



**Application for Permit to Construct a Solid Waste Management System  
Bureau of Land and Waste Management**

**Submit to:** Division of Mining and Solid Waste Permitting, Bureau of Land and Waste Management  
SC Department of Health and Environmental Control, 2600 Bull Street, Columbia, SC 29201-1708  
**(Please Print or Type)**

I. Name of project: \_\_\_\_\_

II. Physical location (Directions to project - use street names, county road numbers, etc.): \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Latitude and longitude (nearest 15 seconds) or UTM coordinates: \_\_\_\_\_

III. In accordance with Title 44, Chapter 96 of the Code of Laws of South Carolina, 1976, as amended, I hereby make application, on behalf of the party(ies) whose name(s) appears below, for a permit to construct and operate the following type of solid waste management project (describe): \_\_\_\_\_

IV. Facility name, mailing address: \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

V. Operator's name, mailing address (if different from name of facility owner): \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

VI. Landowner's name, mailing address (if different from name of facility or operator): \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

VII. I have placed my signature and seal upon the documents submitted with this application signifying that I accept responsibility for the information and/or design contained therein. Additional submittals where required will also bear my signature and seal, signifying that I accept responsibility for the information and/or design contained therein.

Engineer's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Registered Professional Engineer

S.C. Registration No: \_\_\_\_\_

VIII. I have read this application and all attached documents. I agree to the requirements and conditions that are contained in it. Also, I agree to the admission of properly authorized persons at all reasonable hours for the purpose of sampling and inspection.

Name of Facility Representative (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Facility Representative's title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Operator Representative (print): \_\_\_\_\_ Signature: \_\_\_\_\_

(If different from facility representative)

Operator Representative's title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Landowner (print): \_\_\_\_\_ Signature: \_\_\_\_\_

(if different from facility or operator representative)

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