



# Final Inspection Onsite Wastewater System

Permit ID:  
County:

Name:  
Type Facility:  
Subdivision:  
Lot:      Gallons Per Day (GPD):

Address:  
Site:

Program Code:  
System Code:  
TM #:  
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 No  
**Well 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:

<b>Trench Information:</b>		
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 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.

# Final Inspection Onsite Wastewater System

## Instructions for Completing DHEC 4432

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

**Audience:** This form should be utilized by DHEC 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.