



MANCHESTER-BY-THE-SEA

BOARD OF HEALTH

TOWN HALL - 10 CENTRAL STREET

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

Telephone (978) 526-7385

FAX (978) 526-2009

September 23, 2025

Edward Scott
329 Summer St LLC
51 Liberty Street
Hanson, MA 02341

NOTIFICATION TO OWNER

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

Property Address: **329 SUMMER STREET, MANCHESTER-BY-THE-SEA**

Property Owner: **329 SUMMER STREET LLC**

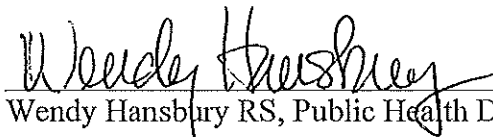
Licensed Title 5 Inspector: Richard Clarke SI# 4318

The Title 5 Inspection Report dated August 26, 2025, and Revised on September 12, 2025, states the system **PASSES**.

NOTES: Section D. 11. System Information, Soil Absorption System (page 14 of 18),
“Comments: The leaching pits seem to be in good working condition. ... The system seems to be undersize for a 10 bedroom system, but seems to be working with no issues.”

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 RS, Public Health Director

THIS INSPECTION reflects the **present** condition of the sanitary disposal system and is not any guarantee as to the life or future condition of said system. A passing Title 5 Inspection Report with pump receipts for three years within each calendar year may be used for sale of property. (Explanation: If there is a potential that your home will be sold within three years, you MUST have the septic tank pumped once a year, within a year of the date of the approved Title 5 Inspection Report for each of the three years. This allows the sale to occur with the use of the pumping reports and annual receipts abates the need for a “Title 5 System Inspection” for a property transfer within three years of the passing inspection, otherwise a passing Title 5 Inspection Report is only good for two years.)



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED
9135 Paid
SEP 15 2025
On 9/15/25
BOARD OF HEALTH

329 Summer Street

Map 6 Lot 8

Property Address

Edward Scott

Owner's Name

Manchester

MA
State

01944
Zip Code

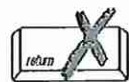
8/26/2025 Revised 9/12/25
Date of Inspection

City/Town

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

Richard Clarke
Name of Inspector

Company Name
8 Greenbrook Road
Company Address

Hamilton
City/Town

MA
State

01982
Zip Code

978-468-2233

4318

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

8/26/2025 Revised 9/12/25
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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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:

A general guide for caring for your septic system: 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):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

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

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

obstruction is removed Y N ND (Explain below):

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

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

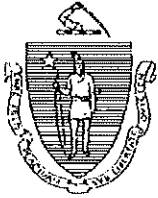
broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

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

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

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



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C. Inspection Summary (cont.)

- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

b. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

- | | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <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.)

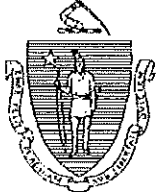
4) System Failure Criteria Applicable to All Systems: (cont.)

- Yes No
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 water supply well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.
The system 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" 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 type="checkbox"/> | <input checked="" 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? The size and location of the Soil Absorption System (SAS) 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 type="checkbox"/> | <input checked="" 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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 Edward Scott _____
 Owner's Name
 Manchester _____ MA _____ 01944 _____ 8/26/2025 Revised 9/12/25
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D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): NA Number of bedrooms (actual): 10

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 1100

Description:

Number of current residents: 8

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)): 74 GPD

Detail:
 Water records from the town from 8/15/23 to 8/20/25 - 53,793 gallons divided by 730 Days= 74GPD (See Attached report). All 3 Laundry locations are connected to the main system. 1 in basement of main house, 2 is in apartment A, 3 is located in apartment B.

Sump pump? Yes No

Last date of occupancy: current
 Date



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D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

Yes No

Water treatment unit present?

