



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

July 22, 2024

POPE Trust
c/o Jenn Nichol
426 Washington Street
Gloucester, MA 01930

NOTIFICATION TO OWNER

Upon receipt of the Title 5 Inspection Report for the onsite sewage disposal system at:

Property Address: **395 SUMMER STREET, MANCHESTER-BY-THE-SEA**

Property Owner: **POPE TRUST**

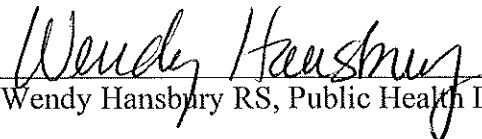
Licensed Title 5 Inspector: Randy Burley, Burley Engineering SI# 3425

The Title 5 Inspection Report dated 6/24/2024, states the system **PASSES**.

NOTE: The inspection notes "occasional use" as number of current residents.
The septic tank was not pumped as part of the inspection.
No pumping information was provided.

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

Reviewing Board of Health Agent:


Wendy Hansbury RS, Public Health Director

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

01944

6/23/24

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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



A. Inspector Information

Randy Burley

Name of Inspector

Randy Burley d.b.a. Burley Engineering

Company Name

PO Box 755

Company Address

Gloucester

City/Town

978-559-9464

Telephone Number

MA

State

01931

Zip Code

SI 3425, SE 279, WWT 13081

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:

- ☒ Passes
- ☐ Conditionally Passes
- ☐ Needs Further Evaluation by the Local Approving Authority
- ☐ 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.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

6/23/24

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 appears to be in good working condition.

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):



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

State

01944

Zip Code

6/23/24

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:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

01944

6/23/24

City/Town

State

Zip Code

Date of Inspection

Owner
information is
required for every
page.

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

01944

6/23/24

City/Town

State

Zip Code

Date of Inspection

Owner
information is
required for every
page.

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 |



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

01944

6/23/24

City/Town

State

Zip Code

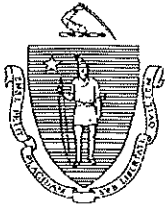
Date of Inspection

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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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)] |



Owner
information is
required for every
page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

6/23/24

Date of Inspection

D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design):

Number of bedrooms (actual):

2

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

220

Description:

2 bedroom guest house.

Number of current residents:

occasional
use

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)):

2022=102

2023=53

Detail:

Sump pump?

☐ Yes ☒ No

Last date of occupancy:

Current
Date



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

6/23/24

Date of Inspection

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:

Was system pumped as part of the inspection?

☐ Yes ☒ No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

01944

6/23/24

City/Town

State

Zip Code

Date of Inspection

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:

58 years, BOH file.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

5. Building Sewer (locate on site plan):

Depth below grade:

2
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.):

All joints inspected are fine. No signs of leakage.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA
State

01944
Zip Code

6/23/24
Date of Inspection

D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

1.5
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:

9' x 4' x 3'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?

measured/ observed

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 and concrete baffles are in place and in good condition.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

6/23/24

Date of Inspection

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

6/23/24

Date of Inspection

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.):

Distribution box in good condition and approx. 10" below grade. No solids carryover or signs of leakage. All distribution equal with no signs of back up.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

State

01944

Zip Code

6/23/24

Date of Inspection

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:

1, 12' x 15'

☐

overflow cesspool

number:

☐

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.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

State

01944

Zip Code

6/23/24

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.):

No signs of hydraulic failure. All soils appear normal.

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

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

6/23/24

Date of Inspection

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.):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

01944

6/23/24

City/Town

State

Zip Code

Date of Inspection

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

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

State

01944

Zip Code

6/23/24

Date of Inspection

D. System Information (cont.)

15. Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☒ Shallow wells

Estimated depth to high ground water: 3.6' (44")
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: _____
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:

The bottom of the SAS is 30" below grade. Soil testing was performed by Isaac Rowe of Mill River Consulting on May 28, 2010 and the ESHWT was determined to be 44" (see attached soil log).

