



# MANCHESTER-BY-THE-SEA

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## BOARD OF HEALTH

TOWN HALL - 10 CENTRAL STREET

Manchester-by-the-Sea, Massachusetts 01944-1399

Telephone (978) 526-7385

FAX (978) 526-2009

July 28, 2025

Emma Perryman  
Emma L. Perryman Trust  
4 Cobb Avenue  
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: **4 COBB AVENUE, MANCHESTER-BY-THE-SEA**

Property Owner: EMMA L. PERRYMAN TRUST, EMMA PERRYMAN L, TE

Licensed Title 5 Inspector: Jared Clark, D.F. Clark, Inc. SI# 01938

The Title 5 Inspection Report dated: May 31, 2025 has CONDITIONALLY PASSED

**Further action is required:** Section C.2, pg 3

The Pump Chamber pumps/alarms are not operational. A licensed Electrician is required to fix the alarm. The Board of Health requires an inspection of the working pumps/alarms.

The distribution box is structurally unsound and needs to be replaced.

A licensed Installer may apply for a permit to replace the distribution box. The Board of Health requires an inspection prior to backfilling the excavation.

NOTES: Water use is in excess of the design flow of 880 gallons per day.  
The septic tank was not pumped as part of the inspection.

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.)





# D.F. CLARK, INC.

RECEIVED  
pd ck 46586  
JUN 30 2025  
6135  
BOARD OF HEALTH

June 13, 2025

Emma Perryman  
Emma L. Perryman Trust  
4 Cobb Avenue  
Manchester, MA 01944

RE: Title 5 Inspection  
4 Cobb Avenue, Manchester

Dear Emma:

Please find enclosed the Subsurface Sewage Disposal System Inspection Report for the above-referenced address. As noted on Part B (Certification) of the report, the system Conditionally Passes the inspection criteria. The pump alarm is not working, and the distribution box is badly corroded and needs to be replaced.

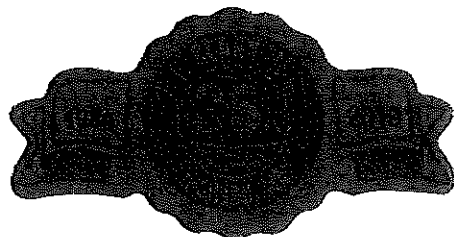
Thank you for allowing us to be of service to you on this project. Please contact us if you have any questions regarding this matter.

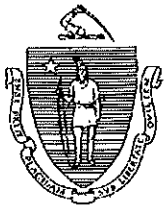
Sincerely,

Jared Clark  
Title 5 Inspector

Enclosure

cc: ✓ Manchester Board of Health w/ review fee  
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.

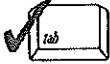
4 Cobb Avenue  
Property Address

Emma L. Perryman Trust  
Owner's Name

Manchester-by-the-Sea MA 01944 May 31, 2025  
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

Jared Clark  
Name of Inspector

D.F. Clark, Inc.  
Company Name

22 Mitchell Road, PO Box 265  
Company Address

Ipswich MA 01938  
City/Town State Zip Code

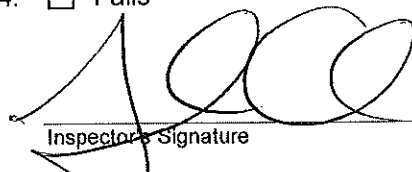
(978) 356-5638  
Telephone Number

SI4568  
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

5/31/25  
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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4 Cobb Avenue

Property Address

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Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

May 31, 2025

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:

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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):

Distribution box is badly corroded and needs to be replaced.

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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.)

- 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:

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### 4) System Failure Criteria Applicable to All Systems:

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

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |



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## C. Inspection Summary (cont.)

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

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <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. <b>[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.]</b> |
| <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                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?   |
| <input 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?<br>The <b>size and location of the Soil Absorption System (SAS)</b> 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)]  |



Commonwealth of Massachusetts  
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 Emma L. Perryman Trust  
 Owner's Name  
 Manchester-by-the-Sea MA 01944 May 31, 2025  
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**D. System Information**

**1. Residential Flow Conditions:**

Number of bedrooms (design): Eight (8) Number of bedrooms (actual): Five (5)  
 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 880 gpd  
 Description:  
 According to design plan dated August 10, 1995 the system is designed for 8 bedrooms x 110 gpd  
 per bedroom = 880 gpd.

