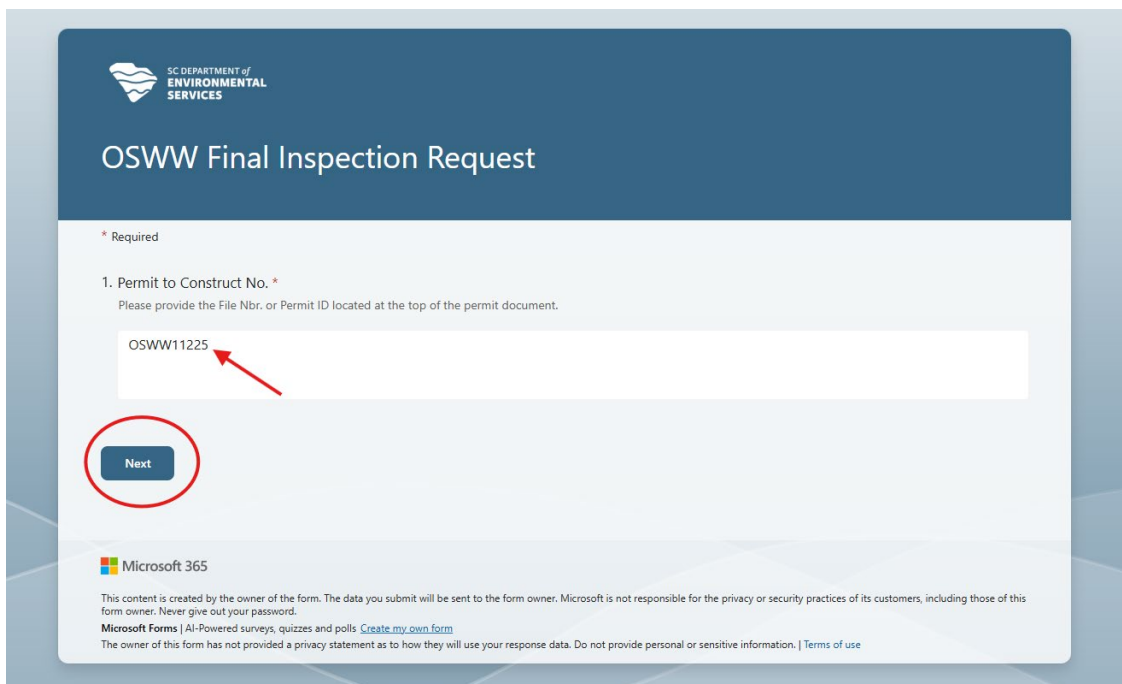


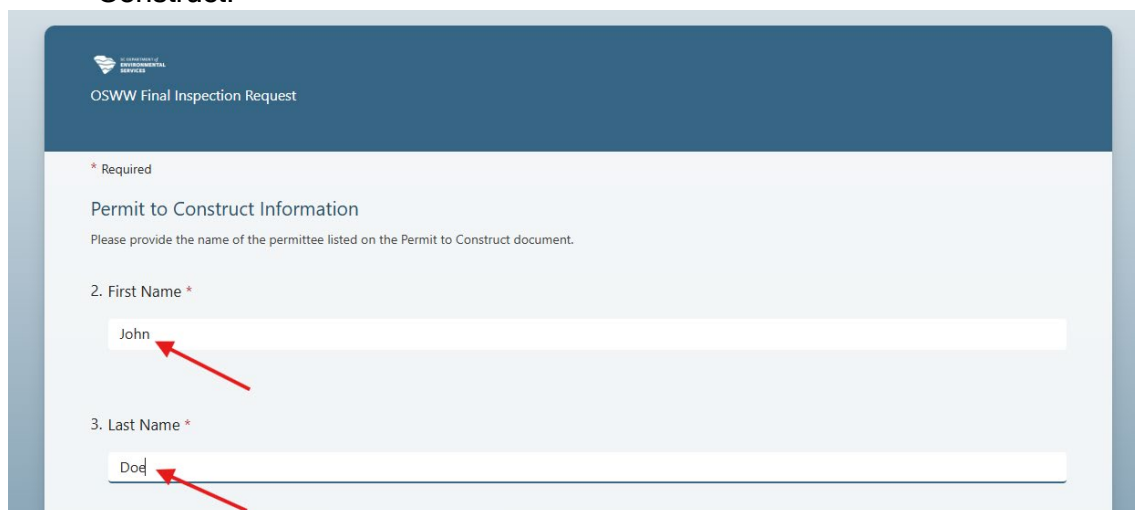
## OSWW Final Inspection Request Guidance

1. 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**.



