



# 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 2, 2025

John McCarthy  
52 Raymond Street  
Manchester-by-the-Sea, MA 01944

### NOTIFICATION TO OWNER

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

Property Address: **52 RAYMOND STREET, MANCHESTER-BY-THE-SEA**  
Property Owner: MCCARTHY, JOHN W and MAUREEN A

Licensed Title 5 Inspector: John Duncan, Duncan Tree Co. SI# 2308

The Title 5 Inspection Report dated April 10, 2025, states the system **PASSES**.

#### NOTES:

- The septic tank was not pumped as part of the inspection.
- The existing septic system has a 2-bedroom deed restriction.

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 MPH, 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.)



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JUN 02 2025  
BOARD OF HEALTH

DEED RESTRICTION

Pursuant to 310 CMR 15.000, Title 5 of the State Environmental Code, and as a condition of the Manchester Board of Health, notice is hereby given that the real estate located at 52 Raymond Street, Manchester, Massachusetts (a.k.a. Assessor's Map 1, Parcel 63) as described in a Deed dated October 25, 2012, from Edward L. McCarthy, Jr. to John W. McCarthy and Maureen A. McCarthy, recorded with the Essex South District Registry of Deeds, Book 31856, Page 586, is the subject of a restrictive covenant required by the Manchester Board of Health and 310 CMR 15.000 of the State Environmental Code. The following restrictive covenant shall apply: No additional flow of added bedrooms shall be introduced to the sanitary system associated with the existing two (2) bedroom residence. Any increase in flow, pursuant to 310 CMR 15.352, to the septic system requires a septic system expansion and compliance with the standards of new construction.

The restrictive covenant set forth herein shall remain in effect for the maximum purpose permitted under Massachusetts law, unless sooner amended or terminated by consent of the Manchester Board of Health or the Massachusetts Department of Environmental Protection.

The provisions contained herein shall run and bind the owners of the land and their heirs, devisees, legal representatives, successors and assigns.

Signed and sealed this 29 day of May, 2025.

Signature of Owner(s) John W. McCarthy

COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

On this 29<sup>th</sup> day of May, 2025, before me, the undersigned notary public, personally appeared John W. McCarthy, provided to me through satisfactory evidence of identification, which was MARINERS LICENSE, to be the person whose name is signed on the preceding document and acknowledged to me that he signed it voluntarily for its stated purpose.

Signature and Seal of Notary

My Commission Expires  
JENNIFER L. PSZENNY  
Notary Public  
COMMONWEALTH OF MASSACHUSETTS  
My Commission Expires  
January 22, 2032



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



52 Raymond Street

Property Address

John McCarthy

Owner's Name

Manchester By The Sea

City/Town

MA  
State

01944  
Zip Code

4/10/2025  
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

Name of Inspector John Duncan

Company Name DUNCAN TREE LANDSCAPE & CONSTRUCTION CO.

Company Address 21 WESTERN AVE

City/Town Essex State MA Zip Code 01929

Telephone Number 978-768-7558 License Number 2308

## 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 John P. Duncan Date 4-15-2025

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:

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### 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):

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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):

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### 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.)

- Checkboxes for Cesspool or privy proximity to surface water and vegetated wetland.

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:

- Checkboxes for SAS proximity to surface water supply, public water supply, private water supply well, and distance from 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:

Blank lines for additional information.

4) System Failure Criteria Applicable to All Systems:

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

- Table with columns for Yes/No and failure criteria: Backup of sewage into facility... and Discharge or ponding of effluent...



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C. Inspection Summary (cont.)

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

- | Yes                      | No                                  |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> 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"/> | <b>The system fails.</b> I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.  |

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

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

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well |



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C. Inspection Summary (cont.)

