

88 High St Topsfield MA
Deed

1 of 2

Open with ▾

SO ESSEX #231 Bk:41915 Pg:440
12/19/2023 12:38 PM DEED Pg 1/2
eRecorded

MASSACHUSETTS EXCESS TAX
Issued by Essex District Reg
Date: 12/19/2023 12:38 PM
ID: 1661376 Doc# 20231219002310
Fee: \$8,244.00 Com: \$1,150,000.00

QUITCLAIM DEED

I, Michael T. Whelan, Trustee of the Michael T. Whelan Trust of 2015, u/d/t dated August 4, 2015, as amended by First Amendment to the Michael T. Whelan Trust of 2015 on January 13, 2020, evidenced by Certificate of Trust recorded with the Essex South County Registry of Deeds on August 4, 2015 at Book 34363, Page 425, of Topsfield, Essex County, Massachusetts (hereinafter referred to as "Grantor") for consideration paid and in full consideration of One Million One Hundred Fifty Thousand Dollars and 00/100 (\$1,150,000.00), grant to Christopher Francis Gibbons and Amy Gibbons, husband and wife, as tenants by the entirety, now of 88 High Street, Topsfield, Essex County, Massachusetts (hereinafter referred to as "Grantees")

with QUITCLAIM COVENANTS

The land located at 88 High Street, in Topsfield, Essex County, Massachusetts, all as shown on a plan entitled "Plan of Land in Topsfield, MA. Scale: 1" = 20", Hancock Associates, Civil Engineers, dated 6-15-06", which plan is recorded in Essex South District Registry of Deeds in Plan Book 400, Plan; No.32, being that certain lot of land numbered and shown on said Plan as Lot 2.

For a more particular description of said lot and ways, reference may be had to said plan.

Said conveyance is made subject to and with the benefit of any and all easements and restrictions and rights of record including those on said Plan.

The Grantor hereby releases and relinquishes any and all homestead rights to the within premises, if any, and submits, under the pains and penalties of perjury, that no other individuals are entitled to claim homestead rights to the within premises.

Being the same premises conveyed to Grantor by Deed dated August 4, 2015 and recorded on September 10, 2015 with the Essex South District Registry of Deeds in Book 34363, Page 427.

Property Address: 88 High Street, Topsfield, MA

[SIGNATURE] [Q] [FOLLOW]

881 High St Rps Sheld MA
Deed

2022

Witness my hand and seal this 13 day of December 2023.

