



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 20, 2025

Andrew and Megan West
159 Bridge 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: **159 BRIDGE STREET, MANCHESTER-BY-THE-SEA**

Property Owner: WEST, ANDREW S and WEST, MEGAN S

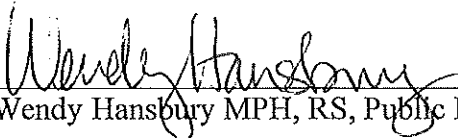
Licensed Title 5 Inspector: Kevin Soto, Wind River Environmental SI# 14864

The Title 5 Inspection Report dated August 23, 2024, states the system **PASSES**.

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 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.)



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED
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OCT 17 2025
\$135
BOARD OF HEALTH

159 Bridge Street

Property Address

Andrew and Megan West

Owner's Name

Manchester by the sea

MA

01944

Sep 17, 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.

A. Inspector Information

1. Inspector:

Kevin Soto

Name of Inspector

Wind River Environmental

Company Name

46 Lizotte Drive Suite 1000

Company Address

Marlborough

MA

01752

City/Town

State

Zip Code

508-215-4238

SI 14864

Telephone Number

License Number

B. Certification

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

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

Sep 17, 2025

Inspector's Signature

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Please note: This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.



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C. Inspection summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

1) System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

2) System Conditionally Passes:

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

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

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

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

Y N ND (Explain below)



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C. Inspection summary (cont.)

2) System Conditionally Passes (cont.):

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

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

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

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

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

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

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

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



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C. Inspection summary (cont.)

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

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

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

Method used to determine distance: _____

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

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

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



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C. Inspection summary (cont.)

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year 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 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 2000gpd-10,000gpd. |
| <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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C. Inspection summary (cont.)

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

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |



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D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): 6 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 660

Description:

Number of current residents: 4

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)): See attached

Detail:

See attached Water Consumption Report from the town.

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):

General Information

3. Pumping Records:

Source of information:

The homeowner and Wind River Environmental are the sources of the information. Last pump out by Wind River Environmental was 6/29/2020.

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

gallons

How was quantity pumped determined? _____

Reason for pumping: _____



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D. System Information (cont.)

4. Type of System:

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

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

1997

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

5

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.):

Joints are in good condition with no visible leaks.



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

4

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:

10'x5'6"x5'8"

Sludge depth:

10"

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

26"

Scum thickness

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

15"

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.):

Recommend pumping every 2-3 years. Baffles are intact. Liquid level in tank is normal, with normal solids.



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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 structurally sound and level with very little carryover. Box is 6" below grade with a 32in cast iron cover 4" below grade.



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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.):

All components of pump are working at the time of inspection.

* 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: 6, 40'
 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.):

There are no signs of failure at the time of inspection. There is no damp soil or high vegetation. Turned on pump and saw no water coming back into box.

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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D. System Information (cont.)

13. Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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