The screenshot shows the 'OSWW Final Inspection Request' form. At the top left is the SC Department of Environmental Services logo. The title 'OSWW Final Inspection Request' is centered. Below the title, there is a section for '1. Permit to Construct No. \*' with a sub-instruction: 'Please provide the File Nbr. or Permit ID located at the top of the permit document.' A text input field contains 'OSWW11225', with a red arrow pointing to it. Below the field is a blue 'Next' button, which is circled in red. At the bottom, there is a Microsoft 365 logo and a disclaimer: 'This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password. Microsoft Forms | AI-Powered surveys, quizzes and polls. [Create my own form](#). The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information. | [Terms of use](#)'.

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



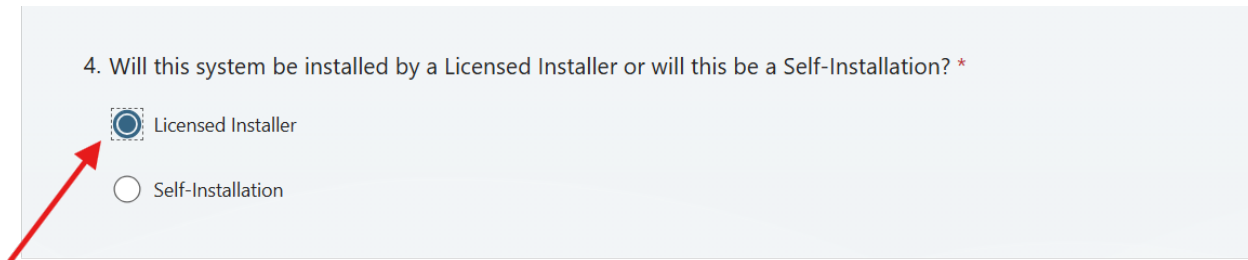
The screenshot shows the 'OSWW Final Inspection Request' form at the 'Permit to Construct Information' step. The sub-instruction reads: 'Please provide the name of the permittee listed on the Permit to Construct document.' There are two text input fields. The first is labeled '2. First Name \*' and contains 'John', with a red arrow pointing to it. The second is labeled '3. Last Name \*' and contains 'Doq', with a red arrow pointing to it.

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

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

Licensed Installer

Self-Installation



6. If you are completing a self-installation, enter the first and last name of the person complete the self-installation. Please note, if you are performing a self-installation, you are required to have a **preconstruction conference** before beginning the installation.

