



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

October 16, 2025

Kevin Littman
4 Plum Hill Road
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: **4 PLUM HILL ROAD, MANCHESTER-BY-THE-SEA**

Property Owner: LITTMAN, KEVIN

Licensed Title 5 Inspector: Jonathan James Granz SI# 13405

The Title 5 Inspection Report dated August 28, 2025, states the system **PASSES**.

Local Board of Health Private Well Test Regulation Compliance - At the time of sale, and not more than 1 year prior to transfer of the property Complete Baseline Testing and Basic 4. (Please see enclosed FAQ sheet. A copy of the regulation is available at <https://manchester.ma.us/337/Board-of-Health> .)

Provide well water quality testing for BASELINE and Basic 4 prior to transfer.

NOTES: The septic tank was not pumped as part of the inspection.

The Board of Health DID NOT find the septic system, as it is now used, to constitute a danger to 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 2620
SEP 25 2025
\$135 PA
BOARD OF HEALTH

4 Plum Hill Road

Property Address

Kevin Littman

Owner's Name

Manchester by the Sea

City/Town

MA

State

01944

Zip Code

8/28/25

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

Jonathan J. Granz

Name of Inspector

Preventative Septic Services

Company Name

46 Beech Street

Company Address

South Hamilton

City/Town

MA

State

01982

Zip Code

978-468-9001

Telephone Number

SI13405

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

9/9/25

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:

System is working properly.

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

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4 Plum Hill Road

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MA

01944

8/28/25

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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 |



Title 5 Official Inspection Form

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C. Inspection Summary (cont.)

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year 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 |



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8/28/25

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C. Inspection Summary (cont.)

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

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

Yes No

- Pumping information was provided by the owner, occupant, or Board of Health
- Were any of the system components pumped out in the previous two weeks?
- Has the system received normal flows in the previous two week period?
- Have large volumes of water been introduced to the system recently or as part of this inspection?
- N/A* Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- Was the facility or dwelling inspected for signs of sewage back up?
- Was the site inspected for signs of break out?
- Were all system components, excluding the SAS, located on site?
- Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
- Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? **The size and location of the Soil Absorption System (SAS) on the site has been determined based on:**
- Existing information. For example, a plan at the Board of Health.
- Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]



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4 Plum Hill Road

Property Address

Kevin Littman

Owner's Name

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City/Town

State

Zip Code

Date of Inspection

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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:

System is composed of a 1500 gallon septic tank, pump chamber, distribution box and two 12'x50' leaching fields (see plan)

Number of current residents: 1

Does residence have a garbage grinder? Yes No

Does residence have a water treatment unit? Yes No

If yes, discharges to: Surface

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

Laundry system inspected? N/A Yes No

Seasonal use? Yes No

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

Detail:

Private non-metered well water.

Sump pump? Yes No

Last date of occupancy: Current
Date



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

4 Plum Hill Road

Property Address

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City/Town

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Zip Code

Date of Inspection

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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: Last pumped 1+/- years ago, per Homeowner.

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

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4 Plum Hill Road

Property Address

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City/Town

MA

State

01944

Zip Code

8/28/25

Date of Inspection

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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):
Septic tank, pump chamber, distribution box, soil absorption system.

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

The system was installed in 1979, BOH records.

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

40"

feet

Material of construction:

cast iron

40 PVC

other (explain):

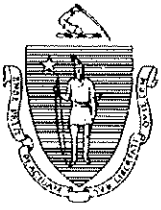
Distance from private water supply well or suction line:

>100

feet

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

Building sewer appears to be in good condition, there is no evidence of any backup or problems.



