



# 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

David E. Tosi  
10 Jersey Lane  
Manchester-by-the-Sea, MA 01944

### NOTICE OF VIOLATION TO OWNER

Upon receipt of the Title 5 Inspection Report for the on-site sewage disposal system located at:

Property Address: **10 JERSEY LANE, MANCHESTER-BY-THE-SEA**

Property Owner: TOSI DAVID E. and TOSI GAIL B; FAMIGLIA REALTY TR

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

Inspection Result: **FAILS**

Dated: **JUNE 27, 2025**

System Type: Overflow Cesspool

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

#### Failing Conditions:

- Backup of sewage into facility or system component due to overloaded or clogged soil absorption system or cesspool.
- Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow.

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

Reviewing Board of Health Agent:

\_\_\_\_\_  
Wendy Hansbury MPH, RS, Public Health Director





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED  
CK 333111  
JUL 23 2025  
\$ 135.00  
BOARD OF HEALTH

Owner information is required for every page.

10 Jersey Lane  
 \_\_\_\_\_  
 Property Address  
 David E Tosi  
 \_\_\_\_\_  
 Owner's Name  
 Manchester MA 01944 Jun 27, 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.


## A. Inspector Information

1. Inspector:  
 Nicholas Geneseo  
 \_\_\_\_\_  
 Name of Inspector  
 Wind River Environmental  
 \_\_\_\_\_  
 Company Name  
 46 Lizotte Drive Suite 1000  
 \_\_\_\_\_  
 Company Address  
 Marlborough MA 01752  
 \_\_\_\_\_  
 City/Town State Zip Code  
 508-233-0552 SI 13988  
 \_\_\_\_\_  
 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:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

  
 \_\_\_\_\_  
 Inspector's Signature  
 Jun 27, 2025  
 \_\_\_\_\_  
 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 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:

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

### 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):

- |  |                            |                            |  |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> broken pipe(s) are replaced             | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed                  | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> distribution box is leveled or replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> 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):

- |  |                            |                            |  |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed      | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> 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:

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

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 1/2 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 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 2000gpd-10,000gpd.

**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

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

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

- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?  |
| <input type="checkbox"/>            | N/A                                 | <input checked="" type="checkbox"/> Were as built plans of the system obtained and examined? (If they were not available note as N/A)  |
| <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <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)]   |



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## D. System Information

### 1. Residential Flow Conditions:

Number of bedrooms (design): Not available Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): Not available

Description:

No design information available.

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?

Yes  No

Seasonal use?

Yes  No

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

58.4 gpd

Detail:

Used last two years water records. Water Consumption Report from the town is attached on Page 18.

Sump pump?

Yes  No

Last date of occupancy:

Unknown

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):  
\_\_\_\_\_  
\_\_\_\_\_

### General Information

### 3. Pumping Records:

Source of information:

The homeowner and Wind River Environmental are the sources of the information.

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

200

gallons

How was quantity pumped determined?

Quantity measured by pump truck

Reason for pumping:

Cesspool and structural integrity



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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:

Unknown, 1900 possibly

Were sewage odors detected when arriving at the site?

Yes  No

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

Depth below grade:

2.5

feet

Material of construction:

cast iron  40 PVC  other (explain):

Cast iron to clay

Distance from private water supply well or suction line:

N/A

feet

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

Scoped the main line and it was clear with no obstructions. The line is very old and will need to be replaced.



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## D. System Information (cont.)

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

Depth below grade:

\_\_\_\_\_ 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:

Sludge depth: \_\_\_\_\_

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

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 \_\_\_\_\_

How were dimensions determined? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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 \_\_\_\_\_

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.):

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



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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
- leaching chambers
- leaching galleries
- leaching trenches
- leaching fields
- overflow cesspool
- innovative/alternative system

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

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

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

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

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

number: 1

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.):

Cesspool to a trench. The cesspool level has been over the outlet and the outlet pipe is crushed and no longer accepting flow. The system must be replaced.

### 12. Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration	1 to a trench
Depth - top of liquid to inlet invert	0.3
Depth of solids layer	3
Depth of scum layer	6
Dimensions of cesspool	4'x4'
Materials of construction	Field stone
Indication of groundwater inflow	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Cesspool has been overfull as evident from the high staining above the outlet pipe. The outlet pipe is crushed and no longer accepting flow. This is a very old system that is no longer draining.



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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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## E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

- A. Inspection 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 15: Sketch of Sewage Disposal System drawn on pg. 16 or attached
  - For 16: Explanation of estimated depth to high groundwater Included

## Water Consumption Report



Town of Manchester-by-the-Sea

### Customer Transaction Summary

#### Customer Information

Account No: 802399  
DAVID TOSI  
10 JERSEY LANE  
MANCHESTER, MA 01944

#### Location Information

Location No: 1213500  
10 JERSEY LANE  
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
02/15/2024	Charge	01/11/2024	3658	1	600	0.00	53.68
02/29/2024	Payment	CCC			53.68	-53.68	0.00
05/15/2024	Charge	04/03/2024	3663	1	360	0.00	33.55
05/21/2024	Payment	CCC			33.55	-33.55	0.00
08/15/2024	Charge	07/10/2024	3672	1	500	0.00	60.39
08/21/2024	Payment	CCC			60.39	-60.39	0.00
11/14/2024	Charge	10/01/2024	3679	1	700	0.00	50.47
12/09/2024	Payment	CCC			50.47	-50.47	0.00
02/14/2025	Charge	01/08/2025	3686	1	700	0.00	92.47
03/21/2025	Payment	CCC			92.47	-92.47	0.00
05/15/2025	Charge	04/08/2025	3692	1	600	0.00	85.26
05/27/2025	Payment	CCC			85.26	-85.26	0.00
08/15/2023	Charge	07/06/2023	3643	1	600	0.00	52.40
08/21/2023	Payment	CCC			52.40	-52.40	0.00
11/15/2023	Charge	10/04/2023	3650	1	700	0.00	46.97
11/21/2023	Payment	CCC			46.97	-46.97	0.00
06/23/2025 09:14:57 AM F - First Bill L - First Bill U - Unrecorded Transaction Page 2							



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10 Jersey Lane

Property Address

David E Tosi

Owner's Name

Manchester

City/Town

MA

State

01944

Zip Code

Jun 27, 2025

Date of Inspection

Owner information is required for every page.



Commonwealth of Massachusetts

## City/Town of Manchester System Pumping Record Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

### A. Facility Information

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



1. System Location:

10 Jersey Lane

Address

Manchester

City/Town

MA

State

01944

Zip Code

2. System Owner:

David Tosi

Name

10 Jersey Lane

Address (if different from location)

Manchester

City/Town

MA

State

01944

Zip Code

978-526-4403

Telephone Number

### B. Pumping Record

1. Date of Pumping: 06/27/2025 Date  
2. Quantity Pumped: 200 Gallons

3. Component:  Cesspool(s)  Septic Tank  Tight Tank  Grease Trap

Other (describe):

4. Effluent Tee Filter present?  Yes  No If yes, was it cleaned?  Yes  No

5. Observed condition of component pumped:  
Cover was accessed and properly secured. Septic system serviced. Pumped cesspool for TS inspection.

6. System Pumped By:  
Michael Graham Name Vehicle License Number  
Wind River Environmental Company

7. Location where contents were disposed:  
NENO Yard, 163 Western Ave, Gloucester, MA 01930

Signature of Owner Date: 06/27/2025

Signature of Receiving Facility (or attach facility receipt) Date

