OSWW Approval to Operate Request Guidance

- The link to this form will be available on the SCDES Website for OSWW contractors or individuals installing self-installations to use when requesting final inspections.
- 2. To begin the form, you will need to enter the permit Number for the OSWW system you are installing. If you are having trouble finding this number, it is typically located at the **"Top Right "**of the Permit to Construct document.
- 3. Enter the construction permit Number provided and select "Next."

SC DEPARTMENT OF ENVIRONMENTAL SERVICES	
OSWW Approval to Operate Request	
* Required	
1. Permit to Construct No. * Please provide the File Nbr. or Permit ID located at the top of the permit document.	
OSWW01225	
Next	
Microsoft 365	

4. You will enter the" **first and last name**" of the permittee listed on the Permit to Construct.

SSWW Approval to Operate Request	
* Required	
Permit to Construct Information	
Please provide the name of the permittee listed on the Permit to C	Construct document.
2. First Name *	
John	
3. Last Name *	
Doe	

5. Next, you will indicate if the system will be installed by a **"licensed installer or self-installation."**

	4. Will this system be installed by a Licensed Installer or will this be a Self-Installation? *
	C Licensed Installer
	Self-Installation
/	

- 6. If you are completing a self-installation, provide the property owner's first and last name. Please note, if you are performing a self-installation, you are required to have a "**preconstruction conference**" prior to beginning of the installation.
- 7. Enter the licensed installer's name and licensed number.

	 4. Will this system be installed by a Licensed Installer or will this be a Self-Installation? * Licensed Installer Self-Installation
	5. If you are performing a self-installation, please provide your name. * John Doe
/	 6. Did you have the required preconstruction conference with the Department? * Yes No

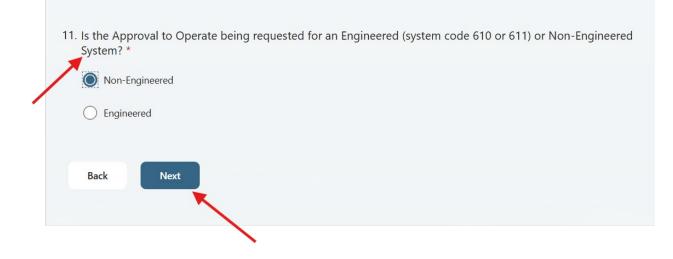
- 8. Please answer **Question #7** to the best of your recollection on if you have received an enforcement within the last **"three calendar years."**
- 9. You will need to specify the type of product being used in the drainfield area. Select **"Next."**

	Have you received an enforcement action within the last 3 years? *	
/	Yes	
	○ No	
	Identify the drainfield product to be used. *	
	Please specify the type of product being used in the drainfield area.	
	Stone	
	Back Next	

10. Please provide the site address as it is listed on the construction permit. If the site has an assigned 911 address, please enter it here.

Semiconstant interest OSWW Approval to Operate Request	
* Required	
Site Information	
9. Site Address * 123 Center Road Florence	
10. County *	
Florence County	

11. Please indicate whether the approval to operate is being submitted for an engineer or non-engineered system.



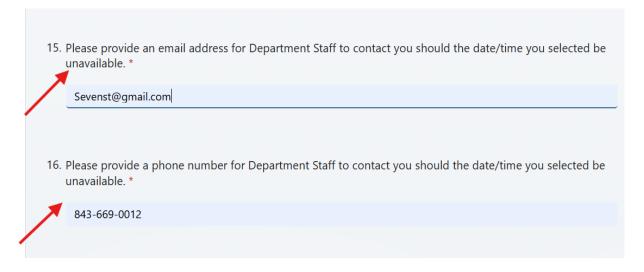
12. You will now be directed to the final page of this form. Please indicate if your site is ready for the inspection. IMPORTANT: "Each final inspection must be scheduled by 10 AM the business day before the installation. Inspections are scheduled from Mon-Fri between 10:00 AM-3:30 PM."

c	Swarman Benerica SWW Approval to Operate Request
*	Required
l.	nspection Information
12	. Is the site ready for final inspection? *
1	Final inspections must be requested by 10:00 AM the business day before installation. Inspections are scheduled for Monday-Friday between 10:00 AM and 3:30 PM.
	Yes
	O No

13. Select a date for the preferred final inspection. Once you selected the date, you will select the preferred selection time. Please note that there is no guarantee the final inspection will occur at the selected time.

13. What day would you like for the inspection to be performed? *
Inspections are scheduled for Monday-Friday between 10:00 AM and 3:30 PM.
2/27/2025
14. Please select your preferred inspection time. *
Please note that this does not guarantee final inspection will occur at the selected time.
○ 10:00 AM
○ 10:30 AM
(C) 11:00 AM
○ 11:30 AM
○ 12:00 PM

14. Provide a valid email address and phone for department staff to contact you in case they need to reschedule the final inspection.



- 15. Please Indicate that you understand that an inspection/approval to operate process for a pump system must be submitted.
- 16. We have provided this field if additional comments are necessary, however it is not required to answer.

	proval to operate process, a Certification of Pump System Electrical Connections pplicable. Do you understand this requirement? \checkmark
Ves No	
18. Additional Comments	
No additional comments	

17. Please note that the final inspection does not guarantee the inspection date and time you have proposed to be available. If you have any questions, please contact your local office and one of our staff will contact you if you need to reschedule. Finally, "**Submit form**."

