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

Permit # _____ Fee Paid ____

FEE $150 ☐

TANK REPLACEMENT PERMIT APPLICATION

The leaching system must be inspected by a licensed septic installer prior to submitting this application. Location, size, and type of leaching system must be shown on plan and as-built. The district may require soil testing to determine a reserve septic area depending on the age of the system and site conditions.

Property Address: _____

Owner Name: _____Email: _____ Phone: _____

Applicant Name: _____ Email: _____ Phone: _____

RESIDENTIAL

# of Bedrooms: _____
Plumbing in Basement: YES / NO
Tub over 100 gallons: YES / NO
Garbage Disposal: YES / NO
Footing Drains: YES / NO
Water Supply: Private Well / City Water

COMMERCIAL

Intended Use: _____
_____
Sq Footage of Building: _____
No. of Employees: _____
Design Flow: _____ GPD
Water Supply: Private Well / City Water

The following items must be located on plan:

-Private Well or City Water Line
-Utility Lines
-Pools & Accessory Structures
-Footing or Curtain Drains
-Wetlands
-Property Lines

Replacement information: _____

Tank Size/Pump Chamber

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.

Licensed Installer: _____ License No. _____

Owner or Applicant Signature: _____ Date: _____

Trumbull Health Department Remarks

Approved: YES / NO

_____

_____

_____

Sanitarian: _____ Date: _____