5 Inspection Report for the onsite sewage disposal system at:

Property Address: **239 SUMMER STREET, MANCHESTER-BY-THE-SEA (Main House)**

Property Owner: Anne N. Dodge Revocable Trust

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

The Title 5 Inspection Report dated: 4/25/2024

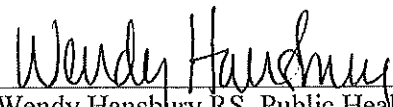
Further action is required:

- The on-site septic system for this property was not designed to accommodate garbage grinders per 310 CMR 15.223(1)(c). **You are required to provide a licensed plumber's receipt to confirm the removal of the garbage grinder(s).**
- Per 310 CMR 15.004, Backwash of water purification or filtration devices shall not be discharged to an on-site system. The owner of the dry well shall register the dry well in accordance with 310 CMR 27.00: *Underground Injection Control Regulations*. **You are required to provide a licensed plumber's receipt to confirm that the water treatment unit does not backwash into the septic tank.**

Notes:

- The septic tank was not pumped as part of the inspection. Pumping of the septic tank is recommended by the inspector (D.6. page 10).
- The system has not received normal flows in the two-week period prior to inspection; the last date of occupancy is noted as "one month ago".
- Solid carryover was noted in the distribution box and the leach field (D.6. pages 9 and 11)

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.



May 23, 2024

Anne Dodge Revocable Trust
239 Summer Street
Manchester-by-the-Sea, MA 01944

RE: Title 5 Inspections
239 Summer Street, Manchester-by-the-Sea

Dear Anne Dodge Revocable Trust:

Please find enclosed the Subsurface Sewage Disposal System Inspection Reports for the above referenced property. As noted on Part B (Certification) of each report, one system Passes and the other system Fails the inspection criteria. The system for the main house Passes; and the system for the cottage Fails due to the bottom of the leach pit being in the groundwater table.

Thank you for allowing us to be of service to you on this project. Please contact us if you have any questions regarding this matter.

Sincerely,
D.F. Clark, Inc.

Benjamin "Jamie" Prescott
Title 5 Inspector

Enclosure

cc: ☒ Manchester Board of Health w/ review 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.

239 Summer Street - Main House

Property Address

Anne Dodge Revocable Trust

Owner's Name

Manchester-by-the-Sea

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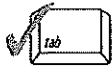
Zip Code

April 25, 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

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.

2) System Conditionally Passes:

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

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

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

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

☐ Y ☐ N ☐ ND (Explain below):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

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

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

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

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

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

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

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

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

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

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



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C. Inspection Summary (cont.)

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

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

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

Method used to determine distance: _____

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

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

Yes No

☐☒

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

☐☒

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



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C. Inspection Summary (cont.)

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

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure. |

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

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

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

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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 type="checkbox"/> | <input checked="" 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): Six (6) Number of bedrooms (actual): Four (4)

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 660 gpd

Description:

Per design plan dated September 27, 1996 (rev. December 5, 1996) prepared by Hancock

Engineering (six bedrooms x 110 gpd per bedroom)

Number of current residents: 0

Does residence have a garbage grinder? ☒ Yes ☐ No

Does residence have a water treatment unit? ☒ Yes ☐ No

If yes, discharges to: Water treatment is for well water used for irrigation. Back wash goes into septic tank. (System is not turned on yet.)

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)): 280 gpd

Detail:

February 15, 2022 - February 15, 2024 = 204,204 gallons divided by 730 days = 280 gallons per day

Sump pump? ☒ Yes ☐ No

Last date of occupancy: One month ago
Date



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D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

☐ Yes ☐ No

Water treatment unit present?

☐ Yes ☐ No

If yes, discharges to:

Industrial waste holding tank present?

☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system?

☐ Yes ☐ No

Water meter readings, if available:

Last date of occupancy/use:

Date

Other (describe below):

3. Pumping Records:

Source of information:

System was last pumped on May 21, 2019 by D.F.
Clark, Inc.