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

395 Summer Street (Guest house)

Property Address

Pope Trust

Owner's Name

Manchester-by-the-Sea

MA

01944

6/23/24

City/Town

State

Zip Code

Date of Inspection

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

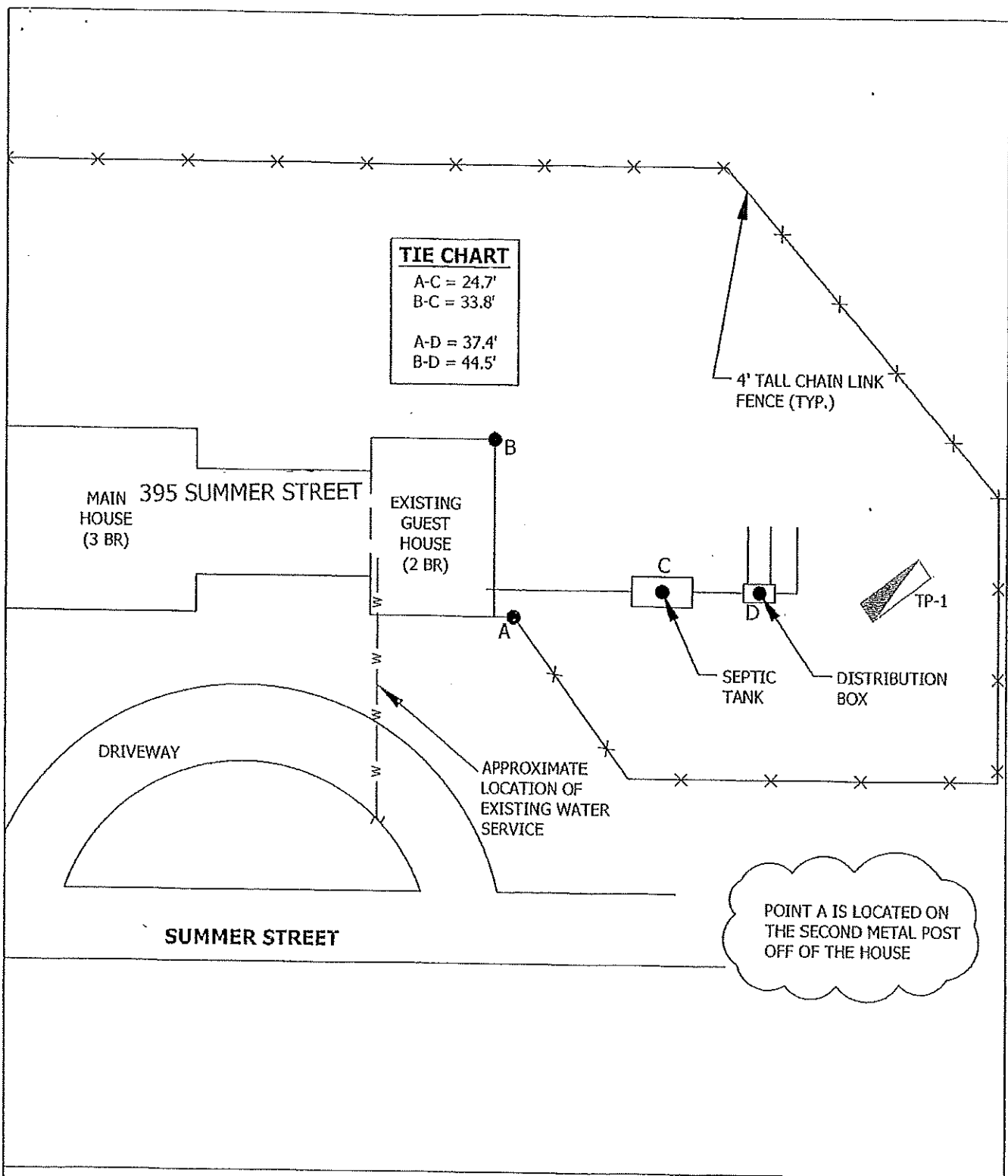
4 (Failure Criteria) and 6 (Checklist) completed

☒ 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





Massachusetts Department of Environmental Protection
Bureau of Resource Protection -- Wastewater Permitting Program
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

A. Facility Information

1. Facility Information

Owner Name: Geoff Pope

Street Address: 395 Summer Street

Map/Lot: Map 6, Lot 45

City: Manchester

State: MA

Zip Code: 01944

B. Site Information

1. (Check one)

New Construction ☐

Upgrade ☐

Repair ☐

2. Published Soil Survey available?

Yes ☒

No ☐

If yes: 1981

Year Published

Publication Scale

Soil Map Unit

Soil Name

Soil Limitations

3. Surficial Geological Report available? Yes ☐ No ☐

If yes:

Year Published

Publication Scale

Map Unit

Geologic Material

Landform

4. Flood Rate Insurance Map:

Above the 500 year flood boundary?

