



**PERMIT TO CONSTRUCT
Onsite Wastewater System**

File Nbr: **2022060007**
County: **Georgetown**

Name: TYLER SGRO
Type Facility: MOBILE HOME
Subdivision:
Block: Lot: 2

Address: 4524 ORR ST
NORTH CHARLESTON, SC 29405
Site: POWELL RD LOT 2
GEORGETOWN, SC 29440

Program Code: 362
System Code: 270
TM No.: 01-1006-004-00-00
Water Supply: PRIVATE

PERMIT TO CONSTRUCT SYSTEM SPECIFICATIONS

Daily Flow (gpd): 480
LTAR: .70
Min Pump Capacity:

Tank Sizes (gal): Septic Tank: 1000 Pump Chamber:
Trenches: Length (ft): 124 Width (in): 120 Max. Depth (in): 11
gpm at ft. of Head Alternative Product:

Grease Trap:
Agg. Depth (in): 6

SPECIAL INSTRUCTIONS/CONDITIONS

THIS PERMIT IS SITE SPECIFIC. ANY CHANGES TO THE SYSTEM MUST BE APPROVED BY DHEC. ALTERNATIVE TRENCH PRODUCTS APPROVED UNDER STATE RULES AND REGULATIONS MAY BE SUBSTITUTED. ANY UNAPPROVED CHANGES WILL VOID THIS PERMIT.

Installers must contact the local Environmental Affairs office by 10:00 AM the day before installation to schedule a time for the final inspection. If a Department representative does not arrive within 30 minutes of the schedule time, the installer may complete the final inspection. When a contractor self-inspection occurs, the installer must complete the DHEC form 3978, Approval to Operate Contractor Self-Inspection. The installer must submit the DHEC form 3978 to the Department within 2 business days of completion of the installation.

See Attached Page...

PERMIT TO CONSTRUCT SYSTEM DIAGRAM

(NTS)

See attached design from PSC.

Issued/Revised By: 

Date: 7/19/12

DHEC 1781 (01/2014)

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.

Personal information provided on this form is subject to public scrutiny or release.



