



Application for Permit to Construct an
Individual Sewage Treatment and Disposal System

Home Phone No.: 864/224-2574 Work Phone No.: 864/940-7023 Application No.: 2005020076

I, Kristina M Austin (Name), 143 Steeplechase (Mailing Address)
Belton (City/Town), SC (State), 29627 (Zip Code)

hereby make application for a Permit to Construct an Individual Sewage Disposal System to serve a:

House: ☒ Mobile Home: ☐ Other (Specify): ☐

If in subdivision, give name: Chastain, Lot #: 5+6

Street: Lake Becky Rd Tax Map #: 0820002108

Lot Identification

In order for your application to be processed, stake the corners of the proposed building and center of the lot with distinctive markers. Place site locator card on front of property in a conspicuous location. Contact the Health Department when the lot is staked, house site located, and lot posted. You can prevent delays in the evaluation by flagging all the property corners.

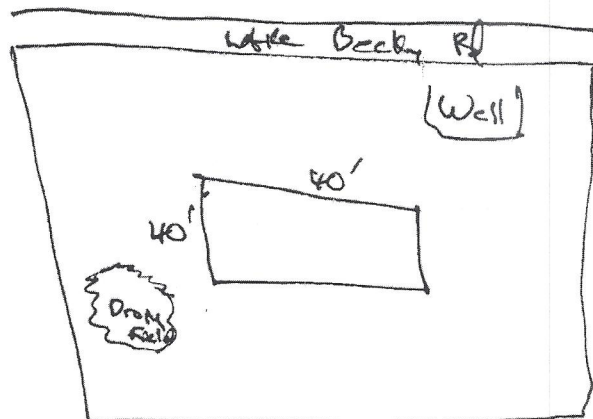
Please Give Exact Directions To Lot

Hwy 28 to Hwy 107 (R)
1st R - Lake Becky Rd
Cross Dam will be
at top of hill on Left
United Country Signs

LOD 16' x 36' / 28' x 5(2)
MAY DEPTH 48"

Applicant's Sketch Of Proposed
Installation On Lot

Sketch must show dimensions, proposed and existing structures, proposed pool, proposed or existing wells (including wells on adjoining property), proposed septic tank location, proposed drive, and indicate distance from proposed building to road and property lines. Attach copy of deed describing boundaries or plat.



No. Bedrooms: 3

Basement: Full ☒ Partial ☐ None: ☐

Plumbing in Basement: Yes ☒ No ☐

Well: Existing ☐ Proposed ☒ None ☐

Public Water: Yes ☐ No ☒

If commercial establishment, answer following:

Type of Business: _____

Number of _____ Number of
Occupants: _____ Employees: _____

Other: _____
(i.e. seating capacity, meals per day)

Public _____ Number of Hours
Restrooms: _____ of Daily Operation: _____

Information not in conformance with actual conditions on the property will void the Permit to Construct.

"Permission is hereby granted for health department representatives to enter the above-described property at reasonable hours for the purpose of septic tank inspection and/or site evaluation."

2/19/05
Date

Kristina M Austin
Property Owner or Agent's Signature

Application date: 02/22/2005
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
PERMIT TO CONSTRUCT-CERTIFICATE OF FINAL APPROVAL
INDIVIDUAL SEWAGE TREATMENT AND DISPOSAL SYSTEM
AUSTIN

Subdivision: CHASTAIN
Lot and Block No: 5 & 6
Tax Map Number: 082-00-02-108
Site: LAKE BECKY RD
Contractor:

Water Supply: WELL Facility: HOUSE
Receipt No: 37-19352

Est. Daily Flow: 360 gpd
Loading rate: 0.50 g/ft²
Tank Size(s): 1000 gal
Permitted System: 380
Permit Date: 03/03/2005 By: 28

Trenches: No: 2
Total length: 168 ft
Width: 36 in
Maximum depth: 48 in
Material: STONE
Depth: 28 in
Min pump cap: _____ gpm
at _____ ft head.

Possible Ponds: Install system before building house, keep system SD+ from lake, existing wells, and proposed well locations

Pump Manufacturers:

Nearest Actual Distances to:

Well:	_____	ft
Foundation:	_____	ft
Property Line:	_____	ft
Stream:	_____	ft
Impoundment:	_____	ft

Line No.	Grade Readings
----------	----------------

[illegible]

170.57'

NO SCALE

Old Road Bed

Proposed Well

50'

30'

HOUSE

Paved Driveway

5'

70'

Existing Well

149.01'

92.11'

100.30'

LAKE

SKETCH OF ACTUAL INSTALLATION

APPROVAL IN NO WAY GUARANTEES THE LIFE OF THE SYSTEM OR THAT IT WILL FUNCTION PROPERLY UNDER ANY OR ALL CONDITIONS.

Issued by: Th. J. Shore Date: 03/03/2005 Code Number: 28

Approved by: _____ Date: / / Code Number: _____

OCONEE COUNTY HEALTH DEPARTMENT
WALHALLA, SC 29691

200 BOOKER DR.
(864) 638-4185