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

September 26, 2024

Christopher Taron
P. O. Box 249
Manchester-by-the-Sea, MA 01944

NOTIFICATION TO OWNER
ACTION REQUIRED

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

Property Address: **24 MAGNOLIA AVENUE, MANCHESTER-BY-THE-SEA**
Property Owner: TARON, HENRY A and NANCY A

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

The Title 5 Inspection Report dated: 9/4/2024

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).**

NOTE: The distribution box was replaced at the time of inspection by a licensed installer.
The system did not receive normal flows in the 2 weeks prior to the inspection.
The last date of occupancy is noted as June 2024
The septic tank was not pumped as part of the inspection.

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

RECEIVED
SEP 17 2024
BOARD OF HEALTH
pd CK 2387
9135

24 Magnolia Ave.
Property Address

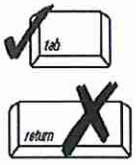
Owner information is required for every page.

Christopher Taron
Owner's Name

Manchester by the Sea	MA	01944	9/4/24
City/Town	State	Zip Code	Date of Inspection

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

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



A. Inspector Information

Jonathan J. Granz
Name of Inspector

Preventative Septic Services
Company Name

46 Beech Street
Company Address

South Hamilton	MA	01982
City/Town	State	Zip Code

978-468-9001	SI13405
Telephone Number	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

	9/13/24
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:

System is working properly.

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

5) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section C.4.

Yes	No	
☐	☐	the system is within 400 feet of a surface drinking water supply
☐	☐	the system is within 200 feet of a tributary to a surface drinking water supply
☐	☐	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

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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?
☐	☐ N/A	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)]

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D. System Information

1. **Residential Flow Conditions:**

Number of bedrooms (design): 3 (Per permit) Number of bedrooms (actual): 3

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

Description:
System is composed of a 1000 Gallon septic tank, distribution box and a 15'x50' leaching field.

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:

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) ☐ Yes ☒ No

Laundry system inspected? N/A ☒ Yes ☐ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): 134.23 GPD

Detail:
Water meter readings were provided by the Manchester water department, usage was averaged from 8/15/22-8/15/24, 730 days (see attached).

Sump pump? ☒ Yes ☐ No

Last date of occupancy: June, 2024
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: Last pumped 2+/- years ago, per Homeowner.

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 system was installed in 1967, BOH records.

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

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

Depth below grade: 16" feet

Material of construction:

☒ cast iron ☐ 40 PVC ☐ other (explain):

Distance from private water supply well or suction line: n/a feet

Comments (on condition of joints, venting, evidence of leakage, etc.):
Building sewer was found to be in good condition, no signs of backup, leakage or any other problems.

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D. System Information (cont.)

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

Depth below grade: 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: 8'L x 4.5'W x 4'D

Sludge depth: 8"

Distance from top of sludge to bottom of outlet tee or baffle: 26"

Scum thickness: 1"

Distance from top of scum to top of outlet tee or baffle: 5"

Distance from bottom of scum to bottom of outlet tee or baffle: 14"

How were dimensions determined? Sludge Judge/tape measure

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 1000 gallon septic tank is in good condition, structurally sound, no leakage in or out, liquid level at outlet invert, inlet has no baffle, outlet has a PVC tee in good condition. This tank does not require pumping at this time.

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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.):
Distribution box is in new condition (replaced at time of inspection, original box was found to be corroded and settled), no solids carryover, no leakage in or out. Speed levelers are present and adjusted properly. The cover is 9" below grade, outlet inverts are 19" below grade.

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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:	1@ 15'x50'
☐	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.):
Soil over system is dry and consistant with surounding yard with no signs of ponding, breakout or abnormal vegetation. Leaching laterals were inspected with a camera, they were found dry with no evidence of any failure.

