



# PERMIT TO CONSTRUCT Onsite Wastewater System

File Nbr: **2021120001**  
County: **Clarendon**

Name: THEODORE B FELDER

Program Code: 362

Type Facility: FIRE RESCUE STATION

Address: 411 SUNSET DR  
MANNING, SC 29102

System Code: 211

Subdivision:

Site: 4261 M.W. RICKENBAKER RD

TM No.: 145-00-02-044-00

Block:

Lot:

MANNING, SC 29102

Water Supply: PUBLIC

### PERMIT TO CONSTRUCT SYSTEM SPECIFICATIONS

Daily Flow (gpd): 120

Tank Sizes (gal): Septic Tank: 1000 Pump Chamber: 500

Grease Trap:

LTAR: .50

Trenches: Length (ft): 104 Width (in): 36 Max. Depth (in): 21

Agg. Depth (in): 9

Min Pump Capacity: 10

gpm at 10 ft. of head Alternative Product:

### SPECIAL INSTRUCTIONS/CONDITIONS

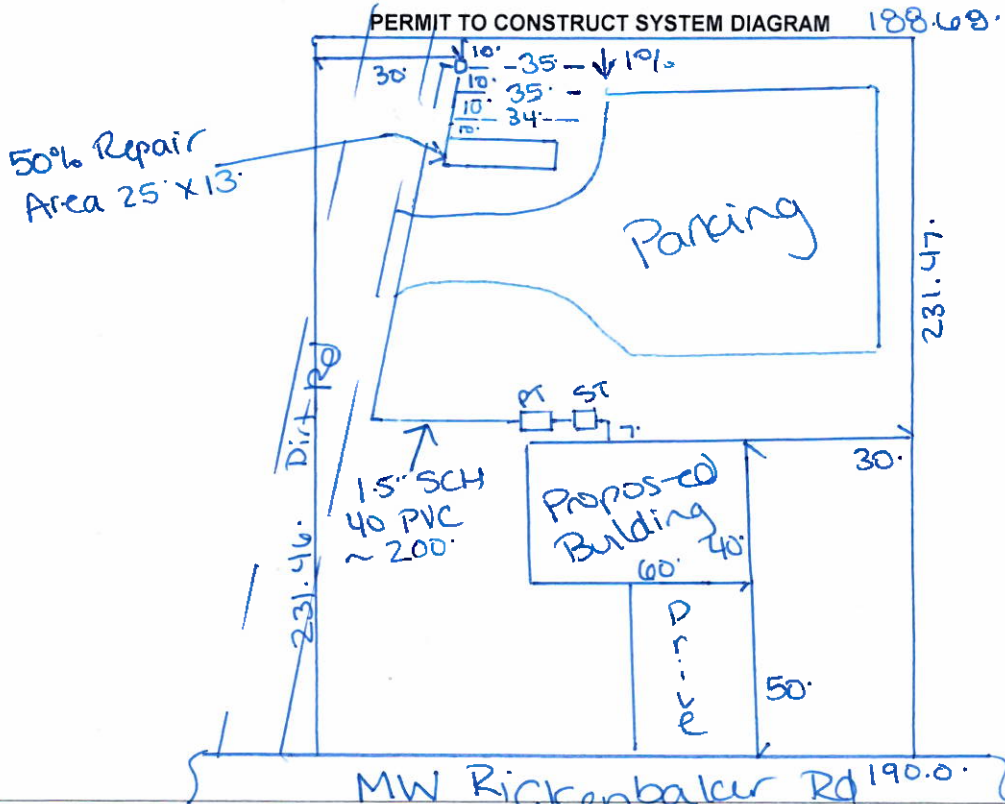
THIS PERMIT IS SITE SPECIFIC. ANY CHANGES TO THE SYSTEM MUST BE APPROVED BY DHEC. ALTERNATIVE TRENCH PRODUCTS APPROVED UNDER STATE RULES AND REGULATIONS MAY BE SUBSTITUTED. ANY UNAPPROVED CHANGES WILL VOID THIS PERMIT. Installers must contact the local Environmental Affairs office by 10:00 AM on the day prior to installation in order to schedule a time for the final inspection. If a Department representative does not arrive within 30 minutes of the scheduled time, the installer may conduct 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 DHEC form 3978 within 2 business days of the completion of the installation.

See Attached Page...

### PERMIT TO CONSTRUCT SYSTEM DIAGRAM

18869

(NTS)



Issued/Revised By:

*Cindy Taylor*

Date:

*1/13/22*

DHEC 1781 (02/2020)

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: 2021120001  
County: Clarendon

**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 on the day prior to installation in order to schedule a time for the final inspection. If a Department representative does not arrive within 30 minutes of the scheduled time, the installer may conduct 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 DHEC form 3978 within 2 business days of the completion of the installation.

- All applicable setbacks set forth in Regulation 61-56 apply.
  - Maximum Trench Depth not to exceed 21 inches. Place lines on contour and use serial distribution if needed.
  - Do not install under wet soil conditions. Minimum 9" cover over system after installation.
  - This system is designed for specific quantities of domestic wastewater ONLY.
  - Do not cut, fill, bulldoze, scrape or change the grade of the natural soils in the septic system area.
  - No parking, driving, building or paving over the area of septic system before or after installation.
  - Pre-construction conference required for property owners who wish to install their own system.
- Attached Electrical Certification must be properly completed prior to Final Approval.  
If pump tank is not at ground surface a riser will be required.  
Entire septic system must be a minimum of 75' from any body of water.

Issued/Revised By: \_\_\_\_\_

Date: \_\_\_\_\_

CERTIFICATION OF PUMP SYSTEM  
ELECTRICAL CONNECTIONS

RE:

\_\_\_\_\_  
Installation

\_\_\_\_\_  
Address

\_\_\_\_\_  
TMS #

I hereby certify that all pump system electrical connections at the above referenced installation were made in accordance with the Submersible Effluent Pump Standard issued by the South Carolina Department of Health and Environmental Control or, with other applicable codes, where more stringent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone