



MANCHESTER-BY-THE-SEA

BOARD OF HEALTH

TOWN HALL - 10 CENTRAL STREET

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

Telephone (978) 526-7385

FAX (978) 526-2009

July 28, 2025

Wallace Riddle
602 Summer 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: **602 SUMMER STREET, MANCHESTER-BY-THE-SEA**

Property Owner: RIDDLE, WALLACE G. III and RIDDLE, THERESA M.


Licensed Title 5 Inspector: Michael B. Hale SI# 4312

The Title 5 Inspection Report dated 5/29/2025, states the system **PASSES**.

NOTE: The septic tank was not pumped as part of the inspection.
The grinder pump at the pool house connected by a force main to the main house building sewer are not noted.

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.)



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED
CK # 181
JUN 05 2025
\$135 paid
BOARD OF HEALTH

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

MA

01944

29 May 2025

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

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

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



A. Inspector Information

Michael B. Hale

Name of Inspector

Company Name

489 Essex Avenue Unit A

Company Address

Gloucester

MA

01930

City/Town

State

Zip Code

978-360-0253

4312

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


Inspector's Signature

30 May 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 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.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

Owner information is required for every page.

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:

<https://www.mass.gov/guides/caring-for-your-septic-system>

2) System Conditionally Passes:

- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

- Y
- N
- ND (Explain below):



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

MA
State

01944
Zip Code

29 May 2025
Date of Inspection

Owner information is required for every page.

C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

distribution box is leveled or replaced Y N ND (Explain below):

The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

3) Further Evaluation is Required by the Board of Health:

Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

a. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

MA

01944

29 May 2025

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

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:

Four horizontal lines for additional notes.

4) System Failure Criteria Applicable to All Systems:

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

- Yes/No columns and checkboxes for sewage backup and effluent discharge.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

Owner information is required for every page.

C. Inspection Summary (cont.)

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

- | Yes | No | |
|--------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure. |

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

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

MA

01944

29 May 2025

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

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)]



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Description:

Number of current residents: 2

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

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

If yes, discharges to:

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

Laundry system inspected? [] Yes [] No

Seasonal use? [] Yes [x] No

Water meter readings, if available (last 2 years usage (gpd)): 91 gpd

Detail: report attached -

Sump pump? [] Yes [x] No

Last date of occupancy: current Date



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

MA

01944

29 May 2025

City/Town

State

Zip Code

Date of Inspection

D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

Yes No

Water treatment unit present?

Yes No

If yes, discharges to:

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:

Last date of occupancy/use:

Date

Other (describe below):

3. Pumping Records:

Source of information:

owner -

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

D. System Information (cont.)

4. Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):

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

22 years - date of as-built sketch is dated 9/3/2003

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

1.25'
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

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

no concerns with venting, joints or leakage.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

three access covers to grade - bolt-down poly covers

Material of construction:

[x] 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:

1500 gallon

Sludge depth:

5"

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

32"

Scum thickness

4" in first compartment

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

4"

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

14"

How were dimensions determined?

MEASURING TAPE

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

two effluent filters pulled and cleaned as part of the inspection. Suggested the tank be pumped as part of routine maintenance. Tank should be pumped once every 3.5 years for preventative maintenance.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

D. System Information (cont.)

7. Grease Trap (locate on site plan):

Depth below grade:

_____ feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions: _____

Scum thickness _____

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

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

Date of last pumping:

_____ Date

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

8. Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: _____

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

gallons per day



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

Owner information is required for every page.

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.):

Four horizontal lines for handwritten comments.

* 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

at 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.):

No signs of carryover or evidence of leakage into or out of the d-box. Cover to d-box buried 14" below grade. D-box is showing signs of decay but remains structurally solid..

Four horizontal lines for handwritten comments.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

Owner information is required for every page.

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.):

Four horizontal lines for handwritten comments.

* 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:

Three horizontal lines for handwritten explanation.

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 5 lines - 25' x 20'
500 sqft
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology:

Infiltration brand poly chambers in a bed configuration



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

Owner information is required for every page.

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.):

Appears to be working as designed. The system is constructed in a raised bed configuration.