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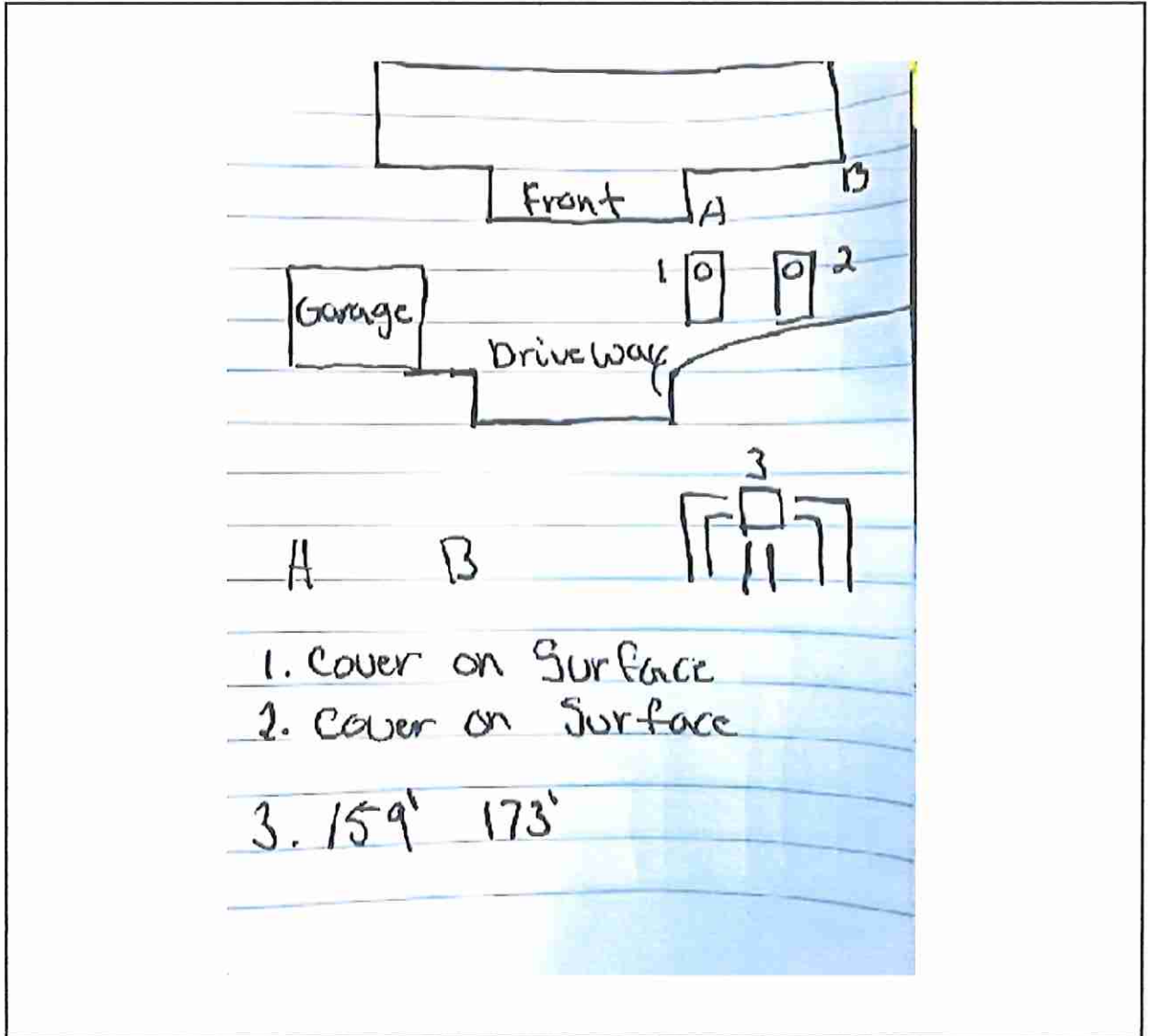
Owner information is required for every page.

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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D. System Information (cont.)

15. Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water:

6+

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:

June 13, 1997

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:

Established groundwater from design plans at Board of Health.

Before filling 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. Inspection information: Complete all fields in this section.
- B. Certification: Signed & Dated and 1, 2, 3, or 4 checked
- C. Inspection Summary:
 - 1, 2, 3, or 5 completed as appropriate
 - 4 (Failure Criteria) and 6 (Checklist) completed
- D. System Information:

For 8: Tight/Holding Tank - Pumping contract attached

For 15: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 16: Explanation of estimated depth to high groundwater included

Water Consumption Report



Town of Manchester-by-the-Sea

Customer Transaction Summary

Customer Information
Account No. 0569
ANDREW WEST
159 BRIDGE STREET
MANCHESTER, MA 01944