Was system pumped as part of the inspection?

☐ Yes ☒ No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:



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D. System Information (cont.)

4. Type of System:

- ☐ Septic tank, distribution box, soil absorption system
- ☐ Single cesspool
- ☐ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☒ Other (describe):
Septic tank, pump chamber, two (2) distribution boxes, soil absorption system

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

System as-built on file with the Board of Health is dated December 15, 1998

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

5. Building Sewer (locate on site plan):

Depth below grade:

3.33
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:

2.58
feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

☐ Yes ☐ No

Dimensions:

4' D x 6' W x 12' L

Sludge depth:

1st Comp = 8"

2nd Comp = 6"

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

1st Comp = 23"

2nd Comp = 25"

Scum thickness

1st Comp = 12"

2nd Comp = 0"

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

1st Comp = 0"

2nd Comp = N/A

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

1st Comp = 3"

2nd Comp = 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 31" below grade. It is a two-compartment tank with a normal liquid level that equals

the outlet invert. The inlet and outlet tees are in place. There is no evidence of leakage and the tank

appears to be structurally sound. Pumping is recommended per 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.):

System pumps up to the first distribution box ("d-box"). The inlet is the 2" force main with sanitary tee.

The outlet is 3" PVC at which point the system uses gravity, passing through five (5) access boxes

before the final d-box. All of the access boxes were opened and are all working properly. The final

d-box is 44" below grade and measures 16" x 16". Liquid level is normal and equals the outlet inverts.

There is equal distribution between the lines leaving with speed levelers in each. There is evidence of

solids carryover, but no evidence of leakage or infiltration. It 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.):

The pump chamber appears to be structurally sound. The pumps and alarms were both tested and are in working order.

The bath house ejector pump and alarm were both tested and are in working order.

* If pumps or alarms are not in working order, system is a conditional pass.

11. Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|-----------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input checked="" type="checkbox"/> | leaching trenches | number, length: | Three (3) @ 64' |
| <input type="checkbox"/> | leaching fields | number, dimensions: | _____ |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | innovative/alternative system | | |

Type/name of technology: _____



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

239 Summer Street - Main House

Property Address

Anne Dodge Revocable Trust

Owner's Name

Manchester-by-the-Sea

MA

State

01944

Zip Code

April 25, 2024

Date of Inspection

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

SAS is in a wooded area and consists of three (3) leaching trenches, each measuring 64' L x 3' W x

2' D. Solids carryover was observed during a camera inspection.