The Michael T. Whelan Trust of 2015

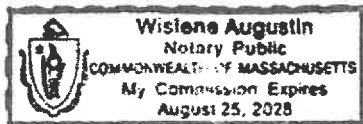


By: Michael T. Whelan, Trustee

COMMONWEALTH OF MASSACHUSETTS

Essex County

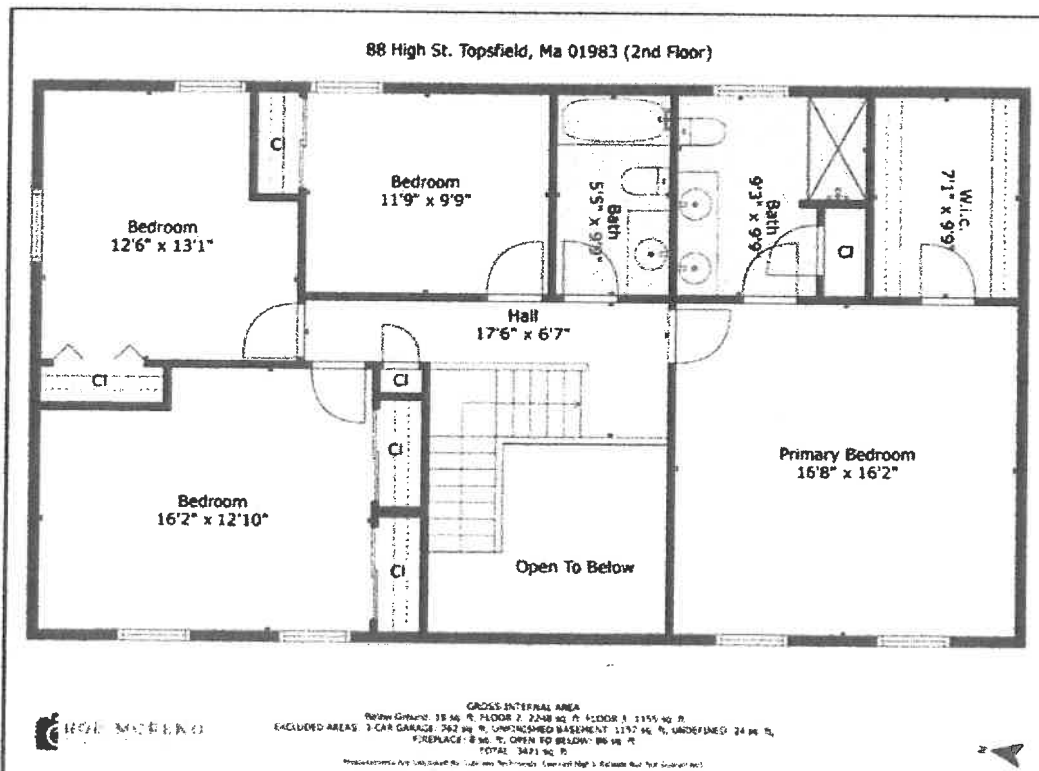
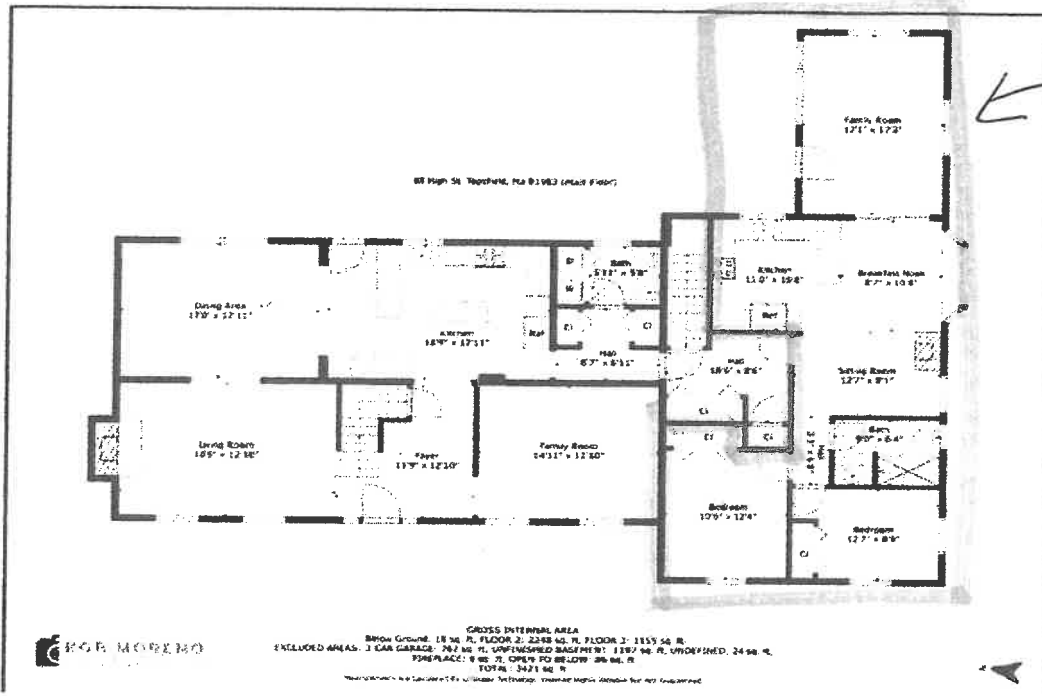
On this 13 day of December 2023, before me, the undersigned notary public, personally appeared Michael T. Whelan, Trustee of the Michael T. Whelan Trust of 2015, who proved to me through satisfactory evidence of identification, which was ☒ MA Driver's License, ☐ oath or affirmation of a credible witness, ☐ personal knowledge of the undersigned, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose as his free act and deed as Trustee aforesaid.