Yes No

If yes, discharges to:

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:

Last date of occupancy/use:

Date

Other (describe below):

3. Pumping Records:

Source of information:

Owner pumps every fall (Last Fall of 2024)

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

Pump Truck

Reason for pumping:

Owners pumps every year for maintance



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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...
Tight tank. Attach a copy of the DEP approval.
Other (describe): 1500 Gal Septic tank to 2 leaching pits

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

NA

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade: 2.0 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 on the condition of joints, venting and no evidence of leakage. The pipe from the building is PVC. There are some areas in the dwelling that Cast Irons exists



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

1.0 feet

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)

[x] Yes [] No

Dimensions:

(10'L x 5'W x 4'H) 1500 Gals

Sludge depth:

6"

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

28"

Scum thickness

1/2"

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?

Tape measure

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

The tank was at full operating level at the time of inspection. The tank was structural sound with no signs of leaking. The PVC Tees on both of the outlet and Inlet are in good working condition. The tank should be pumped every 2-3 years for routine maintenance. Septic Tank (Outlet) has a cast iron cover bolted to grade. The filter was cleaned as part of the inspection.



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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

NA

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 number: 2
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: _____
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____



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D. System Information (cont.)

11. Soil Absorption System (SAS) (cont.)

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

The leaching pits seem to be in good working condition, with no vegetation, no signs of hydraulic failure, no ponding and no damp soils over the leaching pits. The leaching pits were camera during the inspection from the PCV Tee between the 2 leaching pits and is in working condition. The system seems to be undersize for a 10 bedroom system, but seems to be working with no issues.

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No

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



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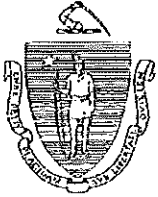
13. Privy (locate on site plan):

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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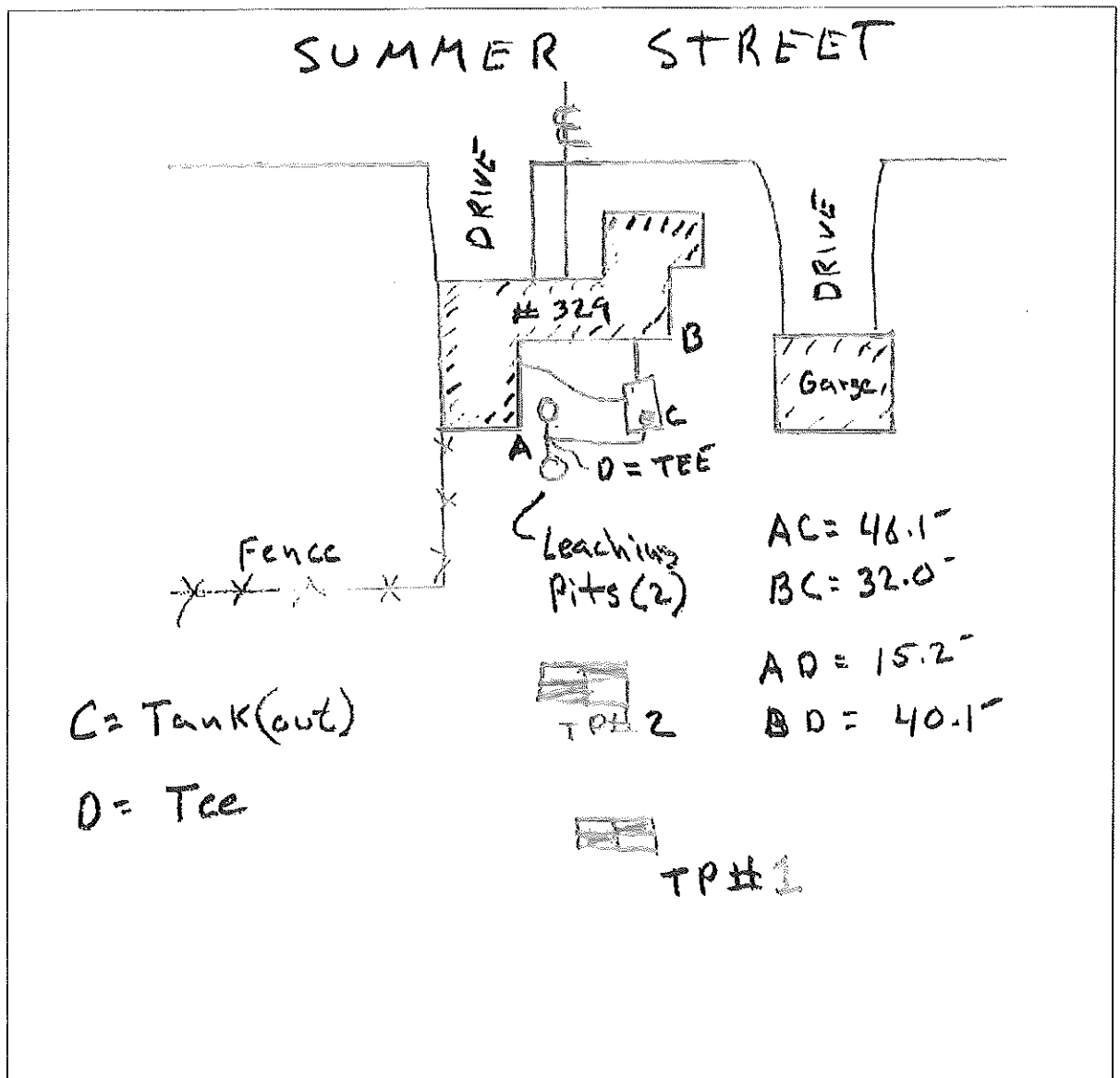
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D. System Information (cont.)