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

Licensed Installer

Self-Installation

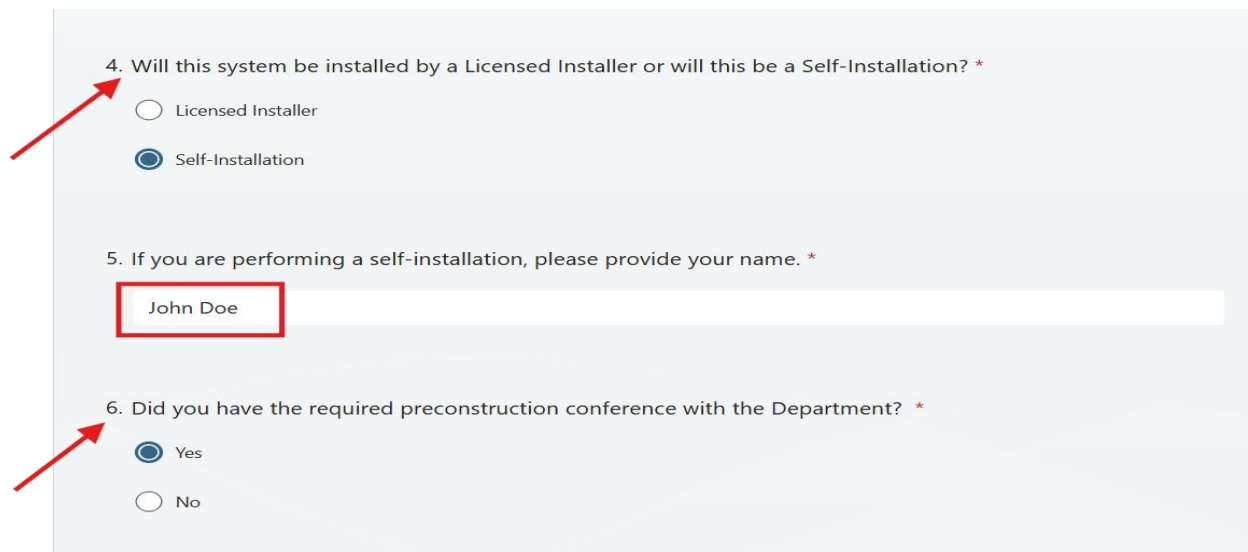
5. If you are performing a self-installation, please provide your name. \*

John Doe

6. Did you have the required preconstruction conference with the Department? \*

Yes

No



7. For a system being installed by a licensed installer, enter the **licensed installer's name** and **license number**.

5. Please Provide the Licensed Installer's Name. \*

Test Septic Service

6. Installer's License Number \*

OSWW11234



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

7. Have you received an enforcement action within the last 3 years? \*

Yes

No

8. Identify the drainfield product to be used. \*

Please specify the type of product being used in the drainfield area.

Stone

Back Next

A red arrow points to the 'Yes' radio button for Question 7. Another red arrow points to the 'Next' button at the bottom of the form.

- Please provide the **site address** as it is listed on the construction permit and select the appropriate **county**.

OSWW Final Inspection Request

\* Required

Site Information

9. Site Address \*

123 Center Road Florence

10. County \*

Florence County

The form is titled 'OSWW Final Inspection Request' and includes a 'Site Information' section. Two red boxes highlight the '9. Site Address' field containing '123 Center Road Florence' and the '10. County' dropdown menu set to 'Florence County'.

11. Please indicate whether the final inspection request is being submitted for an **engineered or non-engineered system** and select **Next**.

11. Is the final inspection being requested for an Engineered (system code 610 or 611) or Non-Engineered System? \*

Non-Engineered

Engineered

Back Next

12. You will now be directed to the final section 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.”**

OSWW Final Inspection Request

\* Required

Inspection Information

12. Is the site ready for final inspection? \*

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

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.

3/10/2025

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

14. Provide a valid **email address** and **phone number** for Department staff to contact you should there be a need to reschedule the final inspection.

15. Please provide an email address for Department Staff to contact you should the date/time you selected be unavailable. \*


Sevenst@gmail.com|

16. Please provide a phone number for Department Staff to contact you should the date/time you selected be unavailable. \*

843-669-0012

15. Please indicate that you understand the requirement to submit a Certification of Pump System Electrical Connections for pump systems as part of the final inspection process.

16. Please enter any additional comments as necessary into the optional Additional Comments field.

17. As part of the inspection/approval to operate process, a Certification of Pump System Electrical Connections will need to be submitted if applicable. Do you understand this requirement? 

Yes

No

18. Additional Comments

No additional comments

17. Please note that the final inspection request form does not guarantee the inspection date and time you have proposed. Department staff will contact you should the final inspection need to be rescheduled. If you have any questions, please contact your local office. To complete the submission, select **Submit**.

19. This form is intended to assist in scheduling final inspections but does not guarantee the inspection date and time you have proposed will be available. Do you understand that Department staff may need to contact you to reschedule the final inspection at an available date/time? \*

Yes

No

Back

Submit