**PERMIT TO CONSTRUCT AND OPERATE
Onsite Wastewater System**

File Number: 2022060007
County: Georgetown

SPECIAL INSTRUCTIONS/CONDITIONS

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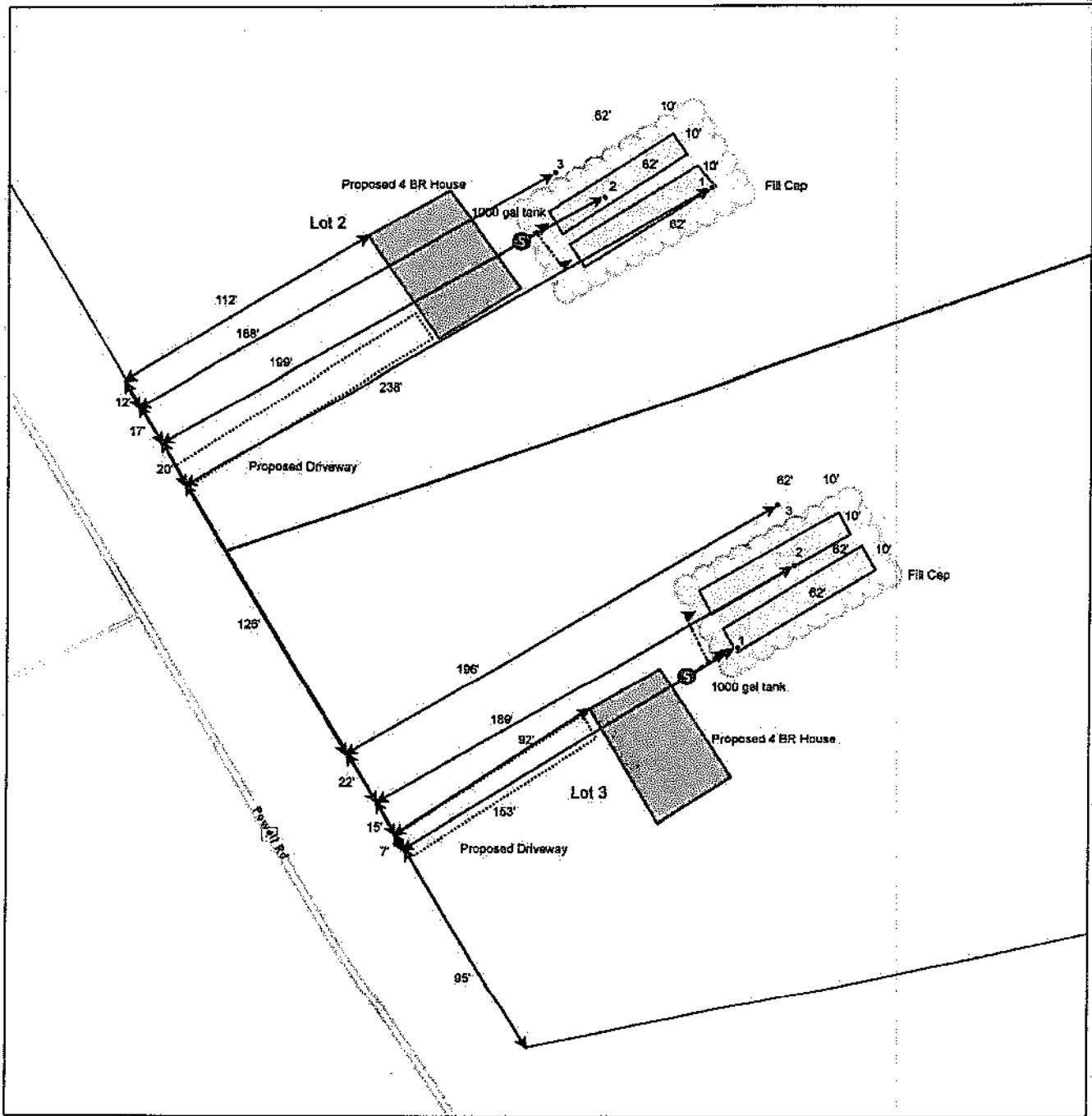
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- All applicable setbacks set forth in Regulation 61-56 apply.
- Do not install under wet conditions.
- Do not cut, fill, bulldoze, scrape or change the grade of the natural soils in the septic system area.
- Minimum 12" cover over system before approval -5' buffers & 10' tapers from ends & sides of trenches.
- No parking, driving, building or paving over the area of septic system after installation.
- Pre-construction conference required for property owners who wish to install their own system.
- 75' setback from all private wells. 100' setback from public wells.
- Permit issued based on soil work and system recommendations from Tyler Sgro, PSC #119.

Issued/Revised By: _____

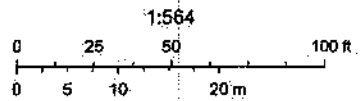
Date: _____

Phillips - Powell Road Lots 2-3



3/3/2022, 9:28:14 PM

- Soil Data Form
- Project_Area_4301
- Septic_Design_8153
- Septic Tank
- Septic_Design_804
- Distance/Setback
- Distribution Line
- Septic_Design_9782
- House
- Driveway
- Drain Lines
- Repair Lines



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APPROVAL TO OPERATE

Department Staff Inspection - Onsite Wastewater System

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County: **Georgetown**

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Block: Lot: 2

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Site: POWELL RD LOT 2
GEORGETOWN, SC 29440

Program Code: 362
System Code:
TM No. 01-1006-004-00-00
Water Supply: PRIVATE

ACTUAL INSTALLATION

(NTS)

FINAL APPROVAL

Installer:
Septic Tank Mfg:
Pump Chbr Mfg:
Pump Mfg:
Pump Model:
Grease Trap Mfg:
Alternative Product:
Aggregate Type:
Aggregate Depth (in):
Trench Width (in):
Trench Depth (in):
Fill Cap:
Fill Cap Depth (in):
Well Installed:
Well Dist (ft):
Building Dist (ft):
Property Dist (ft):
Water Dist (ft):

Tank Size (gal):
Pump Chamber Size (gal):

Elevation Readings:
Plumbing Stubout:
Septic Tank Inlet:
Septic Tank Outlet:
Pump Chamber Inlet:
Line No.

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

Comments: _____

Licensed Installer
Printed Name: _____ License No. _____

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 _____

Office Use Only 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: _____ Date: _____

Personal information provided on this form is subject to public scrutiny or release.