14. Sketch Of Sewage Disposal System:

Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately





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D. System Information (cont.)

15. Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water: 10'+
feet

Please indicate all methods used to determine the high ground water elevation:

Obtained from system design plans on record

If checked, date of design plan reviewed: _____
Date

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

Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

Soil testing was performed on 8/26/25 in back yard of 329 Summer Street, performed by R. Clarke, and witnessed by W. Hansbury (file at the BOH), no ground water was found at 120" below grade. The bottom of the leaching pits are about 6' below grade.

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



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E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

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

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

C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

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

For 15: Explanation of estimated depth to high groundwater included



Town of Manchester-by-the-Sea

Customer Transaction Summary

Customer Information

Account No: 40069
EDWARD SCOTT
PO BOX 741
MANCHESTER, MA 01944-

Location Information

Location No: 0905700
329 SUMMER STREET
MANCHESTER, MA 01944

Table with columns: Date, Type, More Info, Reading, Usage, Prior Balance, Transaction Amount, Balance. It lists various transactions from 02/15/2018 to 01/16/2024, including charges and payments with associated readings and balances.



Town of Manchester-by-the-Sea

Customer Transaction Summary

Customer Information

Account No: 40069
EDWARD SCOTT
PO BOX 741
MANCHESTER, MA 01944-

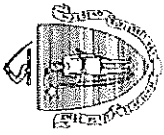
Location Information

Location No: 0905700
329 SUMMER STREET
MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
02/15/2024	Charge	01/11/2024	5980 0	3000	0.00	212.45	212.45
03/12/2024	Payment	CHECK			212.45	-212.45	0.00
05/15/2024	Charge	04/02/2024	6000 0	2000	0.00	137.45	137.45
06/11/2024	Payment	CHECK			137.45	-137.45	0.00
08/15/2024	Charge	07/10/2024	6030 0	3000	0.00	212.45	212.45
09/10/2024	Payment	CHECK			212.45	-212.45	0.00
11/15/2024	Charge	10/04/2024	6050 0	2000	0.00	146.99	146.99
12/10/2024	Payment	CHECK			146.99	-146.99	0.00
02/14/2025	Charge	01/08/2025	6080 0	3000	0.00	318.39	318.39
03/10/2025	Payment	CHECK			318.39	-318.39	0.00
05/15/2025	Charge	04/08/2025	6100 0	2000	0.00	236.99	236.99
06/11/2025	Payment	CHECK			236.99	-236.99	0.00
08/15/2025	Charge	07/10/2025	6118 J	25566	0.00	352.41	352.41
08/20/2025	Misc - FIN				352.41	45.00	397.41
08/20/2025	L Charge	08/20/2025	15345	9227	397.41	88.94	486.35

