



Final Inspection Onsite Wastewater System

Permit ID: _____

County: _____

Name: _____ Address: _____ Program Code: _____
 Type Facility: _____ Site: _____ System Code: _____
 Subdivision: _____ TM #: _____
 Lot: _____ Gallons Per Day (GPD): _____ Water Supply: _____

FINAL INSPECTION and ACTUAL INSTALLATION (Insert Drawing Below)**(NTS)**

Installer: _____

Septic Tank Mfr. & Size: _____

Pump Chbr Mfr. & Size: _____

Pump Mfr: _____

Pump Model: _____

Grease Trap Mfr: _____

Alt Product & Model: _____

Aggregate Type: _____

Agg Depth (in): _____

Trench Width (in): _____

Trench Depth (in): _____

Fill Cap: Yes NoWell Inst: Yes No

Well Dist (ft): _____

Building Dist (ft): _____

Property Dist (ft): _____

Water Dist (ft): _____

Elevation Readings:

Plumbing Stubout: _____

Septic Tank Inlet: _____

Septic Tank Outlet: _____

Pump Chamber Inlet: _____

Grease Trap Readings:

Stubout: _____

Inlet: _____

Outlet: _____

Septic Tank Inlet: _____

Trench Information:

Trench No.:	Trench Length:	Elevations:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Inspected By: _____

Dept. Staff

Installer

Comments:**Installer**

Printed Name: _____ License #: _____

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

Installer Signature: _____ Date: _____

THIS IS NOT AN APPROVAL TO OPERATE

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

Final Inspection

Onsite Wastewater System

Instructions for Completing DES 4432

Purpose: This form should be utilized to record final installation of septic systems.

Audience: This form should be utilized by SCDES staff or a licensed septic system installer who will be conducting final inspections on septic systems.

Instructions:

1. Form must be completed as indicated and submitted to the Department.
2. If being completed by a licensed septic system installer, it must be submitted to the Department within two (2) business days of completing the system installation.
3. The abbreviations contained within this document are as follows:
 - a. TM #: Tax Map Number
 - b. No.: Number
 - c. NTS: Not to Scale
 - d. Mfr: Manufacturer
 - e. Alt: Alternative
 - f. Agg: Aggregate
 - g. Inst: Installed
 - h. Chmbr: Chamber
 - i. Dist: Distance
 - j. in: Inches
 - k. ft: Feet

Office Mechanics & Filing: This form is maintained under Retention Schedule 07335, Onsite Wastewater System Application and Permit Records.