



APPROVAL TO OPERATE

Onsite Wastewater System

File Nbr: **2013100041**

County: **Greenville**

Name: CATHERINE CRAVEN

Address:

Program Code: 363

Type Facility: HOUSE

356 B SPOONBILL LN
MT PLEASANT, SC 29464

Tax Map: 0686.01-03-026.00

Subdivision

Site: 15 UPPER OIL CAMP RD
, SC

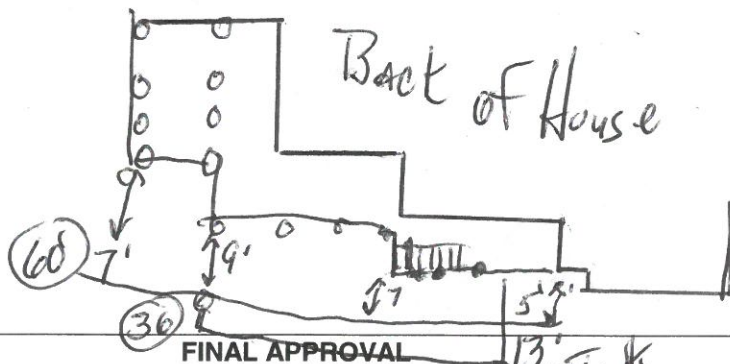
Water Supply: PRIVATE

Block: 1 BEDROOMS Lot:

ACTUAL INSTALLATION

(NTS)

*FOR
BASEMENT*



Installer: *C. Craven*
 Septic Tank Mfg:
 Pump Chbr Mfg:
 Pump Mfg:
 Pump Model:
 Grease Trap Mfg:
 Aggregate:
 Trench Dpth (in):
 System Code:
 Well Installed:
 Well Dist (ft):
 Building Dist (ft):
 Property Dist (ft):
 Water Dist (ft):

Elevation Readings

Stubout:

S/T Inlet: *33 out 3.5* S/T

Line No.

60 2-11 2-11 2-11
36 5-3 1/2 5-3 1/2

GPS

Latitude:

Longitude:

Accuracy:

Comments:

Licensed Installer
Printed Name _____

License # _____

I hereby certify the system was installed in accordance with the referenced permit and R.61-56 and is in an exposed condition ready for inspection.

Licensed Installer Signature _____

Date _____

APPROVAL BY DHEC TO OPERATE

THIS CERTIFICATE OF FINAL APPROVAL IN NO WAY GUARANTEES THE LIFE OF THE SYSTEM OR THAT IT WILL FUNCTION PROPERLY UNDER ANY OR ALL CONDITIONS

Approved By: _____

Jani Gilliam

Date: _____

10/29/13