



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

Permit # _____

Fee Paid _____

New, \$200

Repair, \$150

Minor Repair, No Fee

SEPTIC SYSTEM PERMIT APPLICATION

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

System to consist of: _____ and _____

Tank Size/Pump Chamber

Leaching Area: Description, ELA, Lineal Ft.

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 GUARANTEE AS TO LENGTH OF PERFORMANCE. THIS PERMIT SHALL NOT BE CONSTRUCTED AS PERMISSION TO CREATE A NUISANCE.

Engineered Plans By: _____ Last Revision Date: _____

Licensed Installer: _____ License No. _____

Owner or Applicant Signature: _____ Date: _____

Trumbull Health Department Remarks

Approved: YES / NO

Sanitarian: _____ Date: _____