

### **PERMIT TO CONSTRUCT**

Onsite Wastewater System

Permit ID: OSWW033521 v1.0 County: Orangeburg

Name: Justin Albright Type Facility: Residential Site: Hebron Rd., Neeses, SC, 29107 Program Code: CONVENTIONAL System Code: 100 CONVENTIONAL

Subdivision:

Block:

Lot: lot 2

TM #: 025303

Water Supply: Private Well

### PERMIT TO CONSTRUCT SYSTEM SPECIFICATIONS

Daily Flow (gpd): 360 Tank Sizes (gal): Septic Tank: 1000 Pump Chamber: Grease Trap:

LTAR (g/d/ft²): .8 Trenches: Length (ft): 150 Width (in): 36 Max. Depth (in): 25 Agg. Depth (in): 14

Min Pump Capacity: GPM at ft. of Head

### SPECIAL INSTRUCTIONS/CONDITIONS

THIS PERMIT IS SITE SPECIFIC. ANY CHANGES TO THE SYSTEM MUST BE APPROVED BY SCDES. ALTERNATIVE TRENCH PRODUCTS APPROVED UNDER STATE RULES AND REGULATIONS MAY BE SUBSTITUTED. ANY UNAPPROVED CHANGES WILL VOID THIS PERMIT.

Installers must contact the local SCDES office by 10:00 AM the day prior to installation in order to schedule a time for the final inspection. If a Department representative does not arrive within 30 minutes of the scheduled time, the installer may conduct the final inspection. When a contractor self-inspection occurs, the installer must complete SCDES form 3978, Approval to Operate Contractor Self-Inspection. The installer must submit the SCDES form 3978 within 2 business days of the completion of installation.

Self-installations require a pre-construction conference with a Department representative.

### PERMIT TO CONSTRUCT SYSTEM DIAGRAM

See System Diagram on page 2 of this document.

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Issued/Revised By:

Date: April 21, 2025



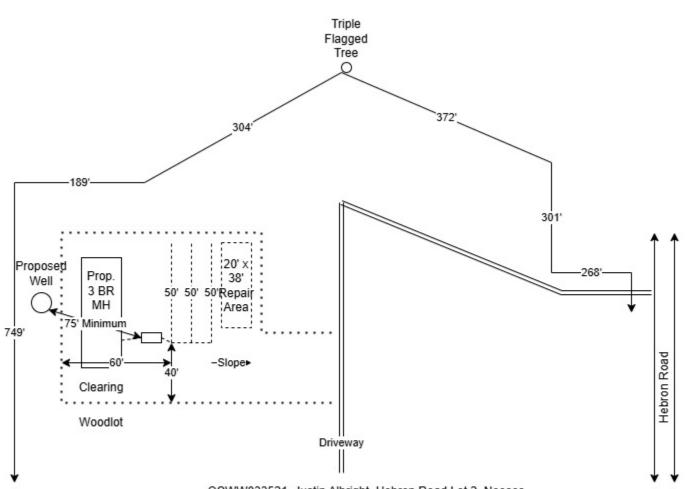
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Onsite Wastewater System

**Applicant:** Justin Albright **Permit ID:** OSWW033521 v1.0

**County:** Orangeburg

PERMIT TO CONSTRUCT SYSTEM DIAGRAM



OSWW033521, Justin Albright, Hebron Road Lot 2, Neeses 150' Total, 14" Aggregate, Maximum depth 25" Minimum 75' from private well to system Minimum 100' from public well to system Not to scale Part of 26.19 Acres



# **Final Inspection**

## **Onsite Wastewater System**

Name: justin Albright
Type Facility: Residential

**Subdivision:** 

Lot:

Gallons Per Day (GPD): 360

**Address:** 1685 Southport Dr Charleston, SC 29407

**Site:** Hebron Rd lot 2

County: Orangeburg

Permit ID: OSWW033521 v1.0

Program Code: System Code: TM #: 025303

Water Supply: Private Well

Galions Per Day (GPD). 5		
	FINAL INSPECTION and ACTUAL INSTALLATION (Insert Drawing Below)	(NTS)
Installer:		ļ
Septic Tank Mfr. & Size:		
Pump Chbr Mfr. & Size:		
Pump Mfr:		
Pump Model:		
Grease Trap Mfr:		
Alt Product & Model:		
Aggregate Type:		
Agg Depth (in):		
Trench Width (in):		I
Trench Depth (in):		I
Fill Cap: □Yes □No		I
Well Inst: □Yes □No		I
Well Dist (ft):		
Building Dist (ft):		
Property Dist (ft):		
Water Dist (ft):		
Elevation Readings:		
Plumbing Stubout:		
Septic Tank Inlet:		
Septic Tank Outlet:		
Pump Chamber Inlet:		
Grease Trap Readings:		
Stubout:		
Inlet: Outlet:		
Septic Tank Inlet:		
Trench Information:		
Trench No.: Trench Length: Elev	ations:	
	In our a start Dun	
	Inspected By:	
	Dept. Staff Installer	
	· 	
Comments:		
Installer		
	License #:	
` <del>`</del>	e system was installed in accordance with the referenced permit and R.61-56.	
	Date:	
Installer Signature	Date	
THIS FORM MUST BE COMPLETE	THIS IS <u>NOT</u> AN APPROVAL TO OPERATE  ELY FILLED OUT AND SUBMITTED TO THE LOCAL SCDES REGIONAL OFFICE WITHIN 48 HOURS OF SY	'STEM

THIS FORM MUST BE COMPLETELY FILLED OUT AND SUBMITTED TO THE LOCAL SCDES REGIONAL OFFICE WITHIN 48 HOURS OF SYSTEM INSTALLATION. THE SYSTEM CANNOT BE PLACED INTO OPERATION UNTIL AN OFFICIAL APPROVAL TO OPERATE IS ISSUED BY A DEPARTMENT REPRESENTATIVE.

# **Final Inspection**

### **Onsite Wastewater System**

Instructions for Completing SCDES 4432

**Purpose:** This form should be utilized to record final installation of septic systems.

**Audience:** This form should be utilized by SCDES staff or a licensed septic system installer who will be conducting final inspections on septic systems.

### **Instructions:**

- 1. Form must be completed as indicated and submitted to the Department.
- 2. If being completed by a licensed septic system installer, it must be submitted to the Department within two (2) business days of completing the system installation.
- 3. The abbreviations contained within this document are as follows:
  - a. TM #: Tax Map Number
  - b. No.: Number
  - c. NTS: Not to Scale
  - d. Mfr: Manufacturer
  - e. Alt: Alternative
  - f. Agg: Aggregate
  - g. Inst: Installed
  - h. Chmbr: Chamber
  - i. Dist: Distance
  - j. in: Inches
  - k. ft: Feet

**Office Mechanics & Filing:** This form is maintained under Retention Schedule 07335, Onsite Wastewater System Application and Permit Records.