Title 5 Official Inspection Form

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4 Plum Hill Road

Property Address

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Manchester by the Sea

City/Town

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State

01944

Zip Code

8/28/25

Date of Inspection

D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade: 32"
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: 4'D x 6'W x 10'L

Sludge depth: 8"

Distance from top of sludge to bottom of outlet tee or baffle 26"

Scum thickness 1/4"

Distance from top of scum to top of outlet tee or baffle 6"

Distance from bottom of scum to bottom of outlet tee or baffle 14"

How were dimensions determined? Sludge Judge/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 1500 gallon septic tank is in good condition, structurally sound, no leakage in or out, liquid level at outlet invert, inlet has concrete baffle, outlet has a PVC tee, both in good condition. The outlet cover has a riser bringnig the cover to grade. This tank does not need to be pumped at this time.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

4 Plum Hill Road
Property Address

Kevin Littman
Owner's Name

Manchester by the Sea MA 01944 8/28/25
City/Town State Zip Code Date of 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

0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Distribution box is in good condition, no signs of solids carryover, no leakage in or out, distribution is level. The cover is 12" below grade, outlet inverts are 22" below grade.



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4 Plum Hill Road

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Zip Code

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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.):

The pump chamber is in good condition, the pump, floats and alarm all work properly. The cover is 2" below grade.

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

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

If SAS not located, explain why:

Type:

leaching pits number: _____

leaching chambers number: _____

leaching galleries number: _____

leaching trenches number, length: _____

leaching fields number, dimensions: 2 @ 12'x50'

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.):

Ground over system is dry and consistent with the surrounding yard, no signs of hydraulic failure, ponding, breakout, damp soil or abnormal vegetation growth. System was dosed at time of inspection, it was observed to drain properly.

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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State

01944

Zip Code

8/28/25

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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.):

Four horizontal lines for handwritten comments.



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Zip Code

8/28/25

Date of Inspection

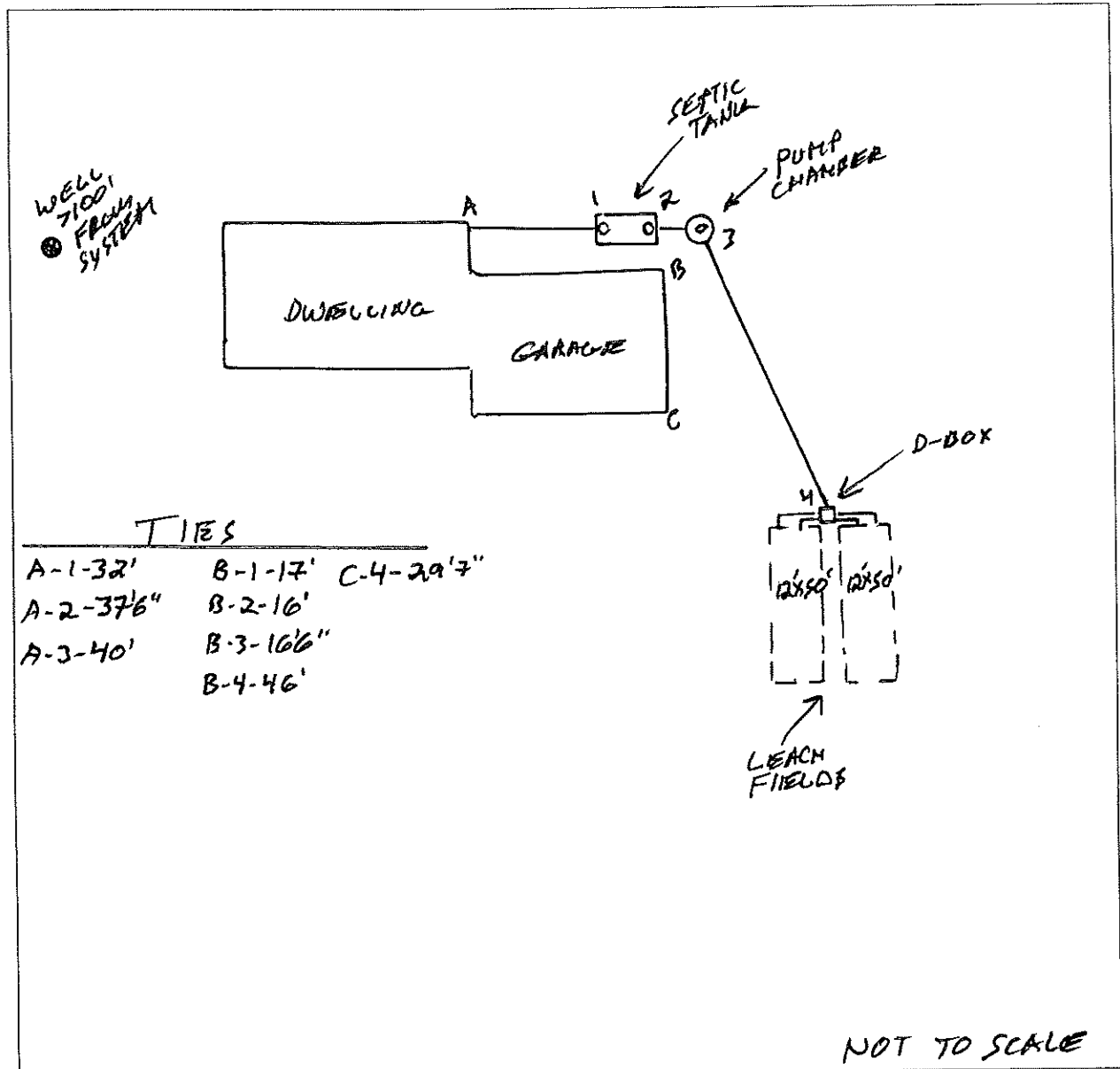
Owner information is required for every page.