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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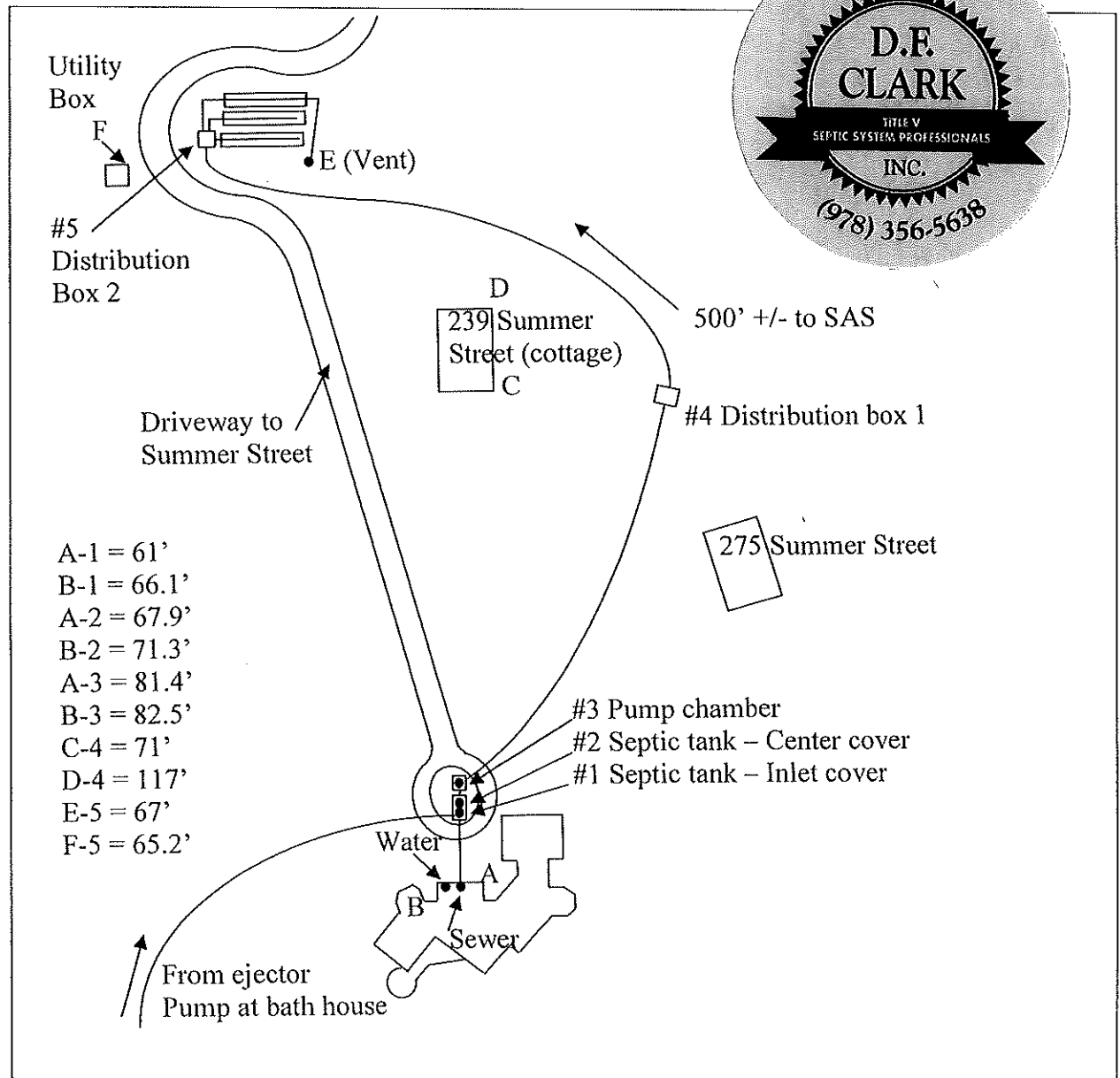
Owner
information is
required for every
page.

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 – Varies greatly.
- ☒ Surface water – None observed.
- ☒ Check cellar – Dry with a sump pump.
- ☒ Shallow wells – None located.

Estimated depth to high ground water:

8.58
feet

Please indicate all methods used to determine the high ground water elevation:

- ☒ Obtained from system design plans on record
If checked, date of design plan reviewed: September 27, 1996 (rev. December 5, 1996)
- ☐ Observed site (abutting property/observation hole within 150 feet of SAS)
- ☒ Checked with local Board of Health - explain:
Soil testing on October 30, 1997
- ☐ 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 April 5, 1990 by John Bennett, witnessed by Linda Wimer of the Board of Health. T-5 was dug and observed to a depth of 128" with groundwater @ 116", and T-6 had groundwater @ 103" when dug and observed to a depth of 126". Soil testing was also performed on October 30, 1997 by Paul Carey with ESHGW being >72". Per the design plan there is 4.5' of separation between the bottom of the SAS @ elevation 77.2 and groundwater @ elevation 72.7.