Yes ☐

No ☐

Within the 100 year flood boundary?

Yes ☐

No ☐

Within the 500 year flood boundary?

Yes ☐

No ☐

Within a Velocity Zone?

Yes ☐

No ☐

5. Wetland Area: National Wetland Inventory Map

Map Unit

Name

Wetlands Conservancy Program Map

Map Unit

Name

6. Current Water Resource Conditions (USGS)

5/10
Month/Year

Range: Above Normal ☐

Normal ☒

Below Normal ☐

7. Other references reviewed:



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Wastewater Permitting Program
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review

(minimum of two holes required at every proposed disposal area)

Deep Observation Hole A:

Date 5/28/10

Time 9:00 am

Weather sunny 70

1. Deep Observation Hole Logs

Deep Hole Number TP-1

Ground Elevation at Surface of Hole _____

Location (Identify on Plan) _____

2. Land Use: residential

(e.g. woodland, agricultural field, vacant lot, etc.)

NA
Surface Stones

3-8%
Slope (%)

grass
Vegetation

outwash plain
Landform

see sketch
Position on landscape (attach sheet)

3. Distances from: Open Water Body >50

Feet

Drainage Way >25

Feet

Possible Wet Area >50

Feet

Property Line >10

Feet

Drinking Water Well >100

Feet

Other _____

4. Parent Material: proglacial outwash

Unsuitable Materials Present: Yes ☐ No ☒

If Yes: Disturbed Soil ☐

Fill Material ☐

Impervious Layer(s) ☐

Weathered/Fractured Rock ☐

Bedrock ☐

5. Groundwater Observed: Yes ☒ No ☐

If Yes: Depth Weeping from Pit 56"

Depth Standing Water in Hole 56"

Estimated Depth to High Groundwater: 44"

Inches

Elevation _____



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Wastewater Permitting Program
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Deep Observation Hole A: Deep Hole Number: TP-1

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-12	A	10YR3/2				FSL			Massive	Friable	
12-18	Bw	7.5YR4/6				LS			Massive	Friable	
18-32	C1	10YR4/6				M-C Sand			Single grain	Loose	
32-60+	C2	2.5Y4/4	44"			F-M Sand			Single grain	Loose	

Additional Notes: Weeping & standing water at 56"



**Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Wastewater Permitting Program
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

D. Determination of High Groundwater Elevation

1. Method used:
- | | | |
|---|-------------------------|--------------------|
| <input checked="" type="checkbox"/> Depth observed standing water in observation hole | A. <u>56"</u>
Inches | B. _____
Inches |
| <input checked="" type="checkbox"/> Depth weeping from side of observation hole | A. <u>56"</u>
Inches | B. _____
Inches |
| <input checked="" type="checkbox"/> Depth to soil redoximorphic features (mottles) | A. <u>44"</u>
Inches | B. _____
Inches |
| <input type="checkbox"/> Groundwater adjustment (USGS methodology) | A. _____
Inches | B. _____
Inches |
2. Index Well Number _____ Reading Date _____ Index Well Level _____
- Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Previous Material

1. Depth of Naturally Occurring Pervious Material
- a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes ☐ No ☐
- b. If yes, at what depth was it observed? Upper boundary: _____ inches
Lower boundary: _____ inches

F. Certification

I certify that I have passed the soil evaluator examination* approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature of Soil Evaluator _____

6/8/10

Date _____

Isaac M. Rowe	Spring 2001
Typed or Printed Name of Soil Evaluator	*Date of Soil Evaluator Exam

[illegible]

Note: This form must be submitted to the approving authority with Percolation Test Form 12

