



APPROVAL TO OPERATE

Contractor Self-Inspection

FileNbr: 2018100019

County: Pickens

Onsite Wastewater System

Name: William Smith

Address: P.O Box 37

ProgramCode: 360 - 814

Type/Facility: House

Sunset S.C. 29685

TaxMap: 4152-00.14-9585

Subdivision: _____

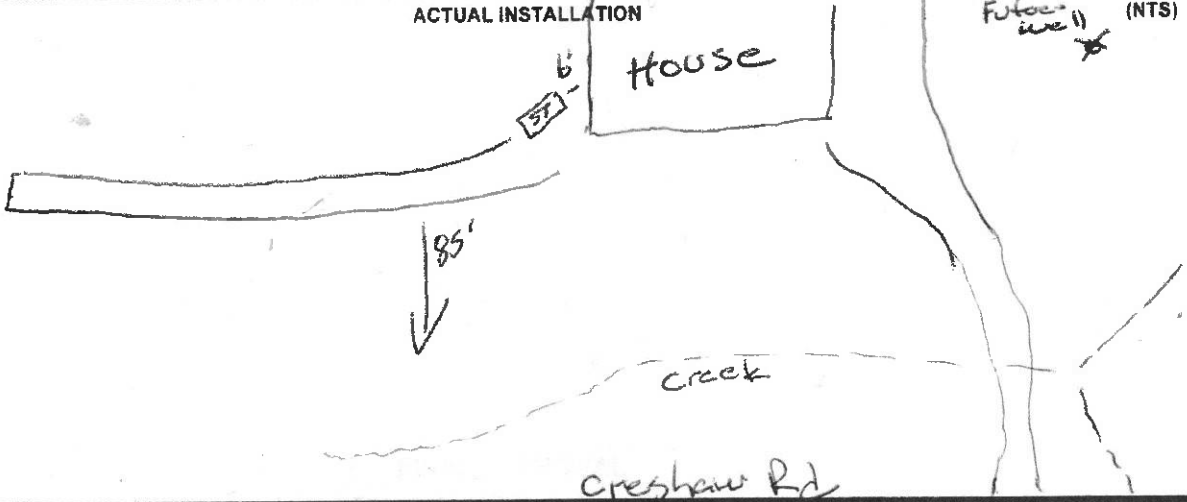
Crenshaw Rd

WaterSupply: Private

Block: 3 Lot: _____

Site: Sunset S.C. 29685

ACTUAL INSTALLATION



FINAL APPROVAL

Installer: Porter's Backhoe
 Septic Tank Mfg: Infiltrator 1060
 Pump Chb Mfg: _____
 Pump Mfg: _____
 Pump Model: _____
 Grease Trap Mfg: _____
 Aggregate: Infiltrator
 Trench Dpth (in): 36
 System Code: 814
 Well Installed: N/A
 Well Dist (ft): 100'
 Building Dist (ft): 6.0
 Property Dist (ft): 100'
 Water Dist (ft): 85'

Elevation Readings
 Stubout: 3.1 S/T Inlet: 3.11 S/T 4.1
 Line No.
 1- 29 panels 6.0 6.75 6.0 cover 20"
 2- 29 " 11.1 11.1 11.2 " 24"
 GPS Latitude: _____
 Longitude: _____
 Accuracy: _____

Comments: _____

Contractor Printed Name: Donald Porter License#: 23-367-23092

I hereby certify this system was installed in accordance with the referenced permit and R.61-56.

Contractor Signature: Donald Porter Date: 5-14-19

APPROVAL BY DHEC TO OPERATE

THIS CERTIFICATE MUST BE COMPLETELY FILLED OUT AND SUBMITTED TO THE LOCAL DHEC REGIONAL OFFICE BEFORE THE SYSTEM CAN BE PUT INTO OPERATION.

