



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: _____ PERMIT #: _____