



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

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

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Program Code: \_\_\_\_\_  
 Type Facility: \_\_\_\_\_ Tax Map: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Site: \_\_\_\_\_ Water Supply: \_\_\_\_\_  
 Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**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: _____	Line No.			
Pump Model: _____	_____	_____	_____	_____
Grease Trap Mfr: _____	_____	_____	_____	_____
Alternative Product: _____	_____	_____	_____	_____
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: \_\_\_\_\_

**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.

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **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***