



# 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

Kettle Cove Condominiums  
47 Raymond 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: **47 RAYMOND STREET, MANCHESTER-BY-THE-SEA**  
Property Owner:


Licensed Title 5 Inspector: Jonathan James Granz SI# 13405

The Title 5 Inspection Report dated September 5, 2025, states the system PASSES.

NOTES: The septic tank was not pumped as part of the inspection.  
The septic tank outlet tee should be cleaned once a year.

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

REGISTRY OF DEEDS  
CK 2713  
OCT 06 2025  
pd 135  
BOARD OF HEALTH

47 Raymond Street

Property Address

Kettle Cove Condominiums

Owner information is required for every page.

Owner's Name

Manchester by-the-Sea

MA  
State

01944  
Zip Code

9/5/25  
Date of Inspection

City/Town

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

978-468-9001

Telephone Number

MA  
State

01982  
Zip Code

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

9/30/25  
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.

\*\*The septic tank has a filter in the outlet tee, it should be cleaned atleast once a year\*\*

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### 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):

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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):

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

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

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



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## C. Inspection Summary (cont.)

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

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

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

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

c. Other:

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### 4) System Failure Criteria Applicable to All Systems:

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

- |                          |                                     |
|--------------------------|-------------------------------------|
| Yes                      | No                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

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

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



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### D. System Information

#### 1. Residential Flow Conditions:

Number of bedrooms (design): n/a Number of bedrooms (actual): 5

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

Description:

System is composed of a 1200 gallon septic tank, two distribution boxes, four 30'+/- & two 10'+/- leaching trenches.

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

\_\_\_\_\_

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? N/A  Yes  No

Seasonal use?  Yes  No

Water meter readings, if available (last 2 years usage (gpd)): 134.80 GPD

Detail:

Water meter readings were provided by the Manchester Water Department, GPD was averaged from usage between 7/6/23-7/14/25 (738 days).

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

Sump pump?  Yes  No

Last date of occupancy: \_\_\_\_\_  
Date



Commonwealth of Massachusetts  
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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 Spring, 2025, 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: \_\_\_\_\_



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## D. System Information (cont.)

### 4. Type of System:

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

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

Estimated to be 40-50 years old.

Were sewage odors detected when arriving at the site?

Yes  No

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

Depth below grade:

30"  
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

n/a  
feet

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

Building sewer is in good condition with no signs of leakage, backup or any other problems.



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### D. System Information (cont.)

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

Depth below grade:

22"  
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:

7' Round x 4'D

Sludge depth:

10"

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

22"

Scum thickness

3"

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?

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.):

Tank is in good conditon, structually sound, no signs of leakage or infiltration, liquid at outlet invert. Inlet has a concrete baffle, outlet has a PVC tee both in good condition, outlet tee has a Zabel filter (cleaned at time of inspection). There are risers bringing the center and outlet covers to grade (cast iron manholes). Tank does not need to be pumped at this time.



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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: \_\_\_\_\_

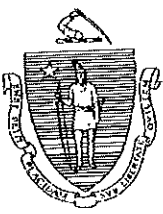
Material of construction:

- 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.):

Both distribution box #1 & #2 (see diagram) are both in good condition, structurally sound, level, no signs of leakage in or out, liquid level at outlet inverts, no signs of solids carryover

D-box #1 Outlet inverts are 48" below grade, there is a riser bringing the cover to 10" below grade.  
D-box #2 Outlet inverts are 51" below grade, there is a riser bringing the cover to 12" 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.):

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

\* 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: \_\_\_\_\_

4 @ 30'+/-  
2 @ 10'+/-

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.):

Soil over system is dry and consistent with surrounding yard with no signs of ponding, breakout or abnormal vegetation.

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#### 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.):

Four horizontal lines for handwritten notes.



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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: >8'  
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:

Ground water soil test on file from previous Title 5 inspection.

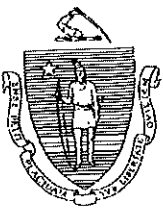
Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

On 8/1/2014 a deep hole test was performed at this property (excavated adjacent to SAS) by Daniel B. Johnson R.S. and witnessed by Gerry McDonald to evaluate the ESHGW in relation to the SAS serving this property. No ESHGW was found at 96" below grade. The outlet invert at the distribution box is 51" below grade. This system is not interfacing with groundwater. (see BOH records)