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 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.):

Four horizontal lines for providing comments.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 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.

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

City/Town

MA

State

01944

Zip Code

29 May 2025

Date of Inspection

D. System Information (cont.)

15. Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

4 below system limits
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:

7/8/1997 official soil evaluation
Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

The official soil evaluation conducted by the design engineer was witnessed by the Manchester Board of Health and groundwater was determined to be at El 107, with a bottom of bed design elevation of 111, providing 4' of separation between the SAS and ESHGW.

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

602 Summer Street

Property Address

Wallace Riddle

Owner's Name

Manchester-by-the-Sea

MA

State

01944

Zip Code

29 May 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

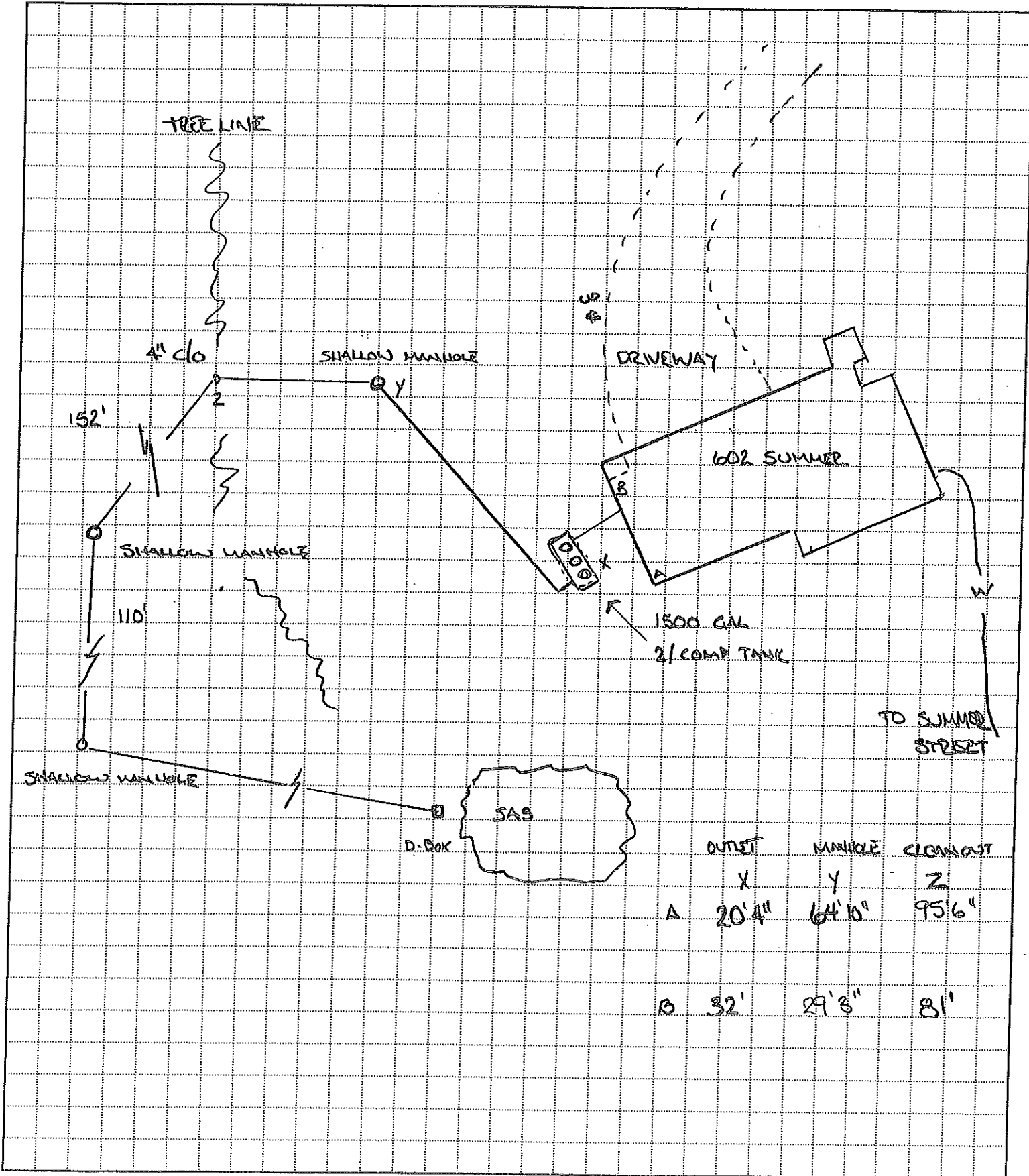
JOB 602 SUMMER ST

SHEET NO. _____ OF _____

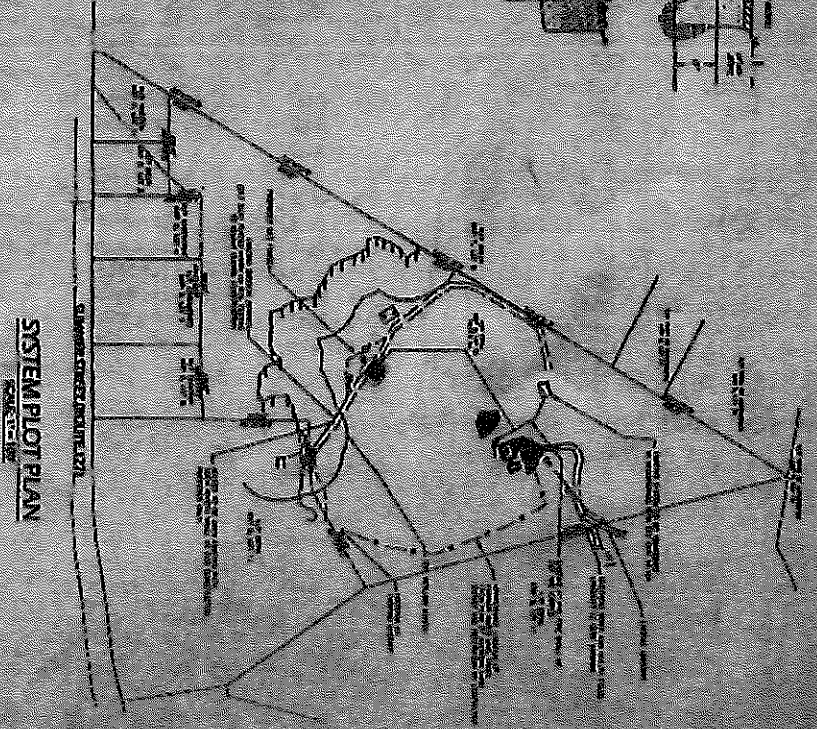
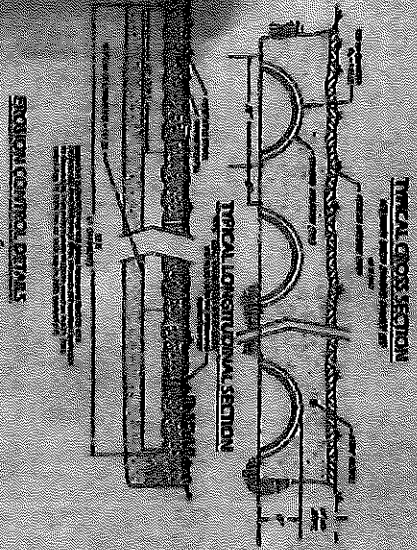
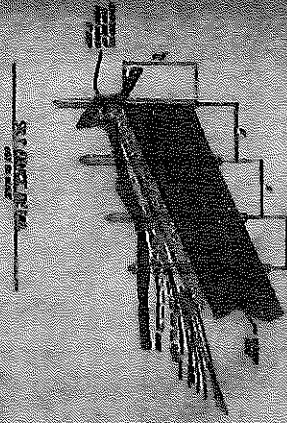
CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE 30 MAY 25