Number of current residents: Three (3)  
 Does residence have a garbage grinder?  Yes  No  
 Does residence have a water treatment unit?  Yes  No  
 If yes, discharges to: Ground discharge  
 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)): 1,210 gpd  
 Detail:  
 May 15, 2023 - May 15, 2025 = 882,954 gallons divided by 730 days = 1,210 gallons per day.

Sump pump?  Yes  No  
 Last date of occupancy: Currently occupied



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Owner's Name

Manchester-by-the-Sea \_\_\_\_\_ MA \_\_\_\_\_ 01944 \_\_\_\_\_ May 31, 2025 \_\_\_\_\_

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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 October 18, 2022 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):  
Pump chamber, septic tank, distribution box, soil absorption system

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

As-built is dated October 13, 1995 per Board of Health file.

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

5. Building Sewer (locate on site plan):

Depth below grade: #1 - 2.58', #2 - 6.33'  
 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.):  
Building sewer #1 is in good condition with no evidence of leaking. Building sewer #2 is under the floor and can't be inspected.



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## D. System Information (cont.)

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

Depth below grade: 2'  
feet

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain)

If tank is metal, list age: \_\_\_\_\_  
years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)       Yes       No

Dimensions: 12'6" L x 6'6" W x 4' D

Sludge depth: 1<sup>st</sup> Comp = 16", 2<sup>nd</sup> Comp = 2"

Distance from top of sludge to bottom of outlet tee or baffle 1<sup>st</sup> Comp = 30", 2<sup>nd</sup> Comp = 44"

Scum thickness 1<sup>st</sup> Comp = 12", 2<sup>nd</sup> Comp = 0"

Distance from top of scum to top of outlet tee or baffle 1<sup>st</sup> Comp = 3", 2<sup>nd</sup> Comp = N/A

Distance from bottom of scum to bottom of outlet tee or baffle 1<sup>st</sup> Comp = 2", 2<sup>nd</sup> 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.):

2,000-gallon, two-compartment septic tank has three (3) risers to 7" below grade. All tees are in place. Outlet filter was cleaned at time of inspection.\* Liquid level is normal, and there is no evidence of leaking. Septic tank should be pumped due to heavy scum layer and solids.

\* D.F. Clark, Inc. recommends filter be cleaned on a yearly basis to prevent filter from clogging and possibly backing sewage into residence.



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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 ("d-box") is 4" below grade in a garden area. It is badly corroded and no longer

structurally sound or water-tight. D-box needs to be replaced.

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



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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.):

Pump chamber is a manhole with duplex pumps that are working. Alarm is not working. Pump chamber is 4" below grade.

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

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

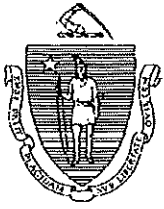
If SAS not located, explain why:

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

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: \_\_\_\_\_
- leaching fields number, dimensions: One (1)  
43' L x 25' W
- overflow cesspool number: \_\_\_\_\_
- innovative/alternative system

Type/name of technology: \_\_\_\_\_



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May 31, 2025

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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 absorption system ("SAS") is under a lawn area and was inspected with video inspection camera.

SAS is clean with no evidence of hydraulic 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.):



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

4 Cobb Avenue

Property Address

Emma L. Perryman Trust

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

May 31, 2025

Date of Inspection

Owner information is required for every page.

## 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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# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

