



Megan & Amy Hunt
 35 Forster Rd
 Manchester, MA 01944

☎ (978) 395-7738
 ✉ amy_hunt@hotmail.com

INVOICE	#3050
SERVICE DATE	Dec 29, 2025
INVOICE DATE	Dec 29, 2025
PAYMENT TERMS	Upon receipt
DUE DATE	Dec 31, 2025
AMOUNT DUE	\$381.79

CONTACT US

112 Pine St
 Manchester, MA 01944

☎ (978) 526-1751
 ✉ laura@milneph.com

Service completed by: Jermey Walker



INVOICE

Services	qty	unit price	amount
Disposal removed, 1st fl half bath toilet replace parts on back	1.0	\$0.00	\$0.00
Dishwasher & Garbage Disposal - Remove Garbage Disposal & repipe without <small>Our technicians will safely remove your existing garbage disposal and expertly re-pipe your sink without a disposal unit. This service restores proper drainage, reduces clog risks, and ensures your plumbing is optimized for long-term, hassle-free use.</small>	1.0	\$300.00	\$300.00
Materials	qty	unit price	amount
1 1/2" p trap with cleanout <small>Part Number: PVC112PTRAPCO PTRAP W/CO 1-1/2" PVC S40 HxH 707X</small>	1.0	\$18.64	\$18.64
1 1/2" desanco <small>Part Number: PVC112DESFP TRP ADPT F 1-1/2" PVC HxSLP 104P</small>	1.0	\$11.52	\$11.52
1 1/2" pvc pipe <small>Part Number: P/P112DWV10 PIPE WHT PVC 1-1/2"x10' S40 PE</small>	1.0	\$3.04	\$3.04
1 1/2" branch tail piece brass <small>Part Number: DRB812B-17BN-3 TLPC BRNCH 1-1/2x8" DCx1/2" SWT BRS 17GA</small>	1.0	\$48.59	\$48.59

35 Forster St. Garbage Grinder removal





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

December 11, 2025

Amy Hunt and Meggin Hunt
35 Forster Road
Manchester-by-the-Sea, MA 01944

NOTIFICATION TO OWNER ACTION REQUIRED

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

Property Address: **35 FORSTER ROAD, MANCHESTER-BY-THE-SEA**
Property Owner: HUNT AMY K.

Licensed Title 5 Inspector: John Duncan, Duncan Tree Co. SI# 2308

The Title 5 Inspection Report dated November 6, 2025.

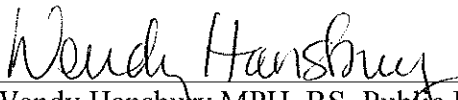
Further action is required:

- The on-site septic system for this property was not designed to accommodate garbage grinders per 310 CMR 15.223(1)(c). **You are required to provide a licensed plumber's receipt to confirm the removal of the garbage grinder(s).**

NOTES:

- The septic tank was not pumped as part of the inspection.
- The leach line from the distribution box to the leach pit was replaced and leveled as part of the Title 5 Inspection.

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.)



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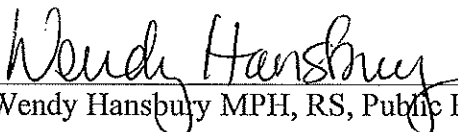
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Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED
 NOV 9 2025
 BOARD OF HEALTH

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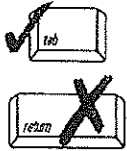
35 Forster Road
 Property Address

Amy Hunt / Meggin Hunt
 Owner's Name

Manchester By The Sea MA 01944 11/6/2025
 City/Town State Zip Code Date of Inspection

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

John Duncan
 Name of inspector

Duncan Tree landscape & Construction Co.
 Company Name

21 Western Ave
 Company Address

Essex MA 01929
 City/Town State Zip Code

978-768-7558 2308
 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

John Duncan
 Inspector's Signature

11-6-2025
 Date

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

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



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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.):

- 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
 - obstruction is removed
 - distribution box is leveled or replaced

- 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
- obstruction is removed

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

[] [X]

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

[] [X]

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 type="checkbox"/> N/A | 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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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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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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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:

Number of current residents: 3
 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)): 132.18 GPD
 Detail:

2 YRS = 12,900 cu' of WATER used OR 96,492 gallons

730 $\sqrt{96492} = 132.18$

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: Pumped 6-25-2025, Pumping Record BOH

Was system pumped as part of the inspection? [] Yes [X] 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)
Innovative/Alternative technology
Tight tank
Other (describe):

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

New install 1984, New Tank 2016, New D-Box 2013, New leach line to Left Pit as you face Field of 3 Pits 2025

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

AT inlet to Tank 56" down 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.):

good condition, no evidence of leakage



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

45" GROUND TO TOP
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

NEW TANK installed in 2016, HAS FILTER in outlet, THAT SHOULD BE CLEANED EACH YEAR

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) N/A Yes No

Dimensions:

5'10" H, 5'8" W, 10'6" L

Sludge depth:

0"

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

36"

Scum thickness

0"

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

16"

How were dimensions determined?