Notary Public: Wislene Augustin
My Commission Expires: August 25, 2028

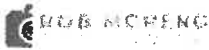
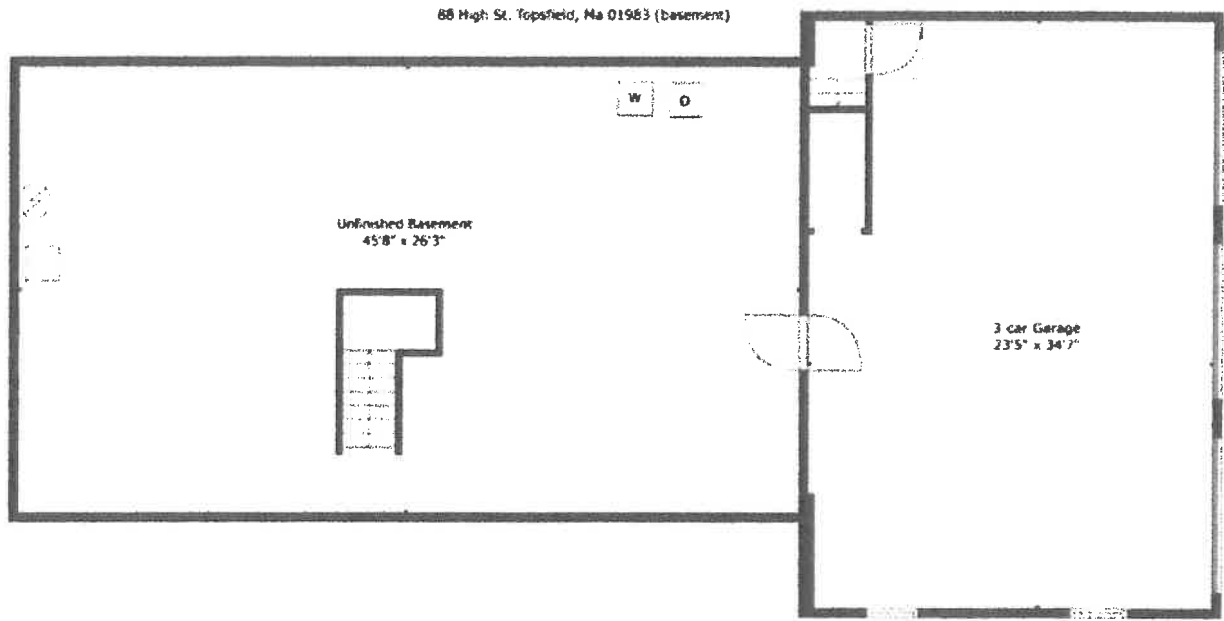
88 High St, Topsfield MA Floor Plan

1 of 2



88 High St, Topsheld, MA Flow Plan

2 of 2



GROSS INTERNAL AREA
Below Ground: 16 sq. ft., FLOOR 2: 2248 sq. ft., FLOOR 3: 1155 sq. ft.
EXCLUDED AREAS: 3-CAR GARAGE: 762 sq. ft., UNFINISHED BASEMENT: 1197 sq. ft., UNDEFINED: 24 sq. ft.
FIREPLACE: 8 sq. ft., OPEN TO BELOW: 86 sq. ft.
TOTAL: 3421 sq. ft.
Measurements are calculated by Electronic Technology, Inc. and are provided for informational purposes only.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

88 High St.

Property Address

Michael Whelan

Owner's Name

Topsfield

City/Town

MA
State

01983
Zip Code

10/20/23
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

Daniel Briscoe

Name of Inspector

Briscoe Services LLC

Company Name

17 Lindsays Way

Company Address

Groveland

City/Town

(978) 375-6465

Telephone Number

MA
State

01834
Zip Code

#4426
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

10/20/23
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.):

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

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

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

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

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

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

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

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



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C. Inspection Summary (cont.)