Total = 53,793 Gals

$$\frac{53,793 \text{ Gals}}{730 \text{ Days}} = 74 \text{ GPD}$$



Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

A. Facility Information

Edward Scott

Owner Name

329 Summer Street

Street Address

Manchester

City

MA

State

Map 6 Lot 8

Map/Lot #

01944

Zip Code

B. Site Information

1. (Check one) New Construction Upgrade Repair

2. Soil Survey Available? Yes No If yes:

NRCS web soil survey

300B Soil Map Unit

Montauk fine sandy loam

Soil Name

Soil Limitations

Coarse-loamy over sandy lodgment fill

Soil Parent material

Recessional moraines, ground moraines, hills, drumlins

Landform

3. Surficial Geological Report Available? Yes No

If yes:

Year Published/Source

Map Unit

Description of Geologic Map Unit

4. Flood Rate Insurance Map Within a regulatory floodway? Yes No

5. Within a velocity zone? Yes No

6. Within a Mapped Wetland Area? Yes No

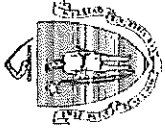
If yes, MassGIS Wetland Data Layer:

Wetland Type

Range: Above Normal Normal Below Normal

8/28/2025
Month/Day/Year

8. Other references reviewed:



Commonwealth of Massachusetts
City/Town of Manchester

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (minimum of two holes required at every proposed primary and reserve disposal area)

Deep Observation Hole Number: IP#1 Hole# 8/26/25 Date 8:00am Time Sunny 70 Degrees Weather Latitude Longitude: 0-2 Slope (%) 0-2

1. Land Use residential (e.g., woodland, agricultural field, vacant lot, etc.) lawn Vegetation NA Surface Stones (e.g., cobbles, stones, boulders, etc.)

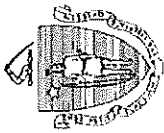
Description of Location:

- Soil Parent Material: Coarse-loamy over sandy lodgment till Recessional moraines, ground moraines, hills, Position on Landscape (SU, SH, BS, FS, TS)
- Distances from: Open Water Body >100 feet Property Line >10 feet Drainage Way >25 feet Wetlands >100 feet
- Unsuitable Materials Present: Yes No If Yes: Disturbed Soil Fill Material Weathered/Fractured Rock Bedrock
- Groundwater Observed: Yes No If Yes: NA Depth Weeping from Pit NA Depth Standing Water in Hole

Soil Log

Depth (in)	Soil Horizon /Layer	Soil Texture (USDA)	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features		Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
				Depth	Color	Percent	Gravel			
0-10	Ap	Loam	10yr 3/2							Loose/Roots
10-20	w	Loamy Sand	10yr 5/8							Fine / Roots
20-28	C1	Sand	10yr 4/6				10%			
28-36	C2	Sand	10yr 3/6				10%			
36-120+	C3	Sand	10yr 4/6							Fine

Additional Notes:
No Mottles, Bottom of Test pit was dry



Commonwealth of Massachusetts
City/Town of Manchester

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

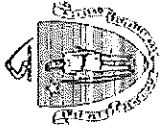
C. On-Site Review (minimum of two holes required at every proposed primary and reserve disposal area)