2021100059

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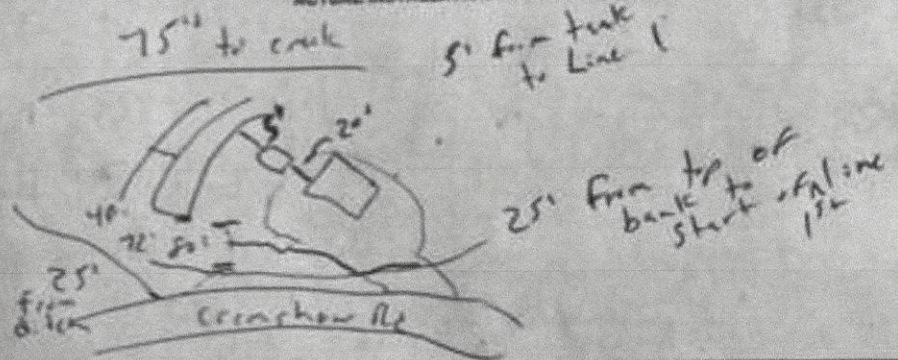
dhec **APPROVAL TO OPERATE** **Contractor Self-Inspection** **Onsite Wastewater System**

PRO NO. 2021100059

County: Pickens

Name: William Sale Jr Address: 198 Creechwood Rd Program Code: 760
 Type Facility: House Subst SE 296PS Tax Map: 4152-01-14-9585
 Subdivision: _____ Site: 198 Creechwood rd Water Supply: _____
 Block: 28E Lot: _____ Subst SE 296PS

ACTUAL INSTALLATION (NTS)



FINAL INSPECTION

Installer: Burke Grading

Septic Tank Mfr: Fullerpipe Size: 1000 (gal)
 Pump Chmbr Mfr: _____ Size: _____ (gal)
 Pump Mfr: _____
 Pump Model: _____
 Grease Trap Mfr: _____
 Alternative Product: Infiltrator Ditch 4
 Aggregate Type: _____
 Aggregate Depth (in): _____
 Trench Width (in): 36
 Trench Depth (in): 36
 Fill Cap: Yes No Fill Cap Depth (in): _____
 Well Installed: Yes No
 Well Dist (ft): _____
 Building Dist (ft): 20'
 Property Dist (ft): 25'
 Water Dist (ft): _____

Line No.	1	2	3
Elevation Readings			
Plumbing Stubout	-	-	-
Septic Tank Inlet	6'4"	6'4"	6'4"
Septic Tank Outlet	6'6"	6'6"	6'6"
Pump Chmbr Inlet	-	-	-
Line 1	9'8"	9'10"	9'8"
Line 2	12'	12' 1/2"	12'
Line 3	15'8"	15'7"	15'9"

Comments: Customer did not want reduction pipe system built to spec of original permit - Paper Area Indirect

Contractor Printed Name: James C. Burden License No.: 37204
 I hereby certify the system was installed in accordance with the referenced permit and R.61-56.
 Contractor Signature: _____ Date: 2/15/22

Office Use Only: **APPROVAL BY DHEC TO OPERATE**
 (based on the information provided above)
 THIS CERTIFICATE MUST BE COMPLETELY FILLED OUT AND SUBMITTED TO THE LOCAL DHEC REGIONAL OFFICE. THE SYSTEM CANNOT BE PLACED INTO OPERATION UNTIL THIS FORM IS APPROVED AND SIGNED BY A DEPARTMENT REPRESENTATIVE.

I hereby certify the system was installed in accordance with the referenced permit and is in an acceptable condition for use.
 Licensed Installer Signature: Emily Brown Date: 3/11/22

Office Use Only: **APPROVAL BY DHEC TO OPERATE**
 THIS CERTIFICATE MUST BE COMPLETELY FILLED OUT AND SUBMITTED TO THE LOCAL DHEC REGIONAL OFFICE. THE SYSTEM CANNOT BE PLACED INTO OPERATION UNTIL THIS FORM IS APPROVED AND SIGNED BY A DEPARTMENT REPRESENTATIVE.