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

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

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

Method used to determine distance: _____

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

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

Yes No

☐

☒

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 ½ 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

- | | | |
|-------------------------------------|-------------------------------------|--|
| <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 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): 5 Number of bedrooms (actual): 6

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 1000 gpd

Description:

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)): 173 gpd last two years average.

Detail:

Water use records attached for reference.

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:

Homeowner- last pumped 6/11/21.

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:

System installed in 2011 according to public records.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

5. Building Sewer (locate on site plan):

Depth below grade:

1.2'
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 dry, no leakage.



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

1'
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:

2000 gallon 2- compartment tank

Sludge depth:

8" / 6"

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

2' 6"

Scum thickness

1" / 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

1'

How were dimensions determined?

Dipstick

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Baffles in place, liquid level at outlet invert. No evidence of leakage. Outlet filter present and cleaned, recommend annual cleaning of outlet filter.



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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.):

No evidence of backup. No solids carryover or leakage. 1' deep to cover. Flow levelers present.



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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:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|--------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input checked="" type="checkbox"/> | leaching fields | number, dimensions: | 1- 20' x 84' |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | 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 dry and firm with mowed grass, no signs of failure. 1 vent present. 2 inspection ports opened, both dry. 1 inspection port missing plastic box cover.

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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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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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

88 High St.

Property Address

Michael Whelan

Owner's Name

Topsfield

MA

State

01983

Zip Code

10/20/23

Date of Inspection

D. System Information (cont.)

15. Site Exam:

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

Estimated depth to high ground water:

4.66' - 5.66'
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: 2010
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:

Design soil logs dated 7/8/05. System designed with 4' separation to ESHGW. No sump pump in cellar.

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



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Owner
information is
required for every
page.

88 High St.

Property Address

Michael Whelan

Owner's Name

Topsfield

City/Town

MA
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01983
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10/20/23
Date of Inspection

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

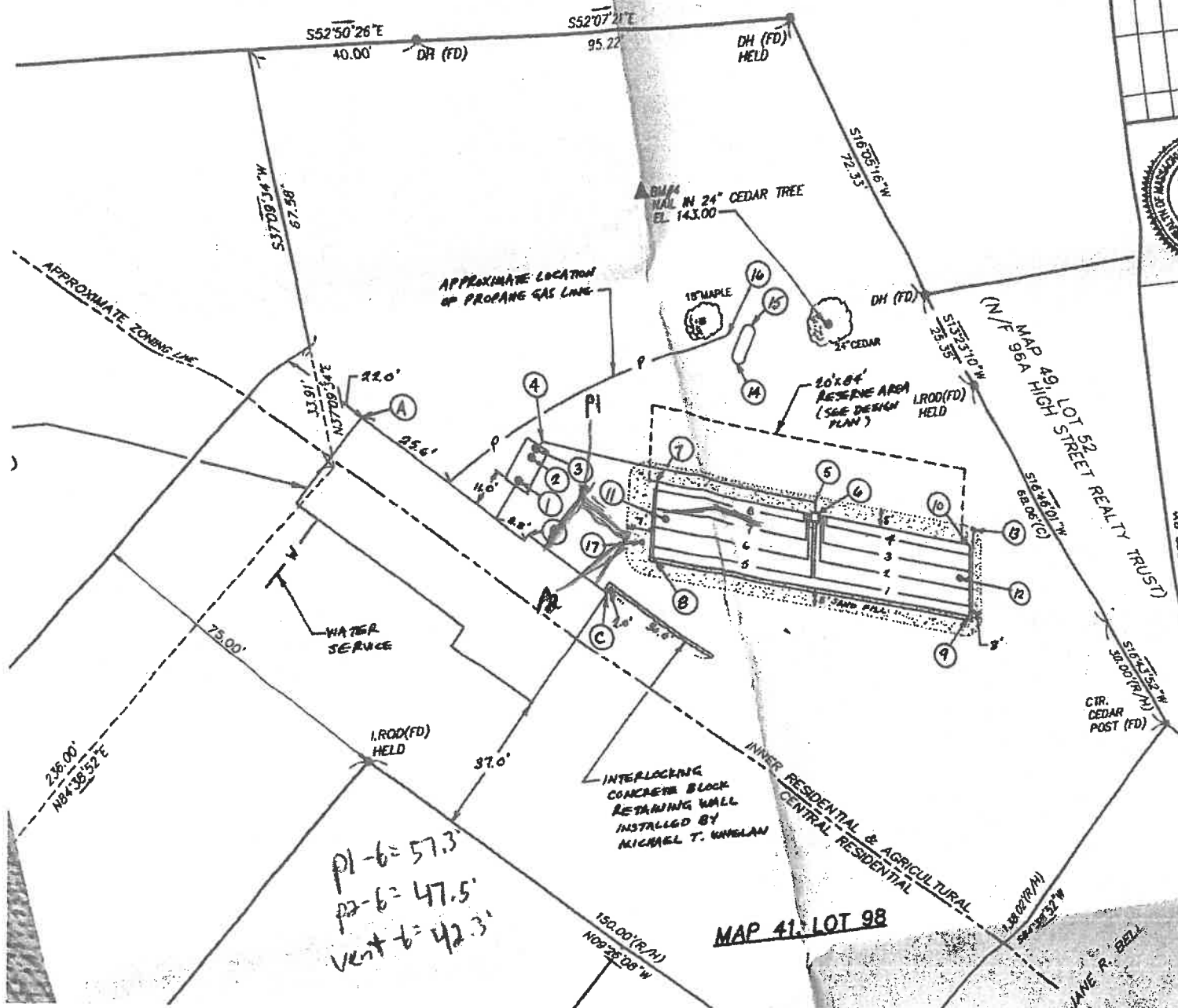
☒ D. System Information:

