



# Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483  
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

## APPLICATION FOR A SEPTIC TANK REPLACEMENT

Approval Expires 12 Months from Date of Issuance

**APPLICATION FEE: \$125**

**FEE IS NOT TRANSFERRABLE AND IS NOT REFUNDABLE**

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### INSTALLER INFORMATION:

Installer: \_\_\_\_\_ License#: \_\_\_\_\_

Installer Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

<input type="checkbox"/> City Water	Design Flow:	<input type="checkbox"/> Plastic	Type of Leaching Field:
<input type="checkbox"/> Private Well	Bedroom Count:	<input type="checkbox"/> Concrete	Tank Size: (Gallons)



North Arrow

\*\* Items that **MUST** be included on sketch: House, New Septic Tank, Old Septic Tank, Well(s),  
Neighboring Wells, Drainage, Pool, Accessory Structures, Leaching Fields, etc.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

RECEIPT#: \_\_\_\_\_ REVIEWED/APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_