



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

Permit # \_\_\_\_\_  
FEE \$150 ☐

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**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 GURANTEEE 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: \_\_\_\_\_