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: 801641
 ANNE N. DODGE REV TR
 70 SCHOOL STREET
 MANCHESTER, MA 01944-

Location Information

Location No: 0913005
 239 SUMMER STREET
 MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
02/15/2018	Charge	01/10/2018	2888	1	1500	0.00	85.80
03/01/2018	Payment	CHECK			85.80	-85.80	0.00
05/16/2018	Charge	04/10/2018	2894	1	600	0.00	34.08
06/12/2018	Payment	CHECK			34.08	-34.08	0.00
08/15/2018	Charge	07/03/2018	2919	1	2500	0.00	148.08
09/04/2018	Payment	CHECK			148.08	-148.08	0.00
11/15/2018	Charge	10/02/2018	2960	1	4100	0.00	258.93
01/09/2019	Interest				258.93	3.03	261.96
01/10/2019	Penalty				261.96	5.00	266.96
01/31/2019	Payment	CHECK			266.96	-266.96	0.00
02/15/2019	Charge	01/08/2019	2972	1	1200	0.00	71.01
02/28/2019	Payment	ONLINE			71.01	-71.01	0.00
05/15/2019	Charge	04/10/2019	2986	1	1400	0.00	83.01
05/24/2019	Payment	ONLINE			83.01	-83.01	0.00
08/15/2019	Charge	07/12/2019	3020	1	3400	0.00	220.94
08/20/2019	Payment	UNIBANK			220.94	-220.94	0.00
11/15/2019	Charge	10/09/2019	3086	1	6600	0.00	444.81
11/22/2019	Payment	ONLINE			444.81	-444.81	0.00
02/15/2020	Charge	01/08/2020	3109	1	2300	0.00	145.81
02/24/2020	Payment	UNIBANK			145.81	-145.81	0.00
05/15/2020	Charge	04/06/2020	3117	1	800	0.00	48.88
05/21/2020	Payment	UNIBANK			48.88	-48.88	0.00
08/17/2020	Charge	07/15/2020	3149	1	3200	0.00	207.28
08/26/2020	Payment	UNIBANK			207.28	-207.28	0.00
11/16/2020	Charge	10/06/2020	3202	1	5300	0.00	356.82
02/16/2021	Charge	01/07/2021	3239	1	3700	356.82	602.44
02/22/2021	Payment	UNIBANK			602.44	-602.44	0.00
05/17/2021	Charge	04/02/2021	3283	1	4400	0.00	294.27
06/16/2021	Payment	UNIBANK			294.27	-294.27	0.00
08/16/2021	Charge	07/07/2021	3359	1	7600	0.00	528.07
08/26/2021	Payment	UNIBANK			528.07	-528.07	0.00
11/15/2021	Charge	10/05/2021	3426	1	6700	0.00	470.60
12/02/2021	Payment	UNIBANK			470.60	-470.60	0.00
02/15/2022	Charge	01/04/2022	3467	1	4100	0.00	279.64
05/16/2022	Charge	04/05/2022	3490	1	2300	279.64	151.66
05/19/2022	Payment	UNIBANK			431.30	-431.30	0.00
08/15/2022	Charge	07/13/2022	3551	0	6100	0.00	424.28
08/25/2022	Payment	UNIBANK			424.28	-424.28	0.00
11/15/2022	Charge	10/06/2022	3582	1	3100	0.00	214.71
11/21/2022	Payment	UNIBANK			214.71	-214.71	0.00
02/15/2023	Charge	01/05/2023	3604	1	2200	0.00	148.83
02/21/2023	Payment	UNIBANK			148.83	-148.83	0.00
05/15/2023	Charge	04/05/2023	3625	1	2100	0.00	141.51
05/18/2023	Payment	UNIBANK			141.51	-141.51	0.00
08/15/2023	Charge	07/06/2023	3661	1	3600	0.00	251.31
08/24/2023	Payment	UNIBANK			251.31	-251.31	0.00

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Location Information

Location No: 0913005
239 SUMMER STREET
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
11/15/2023	Charge	10/04/2023	3709 1	4800	0.00	347.45	347.45
12/04/2023	Payment	UNIBANK			347.45	-347.45	0.00
02/15/2024	Charge	01/11/2024	3740 1	3100	0.00	219.95	219.95
02/26/2024	Payment	UNIBANK			219.95	-219.95	0.00