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

RECEIVED
JUN 13 2011
TOWNFIELD
BOARD OF HEALTH
APPROVED JUN 13 2011



TOPSFIELD WATER DEPARTMENT

Customer Transaction Summary

Customer Information

Account No: 590283
 MICHAEL WHELAN
 88 HIGH STREET
 TOPSFIELD, MA 01983-

Location Information

Location No: 376008801
 88 HIGH STREET
 TOPSFIELD, MA 01983-

GALS

Date	Type	More Info	Reading	Usage	Prior Balance	Transaction Amount	Balance
01/15/2021	Charge	12/31/2020	1531	12000	0.00	236.52	236.52
02/01/2021	Payment	TWD			236.52	-236.52	0.00
04/15/2021	Charge	04/01/2021	1541	10000	0.00	201.10	201.10
05/13/2021	Payment	TWD			201.10	-201.10	0.00
07/15/2021	Charge	07/01/2021	1572	31000	0.00	672.01	672.01
07/27/2021	Payment	TWD			672.01	-672.01	0.00
10/15/2021	Charge	10/01/2021	1602	30000	0.00	645.30	645.30
11/16/2021	Payment	TWD			645.30	-645.30	0.00
01/18/2022	Charge	01/03/2022	1614	12000	0.00	236.52	236.52
02/11/2022	Payment	TWD			236.52	-236.52	0.00
04/15/2022	Charge	04/01/2022	1629	15000	0.00	298.65	298.65
05/10/2022	Payment	TWD			298.65	-298.65	0.00
07/15/2022	Charge	07/01/2022	1649	20000	0.00	402.20	402.20
07/27/2022	Payment	TWD			402.20	-402.20	0.00
10/15/2022	Charge	09/30/2022	1673	24000	0.00	495.12	495.12
10/31/2022	Payment	TWD			495.12	-495.12	0.00
01/17/2023	Charge	01/03/2023	1689	16000	0.00	325.44	325.44
02/07/2023	Charge	02/01/2023	1694	5000	325.44	97.98	423.42
02/07/2023	Payment	TWD			423.42	-325.44	97.98
04/15/2023	Charge	04/03/2023	36	3600	97.98	81.25	179.23
05/01/2023	Payment	TWD			179.23	-179.23	0.00
07/17/2023	Charge	06/30/2023	344	30800	0.00	680.28	680.28
08/18/2023	Payment	TWD			680.28	-680.28	0.00