If you have answered "yes" to any question in Section C.5 the system is considered a significant threat, or answered "yes" to any question in Section C.4 above the large system has failed. The owner or operator of any large system considered a significant threat under Section C.5 or failed under Section C.4 shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

6. You must indicate "yes" or "no" for each of the following for all inspections:

- Yes No
Pumping information was provided by the owner, occupant, or Board of Health
Were any of the system components pumped out in the previous two weeks?
Has the system received normal flows in the previous two week period?
Have large volumes of water been introduced to the system recently or as part of this inspection?
Were as built plans of the system obtained and examined? (If they were not available note as N/A)
Was the facility or dwelling inspected for signs of sewage back up?
Was the site inspected for signs of break out?
Were all system components, excluding the SAS, located on site?
Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on:
Existing information. For example, a plan at the Board of Health.
Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]



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D. System Information

1. Residential Flow Conditions:

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

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

Description:

Number of current residents: 1

Does residence have a garbage grinder? Yes No [X] No

Does residence have a water treatment unit? Yes No [X] No

If yes, discharges to:

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) Yes No [X] No

Laundry system inspected? Yes No [X] No

Seasonal use? Yes No [X] No

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

Detail:

2023 11220 gAl 30.74 GPD

2024 9724 gAl 26.64 GPD

Sump pump? Yes No [X] Yes

Last date of occupancy: CURRENT 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: owner / pumped 7-2-24

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):

1500, 2 compartment Tank, 500 gal pump chamber, pressure dozed infiltrator field

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

10-18-17

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

23" feet

Material of construction:

- cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

1 feet

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

Good Condition



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

15" feet

Material of construction:

- Concrete (checked), 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:

11' L x 5'10" W x 5'10" H

Sludge depth:

6"

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

29"

Scum thickness

0"

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

6"

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

16"

How were dimensions determined?

Rod + Rule

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Everything good



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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

N/A

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.):

NO D-BOX



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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.):

*Everything working good*

\* 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: \_\_\_\_\_

21 leaching chambers *infiltrator*  
*21 x 4*

number: \_\_\_\_\_

*8.5' x 28' Field*

leaching galleries

number: \_\_\_\_\_

leaching trenches

number, length: \_\_\_\_\_

leaching fields

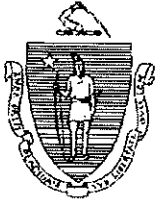
number, dimensions: \_\_\_\_\_

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.):

NO HYDROLOGIC FAILURE, AREA TOTALLY DRY  
INSPECTION PART BOTTOM DRY ALSO

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.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# AS-BUILT THE LOCATIONS

	A	B
C	18'	21.8'
D	25'	15.5'
E	24'	25'
F	31'	48'
G	31.5'	53'
H	7'	37.6'
I	3.5'	30'

100' LINES  
ESTABLISHED BY  
HANCOCK SURVEY  
ASSOC. (see plan  
ref #7)

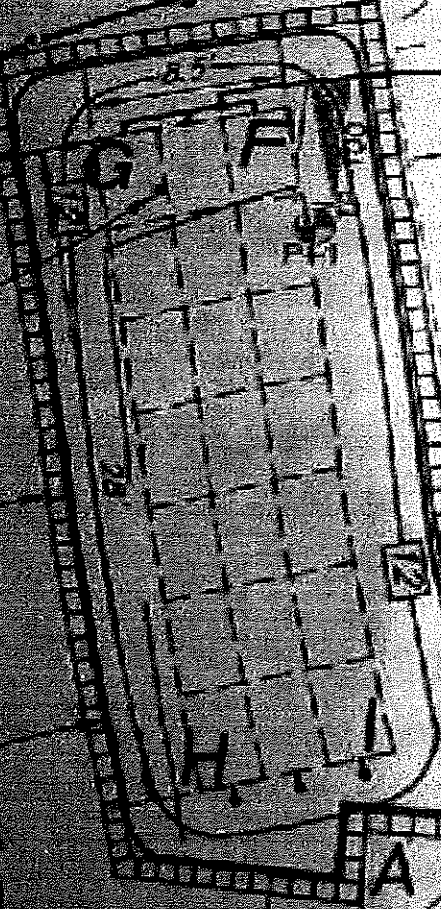
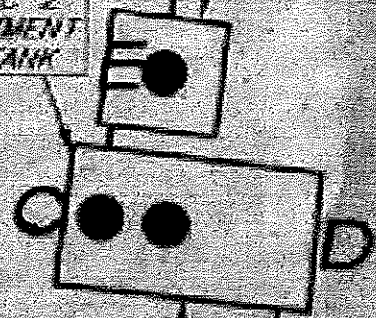
SPIKE  
IN PAVEMENT