4 Cobb Avenue

Property Address

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Owner's Name

Manchester-by-the-Sea

MA

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01944

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May 31, 2025

Date of Inspection

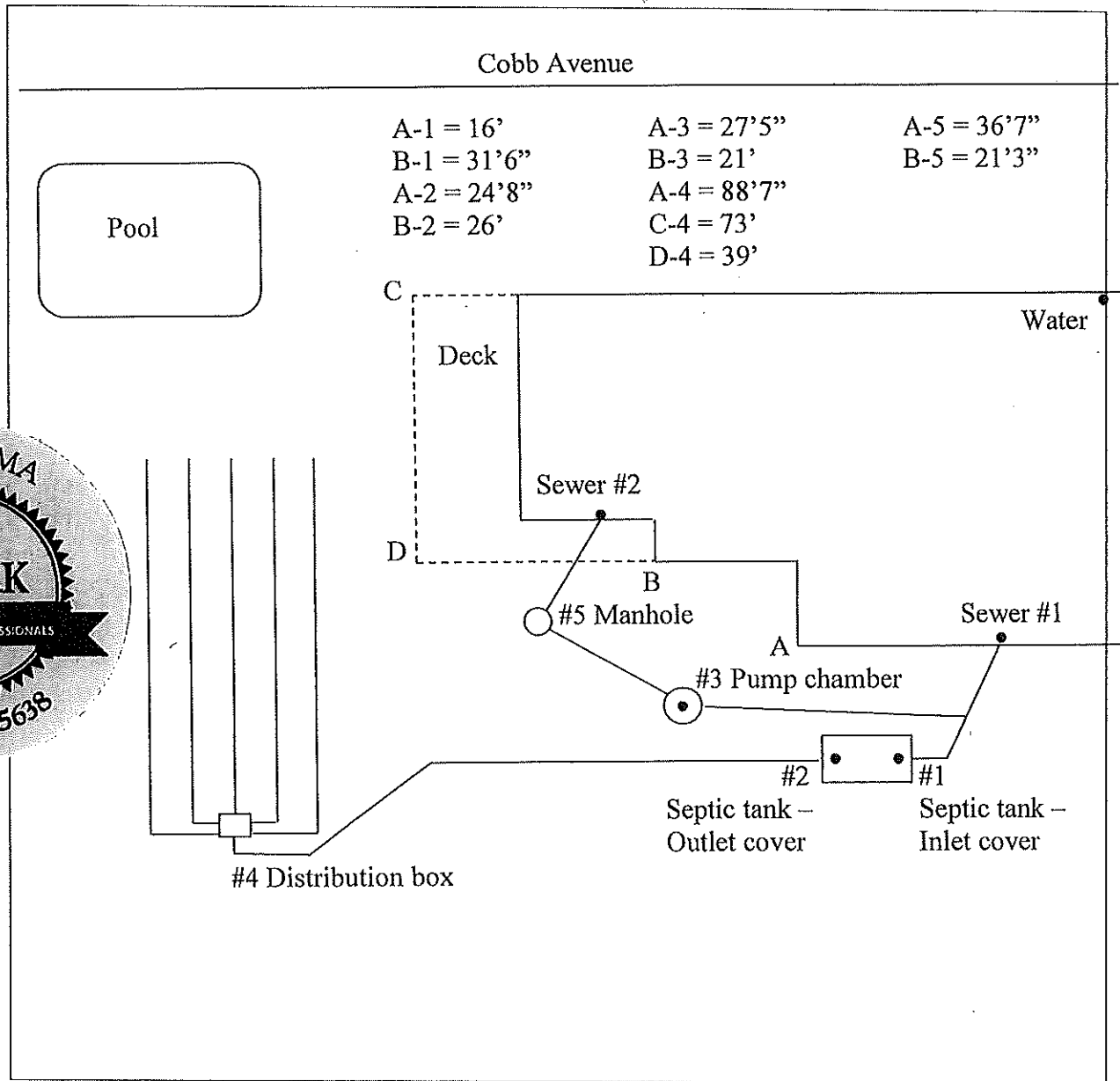
Owner information is required for every page.

## 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





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

4 Cobb Avenue  
Property Address

Emma L. Perryman Trust  
Owner's Name

Manchester-by-the-Sea MA 01944 May 31, 2025  
City/Town State Zip Code Date of Inspection

## D. System Information (cont.)

### 15. Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water: 5.83'  
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: August 10, 1995  
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:

According to soil testing done on April 18, 1995 by Gordie Rogerson, ESHGW was determined at 70" below grade (elevation 90.97). Bottom of SAS is elevation 95, indicating 4.03' of separation from ESHGW table. At time of inspection a site exam was made, site is level, no surface water was observed, cellar was dry with a sump pump, and no shallow wells were located.

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



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

4 Cobb Avenue

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MA

State

01944

Zip Code

May 31, 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: 40001  
EMMA HOLLAND  
4 COBB AVENUE  
MANCHESTER, MA 01944-

