



# Contractor Self-Inspection Onsite Wastewater System

File No.: \_\_\_\_\_

County: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Program Code: \_\_\_\_\_  
 Type Facility: \_\_\_\_\_ Tax Map: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Site: \_\_\_\_\_ Water Supply:  
 Lot: \_\_\_\_\_ Gallons Per Day (GPD): \_\_\_\_\_ Public Private

**ACTUAL INSTALLATION****(NTS)****FINAL INSPECTION**

Installer: \_\_\_\_\_ Elevation Readings  
 Septic Tank Mfr: \_\_\_\_\_ Size: \_\_\_\_\_ (gal) Plumbing Septic Tank Septic Tank Pump Chmbr  
 Pump Chmbr Mfr: \_\_\_\_\_ Size: \_\_\_\_\_ (gal) Stubout: \_\_\_\_\_ Inlet: \_\_\_\_\_ Outlet: \_\_\_\_\_ Inlet: \_\_\_\_\_  
 Pump Mfr: \_\_\_\_\_  
 Pump Model: \_\_\_\_\_ Line No., Line Length, Elevations  
 Grease Trap Mfr: \_\_\_\_\_  
 Alternative Product & Model: \_\_\_\_\_  
 Aggregate Type: \_\_\_\_\_  
 Aggregate Depth (in): \_\_\_\_\_  
 Trench Width (in): \_\_\_\_\_  
 Trench Depth (in): \_\_\_\_\_  
 Fill Cap: Yes No Fill Cap Depth (in): \_\_\_\_\_  
 Well Installed: Yes No  
 Well Dist (ft): \_\_\_\_\_  
 Building Dist (ft): \_\_\_\_\_  
 Property Dist (ft): \_\_\_\_\_  
 Water Dist (ft): \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contractor  
 Printed Name: \_\_\_\_\_ License No.: \_\_\_\_\_

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

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS NOT AN APPROVAL TO OPERATE**

THIS FORM MUST BE COMPLETELY FILLED OUT AND SUBMITTED TO THE LOCAL DHEC 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.

## **Instructions for Contractor Approval to Operate form**

1. This form should be utilized by contractors who will be conducting final inspections on septic systems they install.
2. Form must be completed as indicated and submitted to the Department.
3. This form must be submitted to the Department within two (2) business days of completing the system installation.
4. The abbreviations contained within this document are as follows:
  - a. No.: Number
  - b. NTS: Not to Scale
  - c. Mfr: Manufacturer
  - d. Chmbr: Chamber
  - e. Dist: Distance
  - f. in: Inches
  - g. ft: Feet

**Retention Schedule Series Number: 07335, *Onsite Wastewater System Application and Permit Records***