51.50

GRAVEL DRIVEWAY

AS-BUILT  
500 GAL  
PUMP  
CHAMBER

AS-BUILT  
1,500 GAL 2  
COMPARTMENT  
SEPTIC TANK

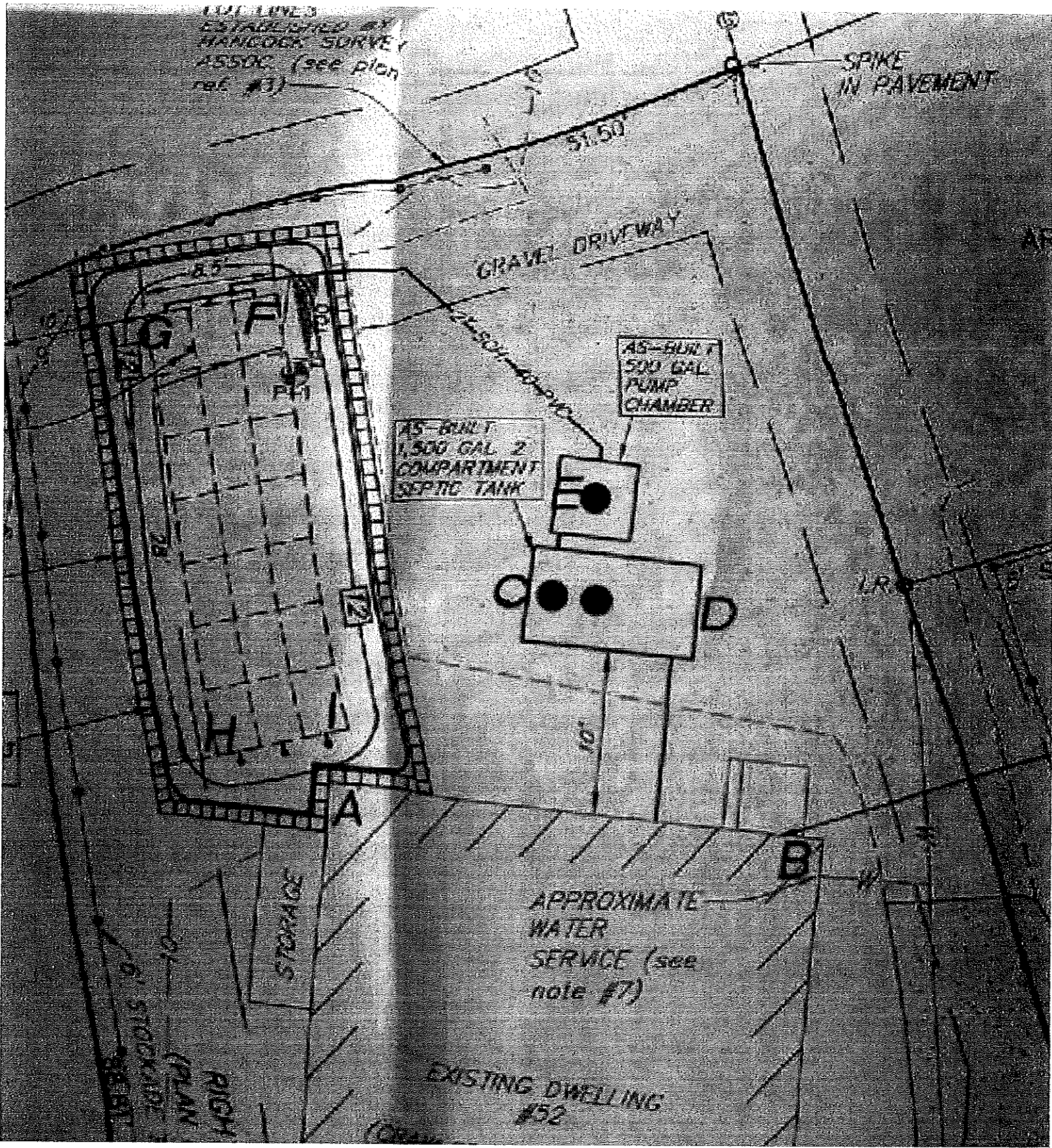


STORAGE

RIGHT  
(PLAN)  
STOCKING  
AREA

APPROXIMATE  
WATER  
SERVICE (see  
note #7)