Location Information
Location No. 121000
159 BRIDGE STREET
MANCHESTER, MA 01944

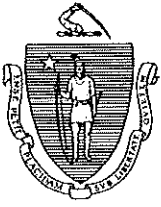
DATE	TYPE	Metz Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
03/19/2020	Payment	ENBANK			18.33	-18.33	0.00
03/15/2020	Charge	04/05/2020	100 4	800	0.00	21.44	21.44
05/18/2020	Payment	ENBANK			21.44	-21.44	0.00
08/15/2020	Charge	07/11/2020	446 4	600	0.00	16.66	16.66
08/30/2020	Payment	ENBANK			16.66	-16.66	0.00
11/01/2020	Charge	10/06/2020	451 4	300	0.00	49.76	49.76
12/04/2020	Payment	ENBANK			49.76	-49.76	0.00
02/10/2021	Charge	01/06/2021	459 4	500	0.00	31.40	31.40
03/02/2021	Payment	ENBANK			31.40	-31.40	0.00
05/17/2021	Charge	04/07/2021	469 4	1000	0.00	62.31	62.31
06/02/2021	Payment	ENBANK			62.31	-62.31	0.00
08/16/2021	Charge	07/07/2021	480 4	2000	0.00	127.47	127.47
08/26/2021	Payment	ENBANK			127.47	-127.47	0.00
11/15/2021	Charge	10/06/2021	514 4	2500	0.00	165.84	165.84
12/01/2021	Payment	ENBANK			165.84	-165.84	0.00
02/15/2022	Charge	01/04/2022	522 4	800	0.00	54.84	54.84
03/14/2022	Payment	ENBANK			54.84	-54.84	0.00
05/16/2022	Charge	04/05/2022	532 4	1000	0.00	63.71	63.71
05/23/2022	Payment	ENBANK			63.71	-63.71	0.00
08/15/2022	Charge	07/13/2022	557 4	2500	0.00	165.84	165.84
09/22/2022	Payment	ENBANK			165.84	-165.84	0.00
11/15/2022	Charge	10/06/2022	570 4	2000	0.00	134.49	134.49
11/29/2022	Payment	ENBANK			134.49	-134.49	0.00
02/15/2023	Charge	01/05/2023	585 4	1000	0.00	65.61	65.61
03/01/2023	Payment	ENBANK			65.61	-65.61	0.00
05/15/2023	Charge	04/05/2023	602 4	1500	0.00	58.91	58.91
05/22/2023	Payment	ENBANK			58.91	-58.91	0.00
08/15/2023	Charge	07/06/2023	627 4	2500	0.00	170.74	170.74
08/23/2023	Payment	ENBANK			170.74	-170.74	0.00
11/15/2023	Charge	10/01/2023	627 0	0	0.00	0.00	0.00
02/15/2024	Charge	01/11/2024	637 0	0	0.00	0.00	0.00
05/15/2024	Charge	04/03/2024	637 0	0	0.00	0.00	0.00
08/15/2024	Charge	01/10/2024	637 0	0	0.00	0.00	0.00
11/15/2024	Charge	10/01/2024	637 0	0	0.00	0.00	0.00
02/14/2025	Charge	01/08/2025	637 0	0	0.00	29.00	29.00
02/28/2025	Payment	ENBANK			29.00	-29.00	0.00
05/15/2025	Charge	04/08/2025	637 0	0	0.00	29.00	29.00
06/01/2025	Payment	ENBANK			29.00	-29.00	0.00
08/15/2025	Charge	07/14/2025	637 0	0	0.00	29.00	29.00
08/23/2025	Payment	ENBANK			29.00	-29.00	0.00

*This needed repair and then was over-estimated
4/8/25 - 459, 4/14/25 - 461, 7/14/25 - 465*

09/16/2025 09:40:11 AM

F - Final Bill C - Check Bill B - Unpaid Transaction

Page 2



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

159 Bridge Street
Property Address

Andrew and Megan West
Owner's Name

Owner information is required for every page.

