



Health Department

STONEHAM
Board of Health - Health Department
35 CENTRAL STREET
STONEHAM, MA 02180

781-279-2621
Fax 781 279-2615

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a permit to Abandon_____		NO FEE
Complete_____	Individual Components_____	
Location _____ Owners Name_____		
Map/Parcel #_____	Address_____	
Lot # _____	Telephone No._____	
Installer's Name_____	Designer's Name_____	
Address _____	Address_____	
Telephone No. _____	Telephone No._____	

Type of Building _____	Lot size_____ sq.ft.
Dwelling - No. of Bedrooms_____	Garbage grinder_____
Other - Type of Building_____	
No. of Persons_____	Showers_____ Cafeteria_____
Other Fixtures_____	
Design Flow (min. required)_____gpd	Calculated design flow_____gpd
Design Flow provided _____gpd	

Plan: Date_____ No. of sheets_____ Revised Date_____

Title_____

Description of Repairs or Alterations:_____

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

SIGNED_____ DATE_____

Inspections_____
