



# COUNTY OF ORANGEBURG

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## Wastewater Disposal Verification Form

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

Phone Number of Landowner: \_\_\_\_\_

Name of Landowner: \_\_\_\_\_

Address of Landowner: \_\_\_\_\_

Tax Map Number associated with property: \_\_\_\_\_

Type of New Construction associated with Disposal System: \_\_\_\_\_

**\*\*\*Below to be completed by licensed Septic Tank Contractor\*\*\***

Site Address of Disposal System: \_\_\_\_\_  
\_\_\_\_\_

An on-site disposal system does exist at the above referenced site address.

No guarantees are made, in regard to, it functionality.

Owner is aware that any future malfunction of this system must be repaired immediately.

The system currently has not reached its full capacity and does not require disposal of its contents.

The current system appears to be serving only one dwelling. No dual hook ups were visible.

Licensed Septic Contractor performing inspection: \_\_\_\_\_

Contractors Address: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Expiration Date of License: \_\_\_\_\_

Signature of License Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Permits and Inspections  
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