



**Trumbull Health Department**  
**335 White Plains Road, Trumbull, CT 06611**  
**Phone (203) 452-1030 Fax (203) 452-1050**

Septic System Permit:       NEW                       REPAIR                       ADDITION

**---THIS PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUE---**

TO THE DIRECTOR OF HEALTH, TOWN OF TRUMBULL. Application no. \_\_\_\_\_ Date: \_\_\_\_\_

I hereby apply for a permit to build or repair a sewage disposal system for a \_\_\_\_\_  
 (residence, store, restaurant)

Located at (address or lot#) \_\_\_\_\_ Owned by: \_\_\_\_\_

Sub Division \_\_\_\_\_ Date: \_\_\_\_\_. To be built according to the specifications below:

**GENERAL INFORMATION**

No. of Occupants \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Size of lot: \_\_\_\_\_

No. of Toilets: \_\_\_\_\_ Bath Tubs: \_\_\_\_\_ Wash Bowl: \_\_\_\_\_ Showers: \_\_\_\_\_ Automatic Washers: \_\_\_\_\_

Kitchen Sink: \_\_\_\_\_ Laundry Tubs: \_\_\_\_\_ Other: \_\_\_\_\_ Fixtures in Basement: \_\_\_\_\_

Type of System: Gravity \_\_\_\_\_ Pump \_\_\_\_\_ Size of Tank \_\_\_\_\_ Soil Type \_\_\_\_\_

Water Supply: \_\_\_\_\_ Well Type: \_\_\_\_\_ Distance from system \_\_\_\_\_ ft. (Minimum distance of proposed system to well or adjoining well is 75 ft.) (Minimum distance to property line 10 ft.)

**The bottom of any leaching area shall be at least eighteen inches (18") above maximum ground water level. The septic tank shall be located at least fifteen feet (15') from the building. Soil pipe shall not be lower than 1 1/2 ft. below final grade at the foundation. Minimum distance of trenches to habitable structure is 25 ft.**

Type of System \_\_\_\_\_ Length of Trenches \_\_\_\_\_ Width \_\_\_\_\_ Depth of Stones \_\_\_\_\_  
 (IE: gallery, rechargers, infiltrators, pits)

Dry Wells: No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth Below Inlet \_\_\_\_\_

**NO CHANGES SHALL BE MADE TO THE APPROVED SPECIFICATIONS, EXCEPT BY PERMISSION OF THE DIRECTOR OF HEALTH OR HIS AGENT. THE SYSTEM SHALL BE INSTALLED AS PER SKETCH SUBMITTED BY THE APPLICANT AND SHALL BE ATTACHED TO THIS FORM.**

**APPROVAL AFFIRMS THAT INSTALLATION MEETS LOCAL AND STATE SPECIFICATIONS, BUT IMPLIES NO GURANTEE AS TO LENGTH OF PERFORMANCE. THIS PERMIT SHALL NOT BE CONSTRUCTED AS PERMISSION TO CREATE A NUISANCE.**

ENGINEERED PLANS BY: \_\_\_\_\_

INSTALLER: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

INSTALLERS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE# \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

First Inspection By: \_\_\_\_\_ Date: \_\_\_\_\_

Final Inspection By: \_\_\_\_\_ Date: \_\_\_\_\_

Well Installation: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_