



**PERMIT TO CONSTRUCT**  
Onsite Wastewater System

Permit ID: OSWW042663 v1.0  
County: Laurens

|                                 |                    |                                      |
|---------------------------------|--------------------|--------------------------------------|
| Site: 25-4824 Norris - Young Rd | Site Address:      | Program Code: ALTERNATIVE            |
| Type Facility: Residential      | Young Rd           | System Code: 001 ALTERNATIVE PRODUCT |
| Subdivision:                    | Clinton, SC, 29325 | TM #: 639-00-00-001                  |
| Block: Lot: 9                   |                    | Water Supply: Municipal              |

**PERMIT TO CONSTRUCT SYSTEM SPECIFICATIONS**

|                                  |                                            |                  |                     |
|----------------------------------|--------------------------------------------|------------------|---------------------|
| Daily Flow (gpd): 600            | <b>Tank Sizes (gal):</b> Septic Tank: 1250 | Pump Chamber:    | Grease Trap:        |
| No. Bedrooms: 5                  | <b>Trenches:</b> Length (ft): 500          | Width (in): 36   | Max. Depth (in): 36 |
| LTAR (g/d/ft <sup>2</sup> ): 0.3 | Min Pump Capacity: GPM at ft. of Head      | Agg. Depth (in): |                     |

**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.

- *At the request of the applicant, the permit has been written specifically for the use of an alternative product with 25% reduction for replacement of 14" aggregate. No further reductions in linear length are allowed and the system must be installed by a licensed septic contractor that is certified by the product manufacturer.*
- *Permit issued based on the submitted soil report, Soil Report Verification Form, and system layout from Tyler Sgro, PSC #119.*

**PERMIT TO CONSTRUCT SYSTEM DIAGRAM**

*See System Diagram on page 2 of this document.*

Issued/Revised By:

*Tee Thompson*

Date: September 22, 2025



# PERMIT TO CONSTRUCT

## Onsite Wastewater System

Site: 25-4824 Norris - Young Rd  
Permit ID: OSWW042663 v1.0  
County: Laurens

### PERMIT TO CONSTRUCT SYSTEM DIAGRAM

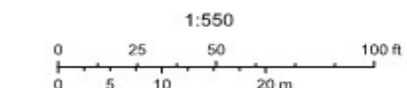
#### 25-4824 Norris - Young Rd



4/11/2025, 10:54:00 AM

- Soil Data Form
- Repair Lines
- Septic Design Point
- Distribution Line
- Septic Tank
- Septic Design Polygon
- Distribution Box
- House
- Septic Design Line
- Driveway
- Distance/Setback
- Soils Project Area
- Drain Lines
- Normal Intermediate Contours

World Imagery  
Low Resolution 15m Imagery  
High Resolution 60cm Imagery  
High Resolution 30cm Imagery  
Citations



USGS The National Map: 3D Elevation Program. Data Refreshed March, 2025. Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community, NC CGIA, Maxar, Microsoft

Created By: Davis Horizons

This map is created by Davis Horizons. Unauthorized use of this map without explicit written permission from Davis Horizons is prohibited.



### **Site Map Conditions**

- Any alteration of the location of the drainfield area or the repair area will result in invalidating this site plan;
- (applicable only for sites on serial distribution/step-downs) The drainfield area is to remain on contour if the system is shown to be on serial distribution/step-downs. Should site work or grading alter the contour, the data points shown on this site map must remain in the drainfield and repair areas shown. As long as this is achieved, no additional approval or drawing will be required;
- Increases to bedroom count will require additional onsite testing to determine the feasibility of the additional septic requirements;
- Decreases to bedroom count, per current DES policy, will require paperwork revisions to revise the septic plan;
- Relocation of the homesite and/or other non-septic related components of the site plan do not require re-permitting and/or re-testing. This septic plan finalizes the drainfield and repair areas only. Should non-septic related elements of the site plan change, it is the responsibility of property owner and septic installer to ensure that minimum setbacks to the drainfield and repair areas are maintained;
- Requests to increase the maximum installation depth will require additional onsite testing; as stated above, the drainfield area is to remain on contour. This septic design accounts for slope and contour conditions at the time of testing. Site alterations that alter or change the septic location and/or the contour conditions of the site may invalidate this septic plan and additional onsite testing may be required;
- Please do not add fill material to the septic area unless otherwise outlined in this septic plan. Adding fill material may invalidate the max depth readings for the installation and may result in DES failing the system installation upon final inspection;
- Please do not cut/grade native soil material from the septic area. Adverse grading work may result in soil material being removed from the septic area, resulting in DES failing the system installation upon final inspection;
- Should grading work be performed in the septic area prior to installation, it is imperative that existing soil material in this area is not disturbed or altered in such a manner that alters the existing elevations of the site;
- It is the property owner's responsibility to ensure proper surface water drainage around and in the drainfield and repair areas;
- This site plan is not considered final until the issuance of a DES permit. To request alterations or changes to the site plan shown, please email [info@davishorizons.com](mailto:info@davishorizons.com) or call 843-484-5117.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Final Inspection</b><br><b>Onsite Wastewater System</b> | Permit ID: OSWW042663 v1.0<br>County: Laurens                                                               |
| <b>Site:</b> 25-4824 Norris - Young Rd<br><b>Type Facility:</b> Residential<br><b>Subdivision:</b><br><b>Lot:</b><br><b>Gallons Per Day (GPD):</b> 600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Site Address:</b> Young Rd<br>Clinton, SC, 29325        | <b>Program Code:</b><br><b>System Code:</b><br><b>TM #:</b> 639-00-00-001<br><b>Water Supply:</b> Municipal |
| <b>FINAL INSPECTION and ACTUAL INSTALLATION (Insert Drawing Below) (NTS)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |                                                                                                             |
| <b>Installer:</b><br><b>Septic Tank Mfr. &amp; Size:</b><br><b>Pump Chbr Mfr. &amp; Size:</b><br><b>Pump Mfr:</b><br><b>Pump Model:</b><br><b>Grease Trap Mfr:</b><br><b>Alt Product &amp; Model:</b><br><b>Aggregate Type:</b><br><b>Agg Depth (in):</b><br><b>Trench Width (in):</b><br><b>Trench Depth (in):</b><br><b>Fill Cap:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Well Inst:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Well Dist (ft):</b><br><b>Building Dist (ft):</b><br><b>Property Dist (ft):</b><br><b>Water Dist (ft):</b><br><b>Elevation Readings:</b><br>Plumbing Stubout:<br>Septic Tank Inlet:<br>Septic Tank Outlet:<br>Pump Chamber Inlet:<br><b>Grease Trap Readings:</b><br>Stubout:<br>Inlet: Outlet:<br>Septic Tank Inlet:<br><b>Trench Information:</b><br>Trench No.: Trench Length: Elevations:<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |                                                            |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Inspected By: _____<br><input type="checkbox"/> Dept. Staff <input type="checkbox"/> Installer              |
| <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                                                                                                             |
| Installer<br>Printed Name: _____ License #: _____<br>I hereby certify the system was installed in accordance with the referenced permit and R.61-56.<br>Installer Signature: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                                                                             |
| <b>THIS IS NOT AN APPROVAL TO OPERATE</b><br><br>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.