



# 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

April 1, 2025

Brian and Kim Goff  
37 Forster Road  
Manchester-by-the-Sea, MA 01944

### NOTIFICATION TO OWNER

Receipt on 3/24/2025 of the Title 5 Inspection Report amendments for the onsite sewage disposal system at:

Property Address: **37 FORSTER ROAD, MANCHESTER-BY-THE-SEA**

Property Owner: GOFF, BRIAN M and KIM A

Licensed Title 5 Inspector: Eric Jeffrey Mueller, Wind River Environmental SI# 14691

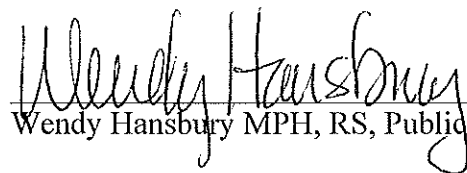
The Title 5 Inspection Report dated: 9/10/2024

Amended Report received on 11/7/2024 and 3/21/2025

The Title 5 Inspection Report states the system **PASSES**.

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

REVISED 3/21/2025

37 Forster Road

Property Address

Brian M. And Kim A. Goff

Owner's Name

Manchester

MA

01944

Sep 10, 2024

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:

Eric Jeffrey Mueller

Name of Inspector

Wind River Environmental

Company Name

46 Lizotte Drive Suite 1000

Company Address

Marlborough

MA

01752

City/Town

State

Zip Code

508-443-7690

SI 14691

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

Inspector's Signature

Sep 10, 2024 / Revised 3/21/2025

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 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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## D. System Information

### 1. Residential Flow Conditions:

Number of bedrooms (design): Not available Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): Not available

Description:

No design plan on file at Board of Health.

Number of current residents:

2

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)):

398.6

Detail:

Used last two years water records. Water Consumption Report from the town is attached on Page 18.

Sump pump?

☒ Yes ☐ No

Last date of occupancy:

Currently occupied

Date

RECEIVED  
MAR 24 2025  
BOARD OF HEALTH



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



37 Forster Road

REVISED 11/7/2024

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

Inspector's Signature

Sep 10, 2024 / Revised 11/7/2024

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.

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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 functioning 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

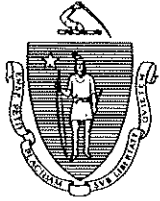
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

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)





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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:

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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"/> | 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 ½ 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"/> | <b>The system fails.</b> 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 type="checkbox"/>            | N/A <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                | Was the facility or dwelling inspected for signs of sewage back up?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                | Was the site inspected for signs of break out?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                | Existing information. For example, a plan at the Board of Health.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/>     | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]   |



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## D. System Information

### 1. Residential Flow Conditions:

Number of bedrooms (design): Not available Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): Not available

Description:

No design plan on file at Board of Health.

Number of current residents:

2

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)):

398.6

Detail:

Used last two years water records. Water Consumption Report from the town is attached on Page 18.

Sump pump?

☒ Yes ☐ No

Last date of occupancy:

Currently occupied

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:

Last pump out by Wind River Environmental was 11/10/2023.

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 to a leaching pit

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

1966

Were sewage odors detected when arriving at the site?

☐ Yes

☒ No

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

Depth below grade:

2

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 breaks or leaks. System is vented through building sewer.



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## D. System Information (cont.)

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

Depth below grade:

1.5

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'x4'

Sludge depth:

1'

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

1.75'

Scum thickness

1'

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

0.25'

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

0.5'

How were dimensions determined?

Sludge, Rod and Ruler

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 18-24 months. Tank is in good condition, at operating level, with tees in place. Inlet cover is to grade.



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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.):

---

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\* 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

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

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## D. System Information (cont.)

### 10. Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes ☐ No\*

Alarms in working order:

☐ Yes ☐ No\*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

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\* 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:

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Type:

- ☒ leaching pits
- ☐ leaching chambers
- ☐ leaching galleries
- ☐ leaching trenches
- ☐ leaching fields
- ☐ overflow cesspool
- ☐ innovative/alternative system

number: 1

number: \_\_\_\_\_

number: \_\_\_\_\_

number, length: \_\_\_\_\_

number, dimensions: \_\_\_\_\_

number: \_\_\_\_\_

Type/name of technology:

Precast 6'x6'



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

37 Forster Road

REVISED 11/7/2024

Property Address

Brian M. And Kim A. Goff

Owner's Name

Manchester

MA

01944

Sep 10, 2024

City/Town

State

Zip Code

Date of Inspection

Owner  
information is  
required for every  
page.

## 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 is dry with no ponding or breakout observed. Vegetation is normal for the property and the area. Leaching pit is empty and shows no signs of hydraulic failure at this time.