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





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8/28/25

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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: 54"
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: 1/16/79
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:
Soil test performed for design of system.
- 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 for the design of this system on 3/24/77 & 4/28/77 by E.S. Townsend, the ground water was observed at 54" below grade (see BOH records). This system was designed/installed with a 5' separation from observed ground water. The leaching fields were designed above the original grade (pump system). This system shows no evidence of any ground water interference.

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



Commonwealth of Massachusetts

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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



MANCHESTER-BY-THE-SEA

BOARD OF HEALTH • TOWN HALL
Manchester-by-the-Sea, Massachusetts 01944-1399
Telephone (978) 526-7385 FAX (978) 526-2009

June 11, 2013

Andrew and Melanie Oldeman
4 Plum Hill Road
Manchester, MA 01944

RE: *Title V Septic System Inspection Report
4 Plum Hill Road Manchester, MA*

Dear Resident,

The Manchester Board of Health received a Title V Septic System Inspection report from Windriver for your property located at 4 Plum Hill Road in Manchester-by-the-Sea. The Subsurface Sewage Disposal System Inspection Report has been reviewed by the Board of Health Consultant Engineer from H.L.Graham Associates.

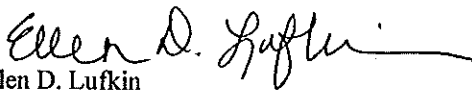
At this time:

No Further Action is Required

Please Note:

If you have questions regarding the inspection report, please feel free to contact the Board of Health at 978-526-7385, please do not contact the review engineer directly.

For the Board of Health


Ellen D. Lufkin

Attachments



GRAHAM ASSOCIATES, INC.

CIVIL ENGINEERS
PROFESSIONAL SERVICES SINCE 1984

TWO CENTRAL STREET
IPSWICH, MA 01938

PH: 978-356-2756
FAX: 978-356-4880
EMAIL: hl.graham@verizon.net

June 7, 2013

Town of Manchester
Board of Health
Town Hall
Manchester, MA 01944

Attn: Ellen Lufkin
Administrator

*Re: Septic System Inspection Review (Oldeman/Windriner)
4 Plum Hill Rd., Manchester, MA
H. L. Graham Project No. 02-228-118*

Dear Ms. Lufkin:

We have completed our review of the Subsurface Sewage Disposal System Inspection Form for the referenced property prepared by James Gallant of Windriver Environmental, inspection date March 26, 2013.

The inspection and form appear to have been performed in general accordance with Title 5 requirements. We therefore recommend that the Board accept the inspector's conclusion that the system passes.

Please contact us if you have any concerns or comments regarding this matter.

Sincerely,

H. L. GRAHAM ASSOCIATES, INC.

Gerard McDonald, P.E.
Senior Project Engineer
Board of Health Consultant