Manchester by the sea
City/Town

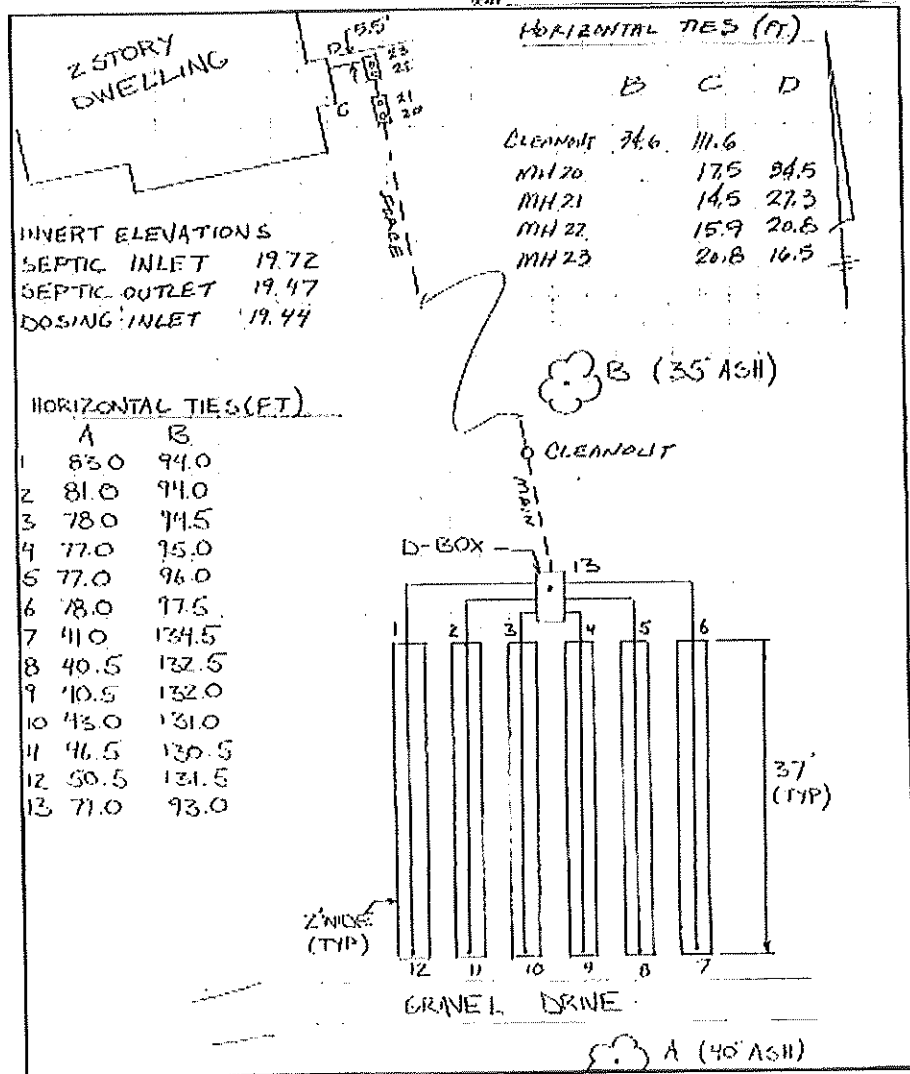
MA
State

01944
Zip Code

Sep 17, 2025
Date of Inspection

HANCOCK ENGINEERING ASSOCIATES
235 Newbury Street, Route 1 North
DANVERS, MASSACHUSETTS 01923
(508) 777-3050 (617) 662-9659
(508) 352-7590 (508) 283-2200

NO. 5987-13YRNE
DESIGNED 3 OF
CALCULATED DJS DATE 6/13/17
OPERATED _____ DATE _____
SCALE _____





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

159 Bridge Street

Property Address

Andrew and Megan West

Owner's Name

Manchester by the sea

MA

01944

Sep 17, 2025

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.



Commonwealth of Massachusetts

City/Town of Manchester

System Pumping Record Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.251.

A. Facility Information

1. System Location:

159 Bridge Street

Address

Manchester

City/Town

MA

State

01944

Zip Code

2. System Owner:

Keaton/Andrew West

Name

159 Bridge Street

Address (if different from location)

Manchester

City/Town

MA

State

01944

Zip Code

6176167925

Telephone Number

B. Pumping Record

1. Date of Pumping

06/29/2020

Date

2. Quantity Pumped:

1100.0000

Gallons

3. Component:

Cesspool(s)

Septic Tank

Tight Tank

Grease Trap

Other (describe): _____

4. Effluent Tee Filter present?

Yes No

If yes, was it cleaned? Yes No

5. Observed condition of component pumped:

System Operating Fine. Normal water level. Moderate top solids. Moderate bottom sludge. Both baffles are intact. Main flow clear. No filter is present on the tank current tank is not designed to be used with a filter. Chemical required. Pumped 1100 gallons. Recommended boost additive.

6. System Pumped By:

Marcus Lark

Name

Vehicle License Number

Kind River Environmental, 46 Lizotte Drive, Suite 1000, Marlborough, MA 01752

Company

7. Location where contents were disposed:

Signature of Hauler

06/29/2020

Date

Signature of Receiving Facility (or attach facility receipt)

Date