



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

Septic System Permit: **NEW** **REPAIR** **ADDITION**

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 ½ 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 _____