Deep Observation Hole Number: IP#2 Date: 8/26/25 Time: 8:00am Sunny 70 Degrees Weather: _____ Latitude: _____ Longitude: _____
 Hole # _____
 Land Use: residential (e.g., woodland, agricultural field, vacant lot, etc.) Vegetation: lawn Surface Stones (e.g., cobbles, stones, boulders, etc.): _____ Slope (%): 0-2

Description of Location: _____
 2. Soil Parent Material: Coarse-loamy over sandy lodgment fill Recessional moraines, ground moraines, hills, drumlins _____ Position on Landscape (SU, SH, BS, FS, TS) _____
 3. Distances from: Open Water Body >100 feet Drainage Way >25 feet Wetlands >100 feet
 Property Line >10 feet Drinking Water Well >100 feet Other _____ feet
 4. Unsuited Materials Present: Yes No If Yes: Disturbed Soil Fill Material Weathered/Fractured Rock Bedrock
 5. Groundwater Observed: Yes No If yes: NA Depth Weeping from Pit _____ NA Depth Standing Water in Hole _____

Soil Log

Depth (in)	Soil Horizon /Layer	Soil Texture (USDA)	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features		Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
				Depth	Color	Percent	Gravel			
0-12	Ap	Loam	10yr 3/2							Loose/Roots
12-20	Bw	Loamy Sand	10yr 5/8							Fine/Roots
20-30	C1	Sand	10yr 4/6					10%		
30-54	C2	Sand	10yr 6/6					10%		
54-120+	C3	Sand	10yr 4/6							Fine



Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Additional Notes:

No Mottles, Bottom of Test pit was dry

D. Determination of High Groundwater Elevation

1. Method Used:

- Depth observed standing water in observation hole
- Depth weeping from side of observation hole
- Depth to soil redoximorphic features (mottles)
- Depth to adjusted seasonal high groundwater (S_h) (USGS methodology)

Obs. Hole #IP#1

NA inches

NA inches

NA inches

NA inches

Obs. Hole #IP#2

NA inches

NA inches

NA inches

NA inches

Index Well Number _____

Reading Date _____

$$S_h = S_c - [S_r \times (OW_c - OW_{max}) / OW_r]$$

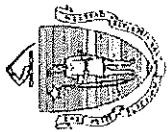
Obs. Hole/Well# _____ S_c _____ S_r _____ OW_c _____ OW_{max} _____ OW_r _____ S_h _____

2. Estimated Depth to High Groundwater: 120± inches

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

- a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil system? absorption
- Yes No
- b. If yes, at what depth was it observed (exclude A and O Horizons)?
- Upper boundary: 10 inches Lower boundary: 120+ inches
- c. If no, at what depth was impervious material observed?
- Upper boundary: _____ inches Lower boundary: _____ inches

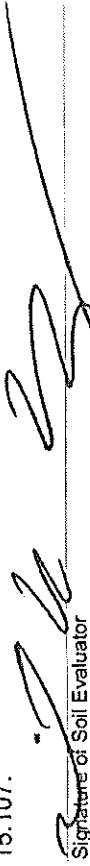


Commonwealth of Massachusetts
City/Town of Manchester

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.


Signature of Soil Evaluator

Richard W. Clarke Jr. / # SE396

Typed or Printed Name of Soil Evaluator / License #

Wendy Hansbury

Name of Approving Authority Witness

8/26/25

Date

6/30/25

Expiration Date of License

Manchester

Approving Authority

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.

Field Diagrams: Use this area for field diagrams:



Commonwealth of Massachusetts
 City/Town of Manchester
Percolation Test
 Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. 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 the local Board of Health to determine the form they use.