### 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.):



Commonwealth of Massachusetts

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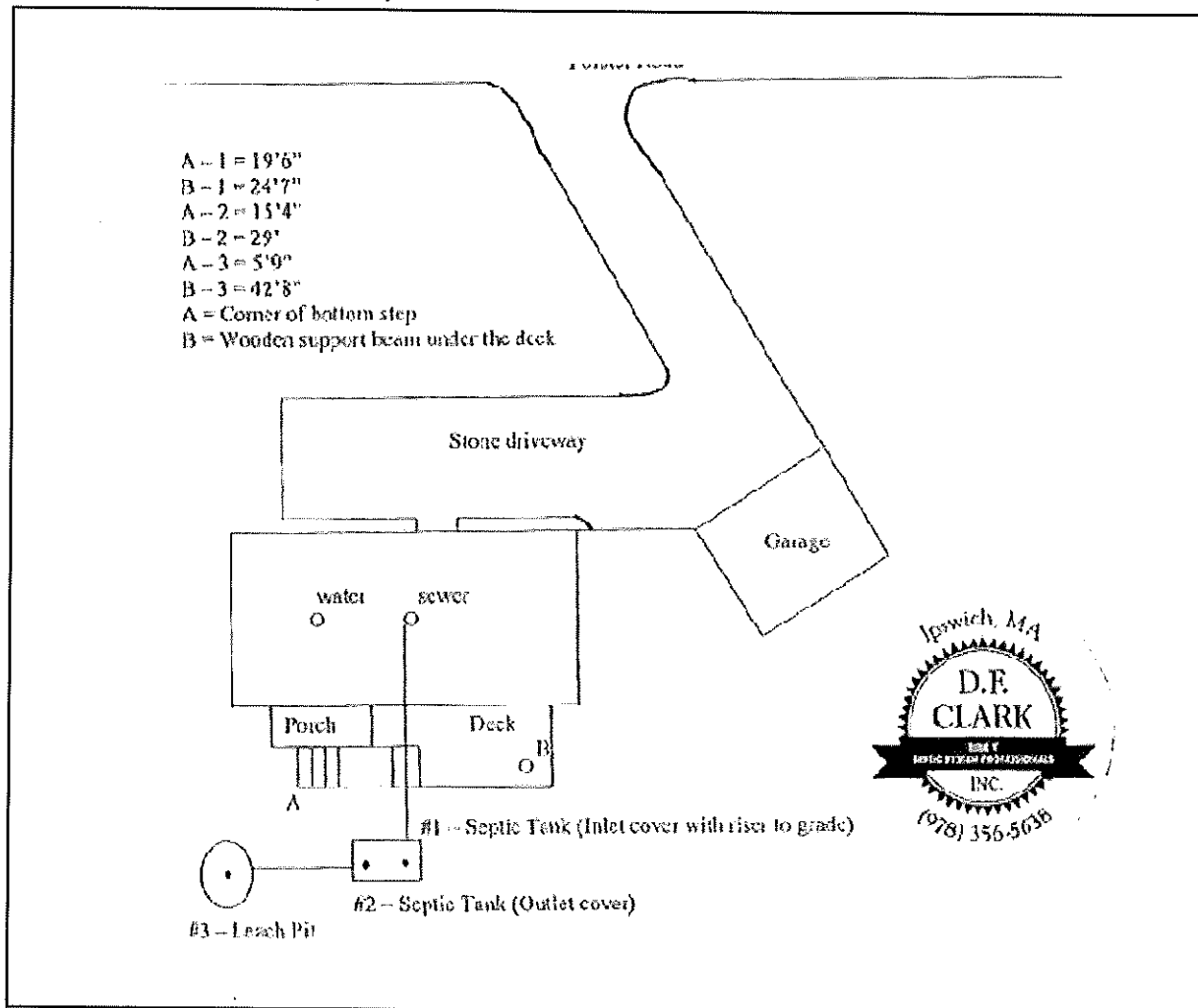
Owner information is required for every page.

## 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

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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:

9+

feet

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

☐

Obtained from system design plans on record

If checked, date of design plan reviewed:

Date

☒

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

☐

Checked with local Board of Health - explain:

☐

Checked with local excavators, installers - (attach documentation)

☐

Accessed USGS database - explain:

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

Soil log done 10/12/10. See attached.

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. 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: 46977

BRIAN GOFF

37 FORSTER ROAD

MANCHESTER, MA 01944

**Location Information**

Location No: 1215301

37 FORSTER ROAD

MANCHESTER, MA 01944

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
08/15/2022	F Charge	07/13/2022	4535	1	3900	0.00	265.42
08/31/2022	Payment	CHECK				265.42	0.00
11/15/2022	Charge	10/06/2022	4586	1	5100	0.00	361.11
02/15/2023	Charge	01/05/2023	4598	1	1200	361.11	78.93
03/21/2023	Payment	UNIBANK				440.04	0.00
05/15/2023	Charge	04/05/2023	4610	1	1200	0.00	78.93
05/31/2023	Payment	CHECK				78.93	0.00
08/15/2023	Charge	07/06/2023	4722	1	11200	0.00	842.28
08/18/2023	Payment	UNIBANK				842.28	0.00
11/15/2023	Charge	10/04/2023	4829	1	10700	0.00	822.45
11/20/2023	Payment	UNIBANK				822.45	0.00
02/15/2024	Charge	01/11/2024	4844	1	1500	0.00	101.31
02/19/2024	Payment	UNIBANK				101.31	0.00
05/15/2024	Charge	04/02/2024	4853	1	900	0.00	60.39
05/20/2024	Payment	UNIBANK				60.39	0.00
08/15/2024	Charge	07/09/2024	4884	1	3100	0.00	219.95
08/19/2024	Payment	UNIBANK				219.95	0.00



