

D H E C



PROMOTE PROTECT PROSPER
South Carolina Department of Health
and Environmental Control

TERMINAL FACILITY REGISTRATION CERTIFICATE APPLICATION

SHORT FORM

DIVISION OF WASTE ASSESSMENT & EMERGENCY RESPONSE

1. Name of Applicant _____
2. Facility Manager _____
3. Facility Telephone Number _____
4. Mailing Address _____

5. Geographical Location _____

6. List the total storage capacity of the facility:

Above ground capacity: _____ gallons

Below ground capacity: _____ gallons

Total facility capacity: _____ gallons
7. NPDES Permit number for facility: _____

8. I hereby certify that the following is true:

- a. The facility listed on this application does have at least \$14 million of financial responsibility as required by the South Carolina Oil and Gas Act, §48-43-590¹. Indicate which form(s) are applicable:

Self-insured Insurance or surety bond
 Other (Explain : _____)

- b. The facility listed on this application has all prevention, containment, and removal equipment, including, but not limited to, vehicles, vessels, pumps, skimmers, booms, and communication devices to which the facility has access, to stop, contain, and remove any release of product from said facility, whether such equipment is through direct ownership or by contract or membership in an approved discharge cleanup organization.

If the facility on this application is a member of an approved discharge cleanup organization, list organization and expiration date of current contract:

Organization: _____

Cleanup contractor(s) _____

Contract expiration date: _____

Signature

Title

Date

¹ Oil and Gas Act, §48-43-590, all persons operating or owning terminal facilities, within the State, shall furnish evidence of financial responsibility of fourteen million dollars to meet any and all liabilities to all persons caused by the operations of such facility. Evidence of financial responsibility may be established by an insurance or security bond issued by an insurance or bonding company authorized to do business in the State, qualifications of a self-insurer or other evidence of financial responsibility acceptable to the Department.

TERMINAL FACILITY REGISTRATION CERTIFICATE APPLICATION - SHORT FORM
INSTRUCTIONS FOR COMPLETING

PURPOSE:

To obtain the information needed to process applications for terminal facility registration certificates. The information requested is used to determine if the facility has met the minimum requirements for such terminals as required by the South Carolina Oil and Gas Act.

EXPLANATION AND DEFINITION:

To obtain a Terminal Facility Registration Certificate, the facility must complete and submit a certificate application form and submit the required \$250.00 application fee. The application is not considered complete until the application fee has been paid. ***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.***

According to the Oil & Gas Act [§48-43-540 (1)], “No person shall operate or cause to operate a terminal facility as defined in §48-43-510 (8) without a registration certificate

ITEM BY ITEM INSTRUCTIONS: (Type or print using ink, **NO PENCIL PLEASE.**)

1. List the name of the facility requesting the certificate.
2. Name of the facility manager.
3. Telephone number of the facility requesting the certificate.
4. Company mailing address (address/city/state/zip code) to which the certificate is to be sent.
5. Geographical location of facility; include street address, city, state, zip code, and county.
6. List the storage capacity of the facility’s above-ground tanks and under-ground tanks that can be used to store oil (oil, gasoline, lube oils, fuel oils, asphalt, etc.). **TOTAL FACILITY CAPACITY** includes the total of all above-ground and under-ground storage tanks, and drums or other containers kept at the facility that contain oil.
7. If the facility has a NPDES permit issued by DHEC, list the number(s) on this line.
8. The information asked for in items 8a and 8b is required to be completed and certified by a responsible company official (i.e. plant manager, environmental coordinator). If this information is not complete, the facility must provide proof of financial liability in the amount of \$14 million AND proof that the facility has all prevention, containment, and removal equipment as required by the Oil and Gas Act, to stop, contain, and remove any released product from the facility.
 - a. Indicate in what form the facility meets the \$14 million liability.
 - b. If the facility does not have sufficient prevention, containment, and removal equipment, and manpower at the facility, as required, they must indicate which approved discharge cleanup organization has been contracted for such service and the expiration date of such contract.

Lack of the required signature and information asked for in item 8 will cause the application to be deemed incomplete and will not be processed further.

OFFICE MECHANICS AND FILLING:

Application forms with original signatures should be submitted to: Terminal Facility Inspector, Emergency Response Section, SCDHEC, 2600 Bull Street, Columbia, South Carolina, 29201. Applicant should keep a copy of the signed application(s). Any payment required by this application should be returned as instructed on the invoice. If you have any questions, please contact the Terminal Facility Inspector at (803)896-4112 or the Emergency Response Section Manager at (803) 896-4111.