EXISTING DWELLING  
#52





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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

See ATTACHED



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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:

feet E.S.H.W.T 40"

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 11-4-16

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:

Checked Plan drawn by Gateway Consultants

12-4-17 In each AREA bottom of chambers

are at 10.6' and WATER TABLE is at approx 7'

System is RAISED

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

52 Raymond Street

Property Address

John McCarthy

Owner's Name

Manchester By The Sea

City/Town

MA

State

01944

Zip Code

4/10/2025

Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

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

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

C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

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

For 15: Explanation of estimated depth to high groundwater included



# Customer Transaction Summary

### Customer Information

Account No: 40176  
MARK JANOWICZ  
52 RAYMOND STREET  
MANCHESTER, MA 01944

### Location Information

Location No: 1002700  
52 RAYMOND STREET  
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
12/16/2019	Payment	UNIBANK			36.66	-36.66	0.00
02/15/2020	Charge	01/08/2020	656 1	100	0.00	6.11	6.11
04/20/2020	Payment	UNIBANK			6.11	-6.11	0.00
05/15/2020	Charge	04/06/2020	657 1	100	0.00	6.11	6.11
07/13/2020	Interest				6.11	0.07	6.18
07/14/2020	Penalty				6.18	5.00	11.18
08/17/2020	Charge	07/15/2020	660 1	300	11.18	18.33	29.51
09/28/2020	Payment	UNIBANK			29.51	-29.51	0.00
11/16/2020	Charge	10/06/2020	660 1	0	0.00	0.00	0.00
02/16/2021	Charge	01/07/2021	660 1	0	0.00	0.00	0.00
05/17/2021	Charge	04/07/2021	660 1	0	0.00	0.00	0.00
08/16/2021	Charge	07/07/2021	663 4	300	0.00	18.66	18.66
11/15/2021	Charge	10/05/2021	0 1	700	18.66	44.52	63.18
11/18/2021	Payment	UNIBANK			63.18	-63.18	0.00
02/15/2022	Charge	01/04/2022	1 0	100	0.00	6.36	6.36
05/16/2022	Charge	04/05/2022	1 1	0	6.36	0.00	6.36
06/16/2022	Payment	UNIBANK			6.36	-6.36	0.00
08/15/2022	Charge	07/14/2022	4 1	300	0.00	19.08	19.08
10/04/2022	Interest				19.08	0.22	19.30
10/05/2022	Penalty				19.30	5.00	24.30
10/17/2022	Payment	CHECK			24.30	-24.30	0.00
11/15/2022	Charge	10/06/2022	8 1	400	0.00	26.20	26.20
02/15/2023	Charge	01/05/2023	10 1	200	26.20	13.10	39.30
03/08/2023	Payment	UNIBANK			39.30	-39.30	0.00
05/15/2023	Charge	04/05/2023	13 1	300	0.00	19.65	19.65
05/22/2023	Payment	UNIBANK			19.65	-19.65	0.00
08/15/2023	Charge	07/06/2023	19 1	600	0.00	39.30	39.30
08/25/2023	Payment	UNIBANK			39.30	-39.30	0.00
11/15/2023	Charge	10/04/2023	23 1	400	0.00	26.84	26.84
12/04/2023	Payment	UNIBANK			26.84	-26.84	0.00
02/15/2024	Charge	01/11/2024	26 1	300	0.00	20.13	20.13
04/16/2024	Payment	UNIBANK			20.13	-20.13	0.00
05/15/2024	Charge	04/03/2024	28 1	200	0.00	13.42	13.42
08/15/2024	Charge	07/10/2024	31 1	300	13.42	20.13	33.55
09/03/2024	Payment	UNIBANK			33.55	-33.55	0.00
11/15/2024	Charge	10/04/2024	36 1	500	0.00	36.05	36.05
02/14/2025	Charge	01/08/2025	38 1	200	36.05	39.42	75.47
04/14/2025	Payment	UNIBANK			75.47	-75.47	0.00