Unofficial Property Record Card - Topsfield, MA

General Property Data

Parcel ID 41-98
 Prior Parcel ID -400 PL 32-2
 Property Owner WHELAN MICHAEL T TR
 MICHAEL T WHELAN TR OF 2015
 Mailing Address 88 HIGH ST

City TOPSFIELD
 Mailing State MA Zip 01983
 Parcel Zoning CR

Account Number 1809
 Property Location 88 HIGH ST
 Property Use ONE FAM
 Most Recent Sale Date 9/10/2015
 Legal Reference 34363-427
 Grantor WHELAN MICHAEL T,
 Sale Price 1
 Land Area 1.318 acres

Current Property Assessment

Card 1 Value	Building Value 651,800	Xtra Features Value 52,100	Land Value 282,500	Total Value 986,400
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Building Description

Building Style COLONIAL
 # of Living Units 1
 Year Built 2011
 Building Grade GOOD (-)
 Building Condition Good
 Finished Area (SF) 3786
 Number Rooms 12
 # of 3/4 Baths 0

Foundation Type CONCRETE
 Frame Type WOOD
 Roof Structure GABLE
 Roof Cover ASPHALT
 Siding VINYL
 Interior Walls DRYWALL
 # of Bedrooms 5
 # of 1/2 Baths 1

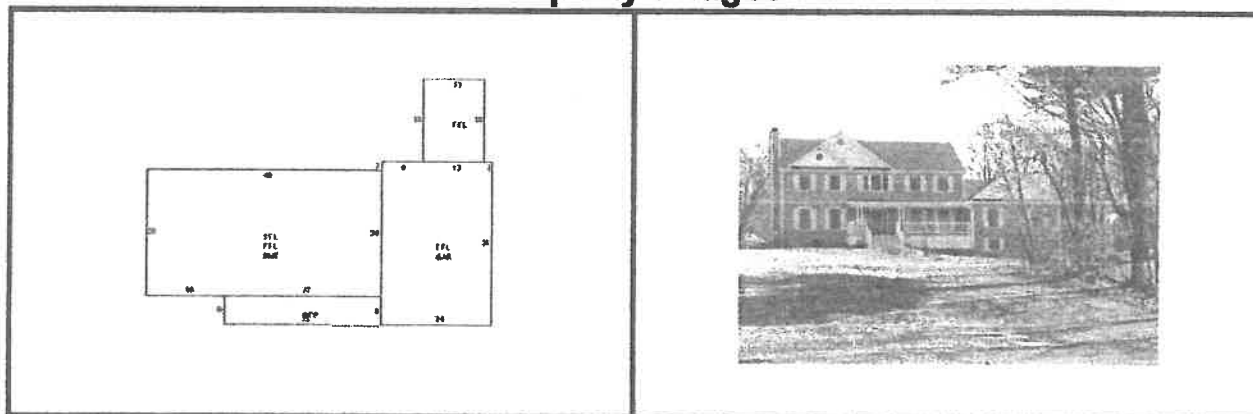
Flooring Type HARDWOOD
 Basement Floor N/A
 Heating Type FORCED H/A
 Heating Fuel GAS
 Air Conditioning 100%
 # of Bsmt Garages 0
 # of Full Baths 3
 # of Other Fixtures 0

Legal Description

Narrative Description of Property

This property contains 1.318 acres of land mainly classified as ONE FAM with a(n) COLONIAL style building, built about 2011 , having VINYL exterior and ASPHALT roof cover, with 1 unit(s), 12 room(s), 5 bedroom(s), 3 bath(s), 1 half bath(s).

Property Images



Disclaimer: This information is believed to be correct but is subject to change and is not warranted.