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Wastewater Permitting Program  
**Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

**A. Facility Information**

1. Facility Information

Owner Name: M.P. Loomis

Street Address: 37 Forster Road

Map/Lot: \_\_\_\_\_

City: Manchester

State: MA

Zip Code: 01944

**B. Site Information**

1. (Check one) New Construction ☐ Upgrade ☐ Repair ☒

2. Published Soil Survey available? Yes ☒ No ☐ If yes: online

Chaffield-Hollis

Soil Name

shallow depth to ledge  
Soil limitations

Year Published

Publication Scale

Soil Map Unit

3. Surficial Geological Report available? Yes ☐ No ☐ If yes:

Year Published

Publication Scale

Map Unit

Geologic Material

Landform

4. Flood Rate Insurance Map:

Above the 500 year flood boundary? Yes ☒ No ☐

Within the 100 year flood boundary? Yes ☐ No ☒

Within the 500 year flood boundary? Yes ☐ No ☒

Within a Velocity Zone? Yes ☐ No ☒

5. Wetland Area: National Wetland Inventory Map

Wetlands Conservancy Program Map

Map Unit

Name

Map Unit

Name

6. Current Water Resource Conditions (USGS)

Month/Year

Range: Above Normal ☐ Normal ☐ Below Normal ☐

7. Other references reviewed:





Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Wastewater Permitting Program  
**Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

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

Deep Observation Hole A: 10/12/10 PM 60 deg. clear  
Date Time Weather

1. Deep Observation Hole Logs

Deep Hole Number TP-1 Ground Elevation at Surface of Hole \_\_\_\_\_

Location (Identify on Plan) \_\_\_\_\_

2. Land Use: yard none 2  
(e.g. woodland, agricultural field, vacant lot, etc.) Surface Stones Slope (%)  
grass drumlin \_\_\_\_\_  
Vegetation Landform Position on landscape (attach sheet)

3. Distances from: Open Water Body >100 Drainage Way n/a Possible Wet Area >100  
Feet Feet Feet  
Property Line >10 Drinking Water Well n/a Other \_\_\_\_\_  
Feet Feet Feet

4. Parent Material: \_\_\_\_\_ Unsuitable Materials Present: Yes ☐ No ☐  
If Yes: Disturbed Soil ☐ Fill Material ☐ Impervious Layer(s) ☐ Weathered/Fractured Rock ☐ Bedrock ☐

5. Groundwater Observed: Yes ☐ No ☐

If Yes: Depth Weeping from Pit \_\_\_\_\_ Depth Standing Water in Hole \_\_\_\_\_

Estimated Depth to High Groundwater: \_\_\_\_\_  
Inches Elevation



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Wastewater Permitting Program  
**Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

Deep Observation Hole A:      Deep Hole Number: TP-1

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-72	Fill										
72-82	Ab										
82-111	B & C										

Additional Notes: Dug test hole next to leaching pit. Got to refusal at 111" with no signs of groundwater.



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Wastewater Permitting Program  
**Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

**C. On-Site Review (Cont.)**

**Deep Observation Hole B:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Weather \_\_\_\_\_

**1. Deep Observation Hole Logs**

Deep Hole Number \_\_\_\_\_ Ground Elevation at Surface of Hole \_\_\_\_\_

Location (Identify on Plan) \_\_\_\_\_

**2. Land Use:** \_\_\_\_\_  
(e.g. woodland, agricultural field, vacant lot, etc.)

Surface Stones \_\_\_\_\_

Slope (%) \_\_\_\_\_

Vegetation \_\_\_\_\_

Landform \_\_\_\_\_

Position on landscape (attach sheet) \_\_\_\_\_

**3. Distances from:** Open Water Body \_\_\_\_\_ Feet  
Property Line \_\_\_\_\_ Feet  
Drainage Way \_\_\_\_\_ Feet  
Drinking Water Well \_\_\_\_\_ Feet  
Possible Wet Area \_\_\_\_\_ Feet  
Other \_\_\_\_\_ Feet

**4. Parent Material:** \_\_\_\_\_ Unsuitable Materials Present: Yes ☐ No ☐

If Yes: Disturbed Soil ☐ Fill Material ☐ Impervious Layer(s) ☐ Weathered/Fractured Rock ☐ Bedrock ☐

**5. Groundwater Observed:** Yes ☐ No ☐

If Yes: Depth Weeping from Pit \_\_\_\_\_ Depth Standing Water in Hole \_\_\_\_\_

Estimated Depth to High Groundwater:

\_\_\_\_\_ inches

\_\_\_\_\_ Elevation