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



A. Site Information

Edward Scott
 Owner Name
 329 Summer Street
 Street Address or Lot #
 Manchester MA 01944
 City/Town State Zip Code
 Contact Person (if different from Owner) Telephone Number

B. Test Results

	8/26/25 Date	8:45am Time	Date	Time
Observation Hole #	TP# 1			
Depth of Perc	12+18=30"			
Start Pre-Soak	8:45am			
End Pre-Soak	NA			
Time at 12"	NA			
Time at 9"	NA			
Time at 6"	NA			
Time (9"-6")	NA			
Rate (Min./Inch)	Less Than 2 MPI			
	Test Passed: <input checked="" type="checkbox"/>	Test Passed: <input type="checkbox"/>	Test Failed: <input type="checkbox"/>	Test Failed: <input type="checkbox"/>

Richard Clarke
 Test Performed By:
 Wendy Hansbury, Town of Manchester, MA BOH
 Board of Health Witness

Comments:
 Perc did not hold 25 Gallons

34 0 25
2.6331 Ac

34 0 12
0.6767 Ac

34 0 11
0.2211 Ac

34 0 10
0.2525 Ac

6 0 12
0.5258 Ac

34 0 24
1.7231 Ac

34 0 9
0.2075 Ac

6 0 24
2.4231 Ac

6 0 11
0.5174 Ac

34 0 22
1.0931 Ac

6 0 10
0.3301 Ac

6 0 9
0.3331 Ac

6 0 19
0.9902 Ac

34 0 7
0.5448 Ac

6 0 3
0.5167 Ac

6 0 8
0.8319 Ac

6 0 18
0.5165 Ac

6 0 2
0.2215 Ac

6 0 17
0.5969 Ac

6 0 1
0.2427 Ac

6 0 13
0.7062 Ac

A-TP#1 = 115'
B-TP#1 = 66'
A-TP#2 = 92'
B-TP#2 = 50'