### Location Information

Location No: 1108800  
4 COBB AVENUE  
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
12/15/2017	Payment	UNIBANK			80.02	-80.02	0.00
02/15/2018	Charge	01/12/2018	1201 1	700	0.00	39.76	39.76
03/19/2018	Payment	UNIBANK			39.76	-39.76	0.00
05/16/2018	Charge	04/11/2018	1213 1	1200	0.00	68.46	68.46
06/15/2018	Payment	UNIBANK			68.46	-68.46	0.00
08/15/2018	Charge	07/10/2018	1234 1	2100	0.00	122.72	122.72
09/17/2018	Payment	UNIBANK			122.72	-122.72	0.00
11/15/2018	Charge	10/03/2018	1249 1	1500	0.00	89.01	89.01
12/17/2018	Payment	UNIBANK			89.01	-89.01	0.00
02/15/2019	Charge	01/08/2019	1253 1	400	0.00	23.56	23.56
03/18/2019	Payment	UNIBANK			23.56	-23.56	0.00
05/15/2019	Charge	04/11/2019	1256 1	300	0.00	17.67	17.67
06/17/2019	Payment	UNIBANK			17.67	-17.67	0.00
08/15/2019	Charge	07/12/2019	1268 1	1200	0.00	73.68	73.68
09/16/2019	Payment	UNIBANK			73.68	-73.68	0.00
11/15/2019	Charge	10/08/2019	1286 1	1800	0.00	111.66	111.66
01/08/2020	Interest				111.66	1.31	112.97
01/08/2020	Penalty				112.97	5.00	117.97
01/13/2020	Payment	CHECK			117.97	-117.97	0.00
02/15/2020	Charge	01/08/2020	1290 1	400	0.00	24.44	24.44
03/02/2020	Payment	CHECK			24.44	-24.44	0.00
05/15/2020	Charge	04/06/2020	1292 1	200	0.00	12.22	12.22
06/24/2020	Payment	UNIBANK			12.22	-12.22	0.00
08/17/2020	Charge	07/14/2020	1310 1	1800	0.00	111.66	111.66
09/01/2020	Payment	UNIBANK			111.66	-111.66	0.00
11/16/2020	Charge	10/06/2020	1333 1	2300	0.00	148.32	148.32
12/15/2020	Payment	UNIBANK			148.32	-148.32	0.00
02/16/2021	Charge	01/07/2021	1344 1	1100	0.00	68.64	68.64
03/15/2021	Payment	UNIBANK			68.64	-68.64	0.00
05/17/2021	Charge	04/07/2021	1369 1	2500	0.00	162.22	162.22
06/22/2021	Payment	UNIBANK			162.22	-162.22	0.00
08/16/2021	Charge	07/07/2021	1445 1	7600	0.00	528.07	528.07
09/15/2021	Payment	UNIBANK			528.07	-528.07	0.00
11/15/2021	Charge	10/05/2021	1556 1	11100	0.00	810.28	810.28
02/15/2022	Charge	01/04/2022	1587 1	3100	810.28	208.54	1018.82
02/22/2022	Adjustment				1018.82	-104.32	914.50
03/09/2022	Payment	CHECK			914.50	-914.50	0.00
05/16/2022	Charge	04/05/2022	1589 1	200	0.00	12.72	12.72
08/09/2022	Payment	UNIBANK			12.72	-12.72	0.00
08/15/2022	Charge	07/13/2022	1613 1	2400	0.00	158.77	158.77
09/14/2022	Payment	UNIBANK			158.77	-171.49	-12.72
11/15/2022	Charge	10/06/2022	1622 1	900	-12.72	58.95	46.23
12/14/2022	Payment	UNIBANK			46.23	-46.23	0.00
02/15/2023	Charge	01/05/2023	1625 1	300	0.00	19.65	19.65
03/16/2023	Payment	UNIBANK			19.65	-19.65	0.00
05/15/2023	Charge	04/05/2023	1627 1	200	0.00	13.10	13.10



# Customer Transaction Summary

**Customer Information**

Account No: 40001  
EMMA HOLLAND  
4 COBB AVENUE  
MANCHESTER, MA 01944-

**Location Information**

Location No: 1108800  
4 COBB AVENUE  
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
06/13/2023	Payment	UNIBANK			13.10	-13.10	0.00
08/15/2023	Charge	08/15/2023	0 1	2100	0.00	141.51	141.51
09/14/2023	Payment	UNIBANK			141.51	-141.51	0.00
11/15/2023	Charge	10/04/2023	393 1	39300	0.00	3306.78	3306.78
02/15/2024	Charge	01/11/2024	449 1	5600	3306.78	407.45	3714.23
03/18/2024	Payment	UNIBANK			3714.23	-3714.23	0.00
05/15/2024	Charge	04/02/2024	471 1	2200	0.00	152.45	152.45
06/17/2024	Payment	UNIBANK			152.45	-152.45	0.00
08/15/2024	Charge	07/10/2024	689 1	21800	0.00	1764.80	1764.80
11/15/2024	Charge	10/04/2024	1061 1	37200	1764.80	4566.73	6331.53
12/31/2024	Payment	UNIBANK			6331.53	-6331.53	0.00
02/14/2025	Charge	01/08/2025	1147 1	8600	0.00	825.37	825.37
03/17/2025	Payment	UNIBANK			825.37	-825.37	0.00
05/15/2025	Charge	04/08/2025	1182 1	3500	0.00	333.09	333.09