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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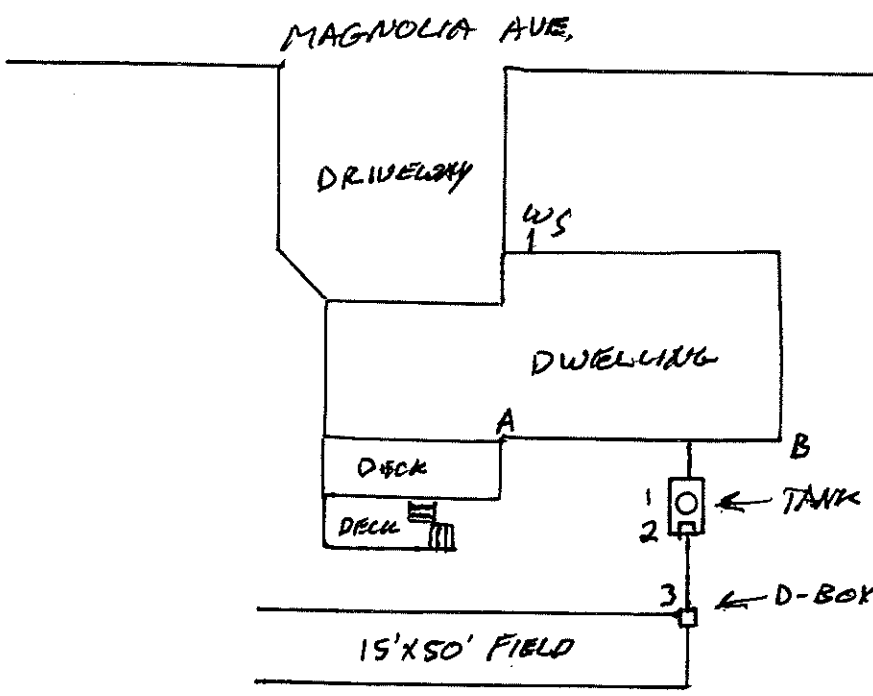
D. System Information (cont.)

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



TIES

A-1-17'	B-1-20'9"
A-2-18'9"	B-2-22'7"
A-3-28'2"	B-3-30'4"

NOT TO SCALE

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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: 63" 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:

A soil test was performed at this property on 8/7/24 to determine the depth to ESHGW in relation to this system. The soil test was conducted by Daniel B. Johnson (SE1137), the test was excavated adjacent to the leaching field, ESHGW was found to be at 63" below grade (see attached). The edge of the leaching field was excavated, total depth to bottom of stone is 32" below grade. This system is not interfacing with ground water.

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

DOMESTIC SEPTIC DESIGN, INC.
P.O. Box 2406
S. Hamilton, MA 01982
Phone: (978) 768-7600
email: johnsondanb@gmail.com

SOIL TEST FORM

ADDRESS: 24 MAGNOLIA AVE., MANCHESTER
CLIENT NAME:
DATE: 8/7/24
PHONE NUMBER:

WEATHER: CLOUDY
TEMPERATURE: 70°F
TYPE OF TREES:
TIME OF SOIL TEST: 2:45
DANIEL JOHNSON (SE1137) DBJ

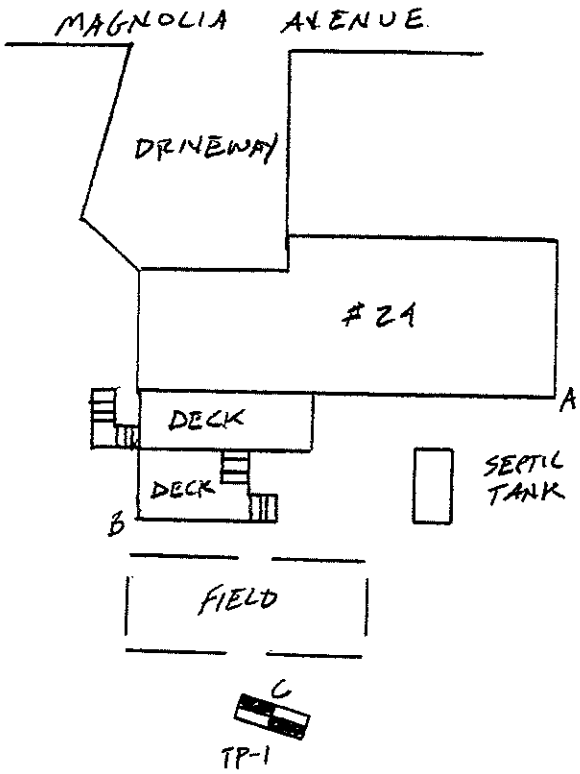
TEST PIT #1

0 - 60" A/FILL (LS)
60" - 63" O LOAM 10YR2/1
63" - 67" E LS 2.5Y 6/3
67" - 76" C1 M-COS 10YR 4/6
63" ESHWT (2.5Y 6/2, 7.5YR 5/8)
70" OBS. GW (WEEPING)
76" OBS. GW (STANDING)

TEST PIT #2

N/A

DIAGRAM



PERC TEST
Perc Depth: N/A

START PRE-SOAK:
END PRE-SOAK:
12":
9":
6":
TIME:
PERC RATE:

SEWER INFORMATION

Town of Manchester-by-the-Sea

Customer Transaction Summary

Customer Information
Account No: 801503
HENRY TARON
24 MAGNOLIA AVENUE
P.O. BOX 249
MANCHESTER, MA 01944-0249

Location Information
Location No: 0901500
24 MAGNOLIA AVENUE
MANCHESTER, MA 01944