Rod + Rule

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 RELATIVELY NEW, INLET T AND

OUTLET T IN QUAD SHAPE. OUTLET T HAS FILTER WHICH SHOULD BE CLEANED YEARLY. SHOULD

PUMP BOTH SIDES OF TANK AS SOLIDS ARE IN

1st COMPARTMENT, THEN THE 2nd COMPARTMENT



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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):

18" DOWN FROM GRADE

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.):

Box is level, NO CARRYOVER, New line
4" sph 40 solid REPLACED TO Leach pit on left
AS you FACE The 3-Pits D-Box was OBSERVED & OK'd
By Manchester BOM 11-5-2025



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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 *3-Pits in 14' x 27' AREA* number: *3* — *5' x 8' x 2' ea*
- 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.):

Center leach pit was dug up and had 7" of water on bottom, one line was backflowing. Camera was brought in and a pipe with a Fernco had pushed up causing backflow to box. New line from box to pit was installed and old by BOH water in 2 other pits were at the same depth 7"

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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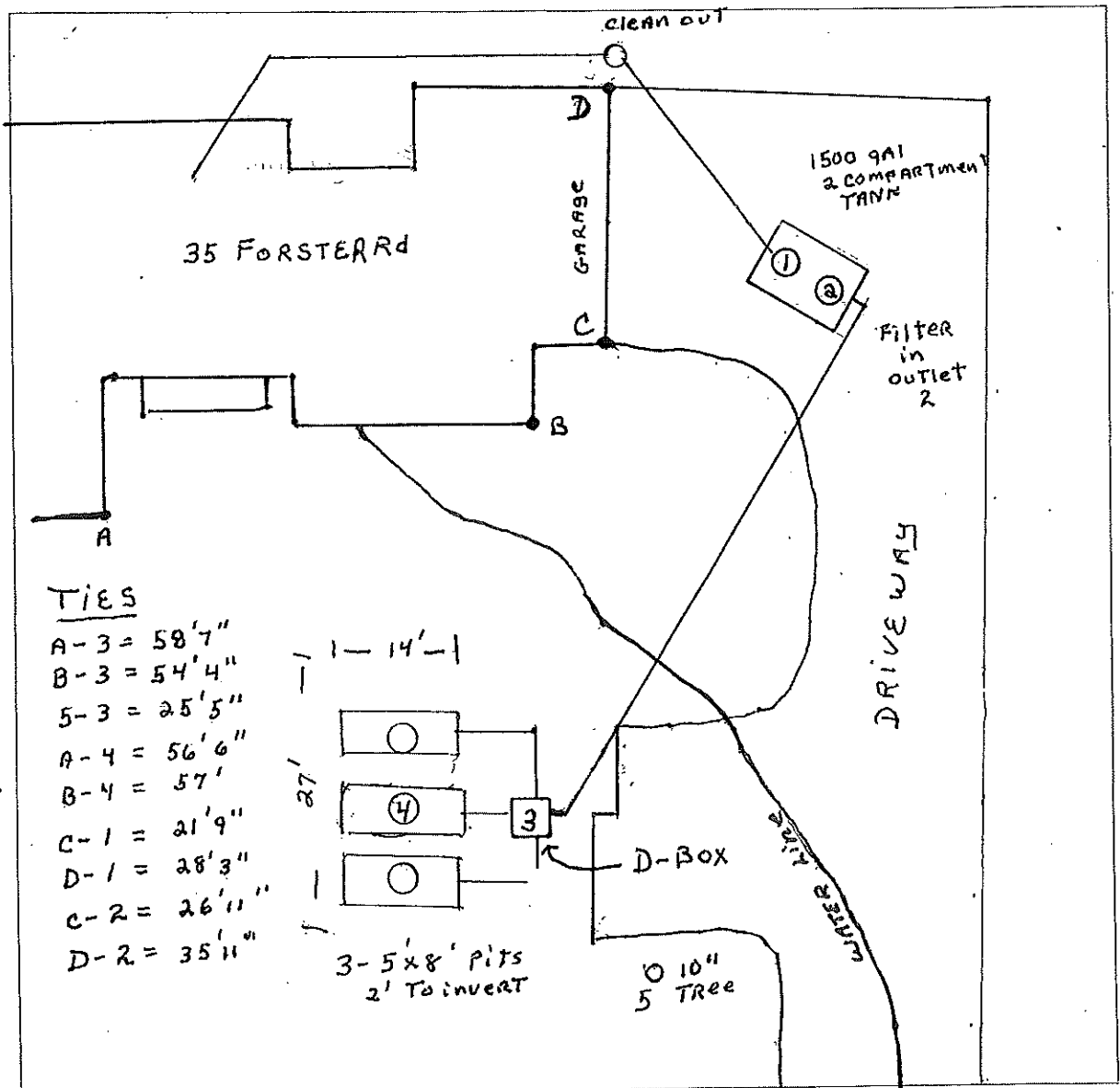
Owner information is required for every page.

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





Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

35 Forster Road
 Property Address
 Amy Hunt / Meggin Hunt
 Owner's Name
 Manchester By The Sea MA 01944 11/6/2025
 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

15. Site Exam:

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

Estimated depth to high ground water: 6.5
 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: NOV 20, 1984
 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:

GW WAS SHOWN AT 60" ON PLAN BY
REZZA CONST. SYSTEM WAS RAISED FROM ORIGINAL
GRADE. ESTIMATED GW AND PIT BOTTOM IS 2 FEET

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Forster Road

Property Address

Amy Hunt / Meggin Hunt

Owner's Name

Manchester By The Sea

City/Town

MA

State

01944

Zip Code

11/6/2025

Date of Inspection

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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