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



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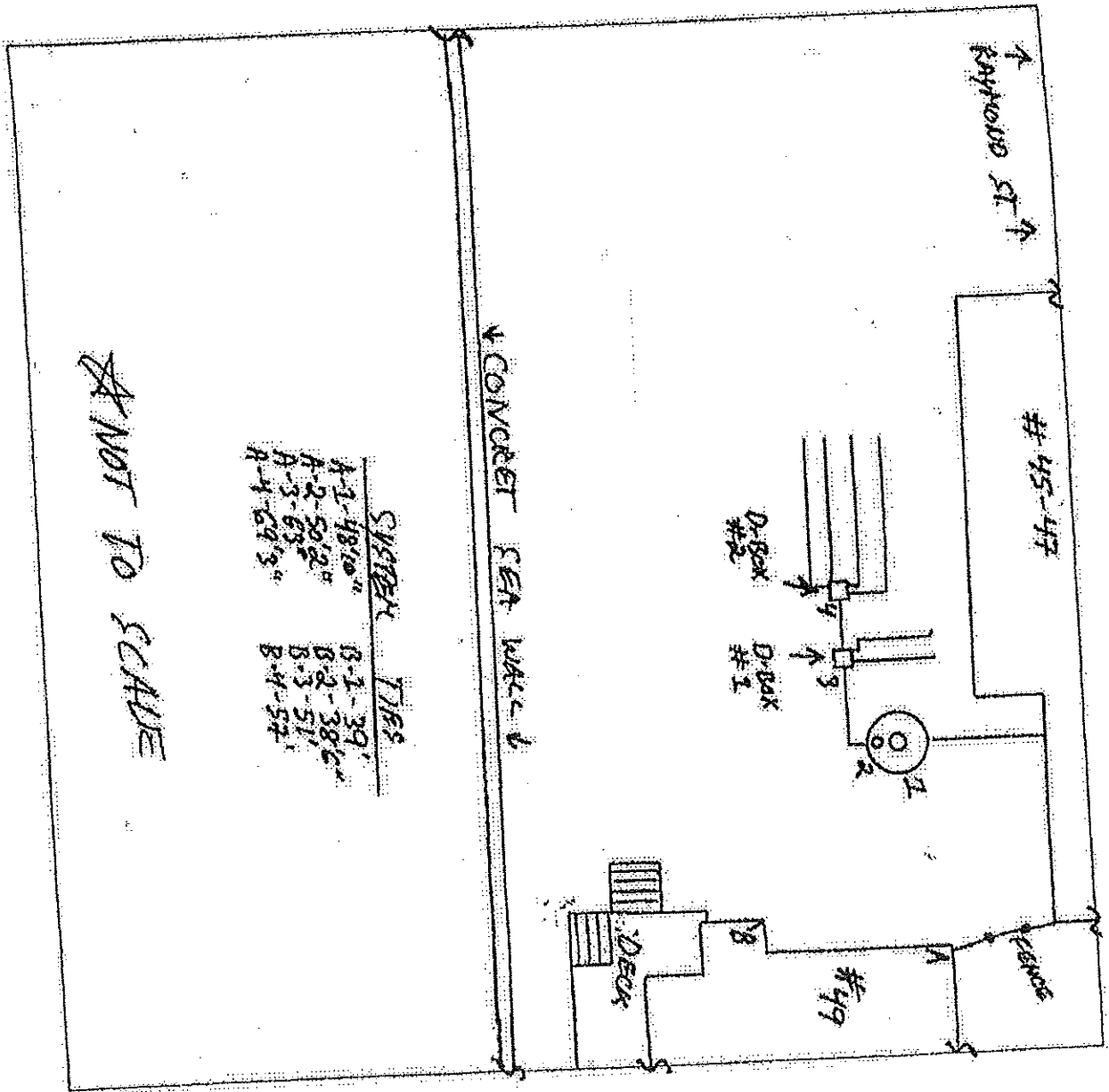
9/5/25  
Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

- A. Inspector Information: Complete all fields in this section.
- B. Certification: Signed & Dated and 1, 2, 3, or 4 checked
- C. Inspection Summary:
  - 1, 2, 3, or 5 completed as appropriate
  - 4 (Failure Criteria) and 6 (Checklist) completed
- D. System Information:
  - For 8: Tight/Holding Tank – Pumping contract attached
  - For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached
  - For 15: Explanation of estimated depth to high groundwater included



SYSTEM	TYPE
A-1-48'10"	B-1-39'
A-2-50'2"	B-2-38'6"
A-3-63'	B-3-51'
A-4-69'3"	B-4-57'