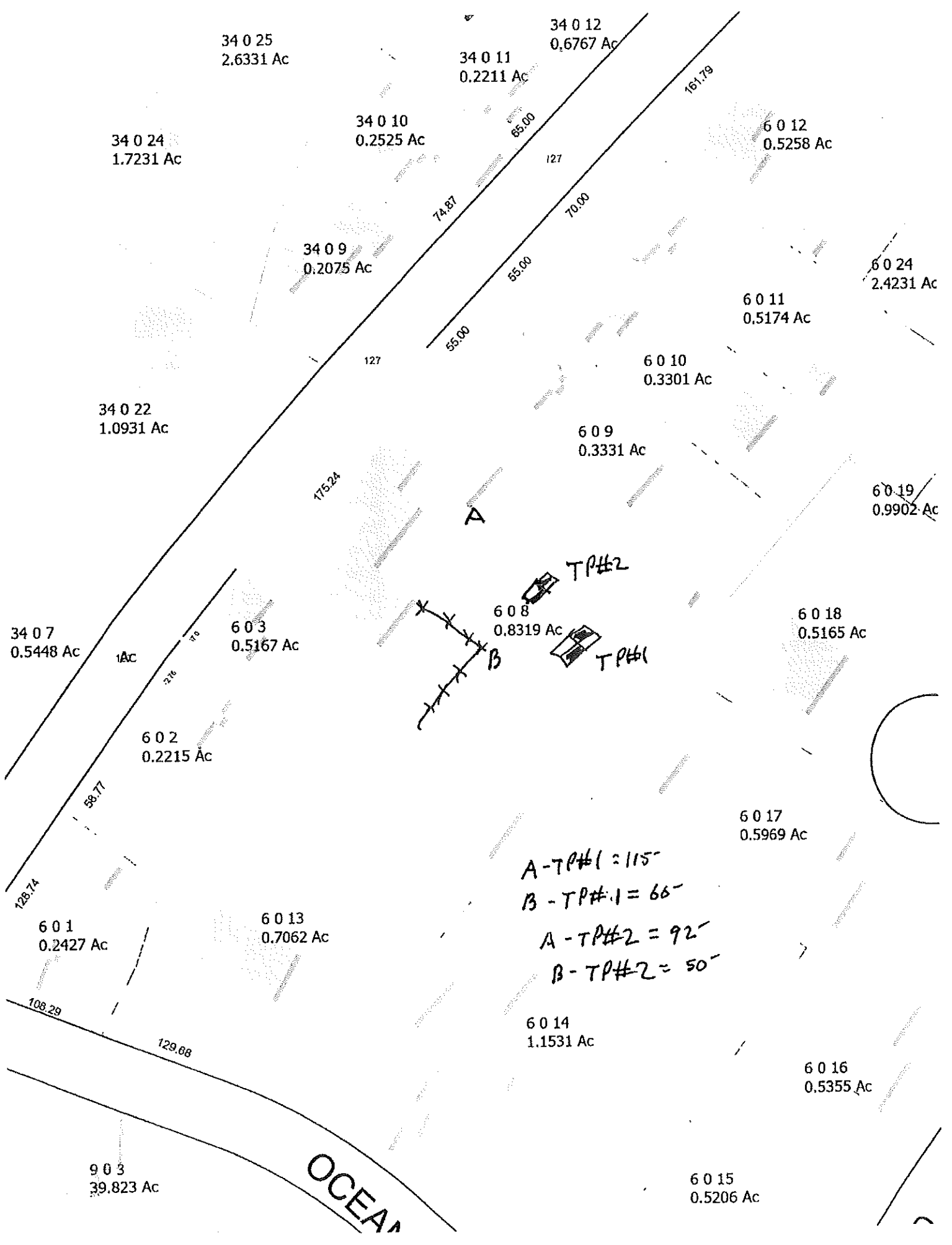
6 0 14
1.1531 Ac

6 0 16
0.5355 Ac

9 0 3
39.823 Ac

6 0 15
0.5206 Ac

OCEAN





CAI Property Card

Manchester By The Sea, MA

GENERAL PROPERTY INFORMATION	BUILDING EXTERIOR
LOCATION: 329 SUMMER ST ACRES: 0.8319 PARCEL ID: 6 0 8 LAND USE CODE: 111 CONDO COMPLEX: OWNER: SCOTT JR TE EDWARD P CO - OWNER: JANED REALTY TRUST MAILING ADDRESS: 51 LIBERTY CIRCLE HANSON, MA 02341 ZONING: A PATRIOT ACCOUNT #: 2702	BUILDING STYLE: MULTI-CONV UNITS: 4 YEAR BUILT: 1900 FRAME: WOOD EXTERIOR WALL COVER: WOOD SHING ROOF STYLE: GABLE ROOF COVER: ASPHALT
SALE INFORMATION	BUILDING INTERIOR
SALE DATE: 8/5/2025 BOOK & PAGE: 42870-196 SALE PRICE: \$1 SALE DESCRIPTION: PORTION/ASSE SELLER: 329 SUMMER STREET LLC,	INTERIOR WALL: PLASTER FLOOR COVER: HARDWOOD HEAT TYPE: FORCED H/W FUEL TYPE: OIL PERCENT A/C: 30 # OF ROOMS: 17 # OF BEDROOMS: 10 # OF FULL BATHS: 5 # OF HALF BATHS: 1 # OF ADDITIONAL FIXTURES: 0 # OF KITCHENS: 4 # OF FIREPLACES: 0 # OF METAL FIREPLACES: 0 # OF BASEMENT GARAGES: 0
PRINCIPAL BUILDING AREAS	
GROSS BUILDING AREA: 9,377 FINISHED BUILDING AREA: 5,681 BASEMENT AREA: 964 # OF PRINCIPAL BUILDINGS: 1	
ASSESSED VALUES	
LAND: 578,500 YARD: 33,800 BUILDING: 719,300 TOTAL: \$1,331,600	
SKETCH	PHOTO

CAI Technologies
www.cai-tech.com

This information is believed to be correct but is subject to change and is not warranted.