SC DES

PERMIT TO CONSTRUCT
Onsite Wastewater System

Permit ID: OSWW034766 v1.0
County: Dorchester

Name: Justin Albright
Type Facility: Residential
Subdivision:
Block: Lot: 2-B

Site: Alonzo Rd
Saint George, SC 29477

Program Code: ALTERNATIVE
System Code: 240 ULTRA SH PL FILLCAP 6-IN STONE
TM #: 071-00-00-209
Water Supply: Private Well

PERMIT TO CONSTRUCT SYSTEM SPECIFICATIONS

Daily Flow (gpd): 120
Tank Sizes (gal): Septic Tank: 1000 Pump Chamber: Grease Trap:
LTAR (g/d/ft^2): 0.5
Trenches: Length (ft): 120 Width (in): 36 Max. Depth (in): 9 Agg. Depth (in): 6
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.

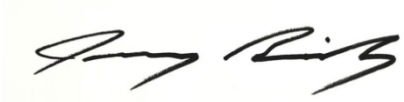
Installers must contact the local SCDES office by 10:00 AM the day prior to installation in order to schedule a time for the final inspection. If a Department representative does not arrive within 30 minutes of the scheduled time, the installer may conduct the final inspection. When a contractor self-inspection 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.

- All applicable setbacks in Regulation 61-56 apply.
- Make sure building and driveway placement does not interfere with system location.
- Do not install under wet soil conditions and do not smear trenches.
- Minimum 12” cover, with 5’ buffers from trench edge, and taper has 10% maximum slope. Fill is required.
- No parking, driving, building, or paving over the initial septic system or repair area before or after installation.

PERMIT TO CONSTRUCT SYSTEM DIAGRAM

See System Diagram on page 2 of this document.

Issued/Revised By: 

Date: April 30, 2025

This Permit is Appealable Under the Administrative Procedures Act.
This Permit will Expire and Become Null and Void Five (5) Years from the Issuance Date.
There may be an Additional Fee for Changes in this Permit that Require a Site Reevaluation.

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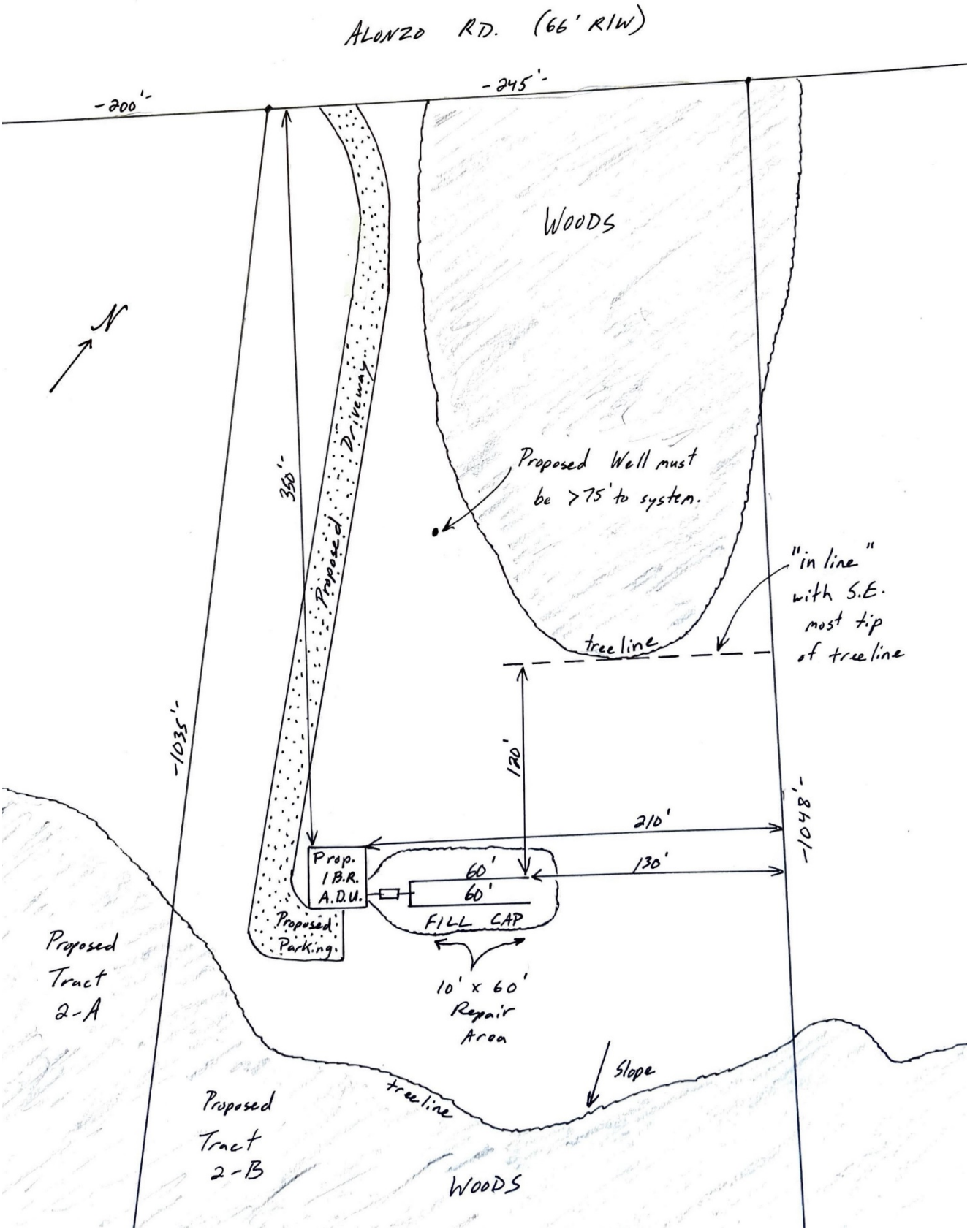
Onsite Wastewater System

Applicant: Justin Albright
Permit ID: OSWW034766 v1.0
County: Dorchester

PERMIT TO CONSTRUCT SYSTEM DIAGRAM



Final Inspection
Onsite Wastewater System

Permit ID: OSWW034766 v1.0
County: Dorchester

Name: Justin Albright
Type Facility: Residential
Subdivision:
Lot: 2-B
Gallons Per Day (GPD): 120

Address: 1685 Southport Dr
Charleston, SC 29407

Site: Alonzo Rd
Saint George, SC 29477

Program Code: Alternative
System Code:
TM #: 071-00-00-209
Water Supply: Private Well

FINAL INSPECTION and ACTUAL INSTALLATION (Insert Drawing Below) **(NTS)**

Installer:
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):
Trench Depth (in):
Fill Cap: ☐**Yes** ☐**No**
Well Inst: ☐**Yes** ☐**No**
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: Elevations:

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Inspected By: _____
☐ Dept. Staff ☐ Installer

Comments:

Installer
Printed Name:_____License #:_____
I hereby certify the system was installed in accordance with the referenced permit and R.61-56.
Installer Signature: _____Date: _____

THIS IS NOT AN APPROVAL TO OPERATE

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.