*\*NOT TO SCALE*



# Customer Transaction Summary

**Customer Information**

Account No: 801762  
 ASCENT PROPERTY MANAGEMENT, LLC  
 PO BOX 5485  
 BEVERLY, MA 01915-

**Location Information**

Location No: 1003300  
 47 RAYMOND STREET  
 MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
11/15/2023	Charge	10/04/2023	4193	2900	0.00	204.95	204.95
12/11/2023	Payment	CHECK			204.95	-204.95	0.00
02/15/2024	Charge	01/11/2024	4206	1300	0.00	87.67	87.67
03/18/2024	Payment	CHECK			87.67	-87.67	0.00
05/15/2024	Charge	04/03/2024	4216	1000	0.00	67.21	67.21
06/03/2024	Payment	CHECK			67.21	-67.21	0.00
08/15/2024	Charge	07/10/2024	4233	1700	0.00	114.95	114.95
09/04/2024	Payment	CHECK			114.95	-114.95	0.00
11/15/2024	Charge	10/04/2024	4258	2500	0.00	187.69	187.69
12/04/2024	Payment	CHECK			187.69	-187.69	0.00
02/14/2025	Charge	01/08/2025	4273	1500	0.00	133.15	133.15
03/14/2025	Payment	UNIBANK			133.15	-133.15	0.00
05/15/2025	Charge	04/08/2025	4283	1000	0.00	97.10	97.10
06/12/2025	Payment	UNIBANK			97.10	-97.10	0.00
08/15/2025	Charge	07/14/2025	4297	1400	0.00	125.94	125.94
09/05/2025	Payment	UNIBANK			125.94	-125.94	0.00

*X100 CF*

*7/6/23 - 7/14/25  
 99,484 GAL  
 738 DAYS, 134.80 GPD*



# Customer Transaction Summary

**Customer Information**

Account No: 801762  
 ASCENT PROPERTY MANAGEMENT, LLC  
 PO BOX 5485  
 BEVERLY, MA 01915-

**Location Information**

Location No: 1003300  
 47 RAYMOND STREET  
 MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
			3760	1	1100	0.00	62.68
02/15/2018	Charge	01/11/2018				62.68	-62.68
03/26/2018	Payment	CHECK			800	0.00	45.44
05/16/2018	Charge	04/10/2018	3768	1		45.44	-45.44
06/27/2018	Payment	CHECK			1600	0.00	91.58
08/15/2018	Charge	07/02/2018	3784	1		91.58	-91.58
08/23/2018	Payment	CHECK			3200	0.00	199.71
11/15/2018	Charge	10/02/2018	3816	1		199.71	-199.71
12/17/2018	Payment	CHECK			1100	0.00	65.01
02/15/2019	Charge	01/08/2019	3827	1		65.01	-65.01
03/25/2019	Payment	CHECK			1100	0.00	65.01
05/15/2019	Charge	04/10/2019	3838	1		65.01	-65.01
05/22/2019	Payment	CHECK			1900	0.00	118.49
08/15/2019	Charge	07/12/2019	3857	1		118.49	-118.49
09/25/2019	Payment	CHECK			3200	0.00	207.28
11/15/2019	Charge	10/09/2019	3889	1		207.28	-207.28
12/13/2019	Payment	CCC			1000	0.00	61.22
02/15/2020	Charge	01/09/2020	3899	1		61.22	-61.22
03/30/2020	Payment	CHECK			900	0.00	54.99
05/15/2020	Charge	04/06/2020	3908	1		54.99	-54.99
06/16/2020	Payment	CCC			2200	0.00	138.98
08/17/2020	Charge	07/15/2020	3930	1		138.98	-138.98
09/21/2020	Payment	CHECK			2400	0.00	155.27
11/16/2020	Charge	10/06/2020	3954	1		155.27	-155.27
12/02/2020	Payment	CCC			1600	0.00	100.29
02/16/2021	Charge	01/07/2021	3970	1		100.29	-100.29
03/22/2021	Payment	CCC			1500	0.00	93.96
05/17/2021	Charge	04/07/2021	3985	1		93.96	-93.69
06/22/2021	Payment	CCC			2300	0.27	148.32
08/16/2021	Charge	07/07/2021	4008	1		148.59	-148.59
09/03/2021	Payment	CCC			2200	0.00	144.55
11/15/2021	Charge	10/05/2021	4030	1		144.55	-144.55
12/06/2021	Payment	CHECK			2200	0.00	144.55
02/15/2022	Charge	01/04/2022	4052	1		144.55	-144.55
03/01/2022	Payment	CHECK			1300	0.00	83.12
05/16/2022	Charge	04/05/2022	4065	1		83.12	-83.12
06/01/2022	Payment	CHECK			1600	0.00	102.53
08/15/2022	Charge	07/14/2022	4081	1		102.53	-102.53
09/06/2022	Payment	CHECK			1800	0.00	119.55
11/15/2022	Charge	10/06/2022	4099	1		119.55	-119.55
12/05/2022	Payment	CHECK			1300	0.00	85.59
02/15/2023	Charge	01/05/2023	4112	1		85.59	-85.59
03/06/2023	Payment	CHECK			1100	0.00	72.27
05/15/2023	Charge	04/05/2023	4123	1		72.27	-72.27
06/05/2023	Payment	CHECK			4100	0.00	287.91
08/15/2023	Charge	07/06/2023	4164	1		287.91	-287.91
09/11/2023	Payment	CHECK					

07/06/2023  
CHECK

F = First Bill      L = Final Bill      U = Unclosed Transaction