SCALE NTS



1. ALL DIMENSIONS ARE IN FEET AND INCHES.
 2. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
 3. ALL DIMENSIONS ARE TO CENTERLINE UNLESS OTHERWISE NOTED.
 4. ALL DIMENSIONS ARE TO CENTERLINE UNLESS OTHERWISE NOTED.
 5. ALL DIMENSIONS ARE TO CENTERLINE UNLESS OTHERWISE NOTED.
 6. ALL DIMENSIONS ARE TO CENTERLINE UNLESS OTHERWISE NOTED.
 7. ALL DIMENSIONS ARE TO CENTERLINE UNLESS OTHERWISE NOTED.
 8. ALL DIMENSIONS ARE TO CENTERLINE UNLESS OTHERWISE NOTED.
 9. ALL DIMENSIONS ARE TO CENTERLINE UNLESS OTHERWISE NOTED.
 10. ALL DIMENSIONS ARE TO CENTERLINE UNLESS OTHERWISE NOTED.



PROJECT: ST. LOUIS PILOT DRAWING NO.: 100-100-100-100 DATE: 10/10/10 SCALE: AS SHOWN	SHEET NO.: 100-100-100-100 TOTAL SHEETS: 100-100-100-100
---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

ADDIE ASSOCIATES, INC.
 ENGINEERS, ARCHITECTS, PLANNERS, CONSULTANTS
 11 CENTRAL STREET, BOSTON, MA 02108
 TEL: (617) 552-1000
 FAX: (617) 552-1001
 WWW: WWW.ADDIEASSOCIATES.COM



REVISIONS: NO. DATE DESCRIPTION 1 10/10/10 ISSUED FOR PERMIT	APPROVED BY: [Signature]
----------------------------------------------------------------------------	-----------------------------











Town of Manchester-by-the-Sea

Customer Transaction Summary

Customer Information

Account No: 40906
WALLACE RIDDLE
602 SUMMER STREET
MANCHESTER, MA 01944-

Location Information

Location No: 1007501
602 SUMMER STREET
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
08/16/2021	F Charge	08/16/2021	1	0	0.00	0.00	0.00
11/15/2021	Charge	10/05/2021	5 1	400	0.00	25.44	25.44
12/17/2021	Payment	UNIBANK			25.44	-25.44	0.00
02/15/2022	Charge	01/04/2022	11 1	600	0.00	38.16	38.16
03/21/2022	Payment	CHECK			38.16	-38.16	0.00
05/16/2022	Charge	04/05/2022	18 1	700	0.00	44.52	44.52
05/27/2022	Payment	CHECK			44.52	-44.52	0.00
08/15/2022	Charge	07/14/2022	32 1	1400	0.00	89.59	89.59
09/19/2022	Payment	CHECK			89.59	-89.59	0.00
11/15/2022	Charge	10/06/2022	48 1	1600	0.00	105.57	105.57
12/09/2022	Payment	CHECK			105.57	-105.57	0.00
02/15/2023	Charge	01/05/2023	66 1	1800	0.00	119.55	119.55
04/14/2023	Payment	CHECK			119.55	-119.55	0.00
05/15/2023	Charge	04/05/2023	85 0	1900	0.00	126.87	126.87
06/14/2023	Payment	CHECK			126.87	-126.87	0.00
08/15/2023	Charge	07/06/2023	102 1	1700	0.00	112.23	112.23
11/15/2023	Charge	10/04/2023	128 1	2600	112.23	182.45	294.68
12/18/2023	Payment	CHECK			294.68	-294.68	0.00
02/15/2024	Charge	01/11/2024	136 1	800	0.00	53.68	53.68
03/21/2024	Payment	CHECK			53.68	-53.68	0.00
05/15/2024	Charge	04/03/2024	143 1	700	0.00	46.97	46.97
06/07/2024	Payment	CHECK			46.97	-46.97	0.00
08/15/2024	Charge	07/10/2024	152 1	900	0.00	60.39	60.39
09/10/2024	Payment	CHECK			60.39	-60.39	0.00
11/15/2024	Charge	10/04/2024	158 1	600	0.00	43.26	43.26
01/17/2025	Payment	CHECK			43.26	-43.26	0.00
02/14/2025	Charge	01/08/2025	166 1	800	0.00	147.68	147.68
03/12/2025	Payment	CHECK			147.68	-147.68	0.00
05/15/2025	Charge	04/08/2025	174 1	800	0.00	147.68	147.68