Date	Type	More Info	Reading		Usage	Prior Balance	Transaction Amount	Balance
03/28/2018	Interest					74.24	0.87	75.11
03/29/2018	Penalty					75.11	5.00	80.11
05/16/2018	Charge	04/10/2018	1718	1	1100	80.11	62.68	142.79
06/15/2018	Payment	CCC				142.79	-142.79	0.00
08/15/2018	Charge	07/03/2018	1729	1	1100	0.00	62.68	62.68
09/05/2018	Payment	CENTURY				62.68	-62.68	0.00
11/15/2018	Charge	10/02/2018	1744	1	1500	0.00	89.01	89.01
12/12/2018	Payment	CCC				89.01	-89.01	0.00
02/15/2019	Charge	01/08/2019	1766	1	2200	0.00	133.91	133.91
03/05/2019	Payment	CCC				133.91	-133.91	0.00
05/15/2019	Charge	04/10/2019	1779	1	1300	0.00	77.01	77.01
05/23/2019	Payment	CCC				77.01	-77.01	0.00
08/15/2019	Charge	07/12/2019	1791	1	1200	0.00	73.68	73.68
09/30/2019	Interest					73.68	0.86	74.54
10/01/2019	Penalty					74.54	5.00	79.54
11/04/2019	Interest					79.54	0.86	80.40
11/15/2019	Charge	10/09/2019	1803	1	1200	80.40	73.68	154.08
12/23/2019	Payment	CCC				154.08	-154.08	0.00
02/15/2020	Charge	01/09/2020	1815	1	1200	0.00	73.68	73.68
05/15/2020	Charge	04/23/2020	1829	0	1400	73.68	86.14	159.82
07/13/2020	Interest					159.82	1.87	161.69
07/14/2020	Penalty					161.69	5.00	166.69
08/17/2020	Charge	07/15/2020	1842	1	1300	166.69	79.91	246.60
11/16/2020	Charge	10/06/2020	1862	1	2000	246.60	127.47	374.07
12/14/2020	Payment	UNIBANK				374.07	-374.07	0.00
02/16/2021	Charge	01/07/2021	1876	1	1400	0.00	87.63	87.63
02/25/2021	Payment	UNIBANK				87.63	-87.63	0.00
05/17/2021	Charge	04/07/2021	1890	1	1400	0.00	87.63	87.63
06/29/2021	Interest					87.63	1.03	88.66
07/01/2021	Penalty					88.66	5.00	93.66
07/08/2021	Payment	UNIBANK				93.66	-87.63	6.03
08/16/2021	Charge	07/07/2021	1905	1	1500	6.03	93.96	99.99
09/17/2021	Payment	UNIBANK				99.99	-99.99	0.00
11/15/2021	Charge	10/05/2021	1920	1	1500	0.00	96.06	96.06
01/03/2022	Payment	UNIBANK				96.06	-96.06	0.00
02/15/2022	Charge	01/04/2022	1937	1	1700	0.00	109.00	109.00
05/16/2022	Charge	04/05/2022	1952	1	1500	109.00	96.06	205.06
05/17/2022	Payment	UNIBANK				205.06	-205.06	0.00
08/15/2022	Charge	07/14/2022	1969	1	1700	0.00	109.00	109.00
10/04/2022	Interest					109.00	1.28	110.28
10/05/2022	Penalty					110.28	5.00	115.28
10/17/2022	Payment	UNIBANK				115.28	-109.00	6.28
11/15/2022	Charge	10/06/2022	1988	1	1900	6.28	126.87	133.15
02/15/2023	Charge	01/05/2023	2005	1	1700	133.15	112.23	245.38
05/15/2023	Charge	04/05/2023	2022	1	1700	245.38	112.23	357.61

X 100 C.F.

Town of Manchester-by-the-Sea

Customer Transaction Summary

Customer Information
Account No: 801503
HENRY TARON
24 MAGNOLIA AVENUE
P.O. BOX 249
MANCHESTER, MA 01944-0249

Location Information
Location No: 0901500
24 MAGNOLIA AVENUE
MANCHESTER, MA 01944

Date	Type	More Info	Reading	X 100 CF	Usage	Prior Balance	Transaction Amount	Balance
08/15/2023	Charge	07/06/2023	2040	1	1800	357.61	119.55	477.16
09/18/2023	Payment	UNIBANK				477.16	-477.16	0.00
11/15/2023	Charge	10/04/2023	2059	1	1900	0.00	129.95	129.95
02/15/2024	Charge	01/11/2024	2079	1	2000	129.95	137.45	267.40
05/15/2024	Charge	04/02/2024	2096	1	1700	267.40	114.95	382.35
08/15/2024	Charge	07/10/2024	2100	1	400	382.35	26.84	409.19

8/15/22 - 8/15/24
97,988 GAL.
730 DAYS, 134.23 GPD