



TO: Prospective Transporter of Hazardous Waste

RE: Hazardous Waste Transporter Permit Application

The State of South Carolina requires that everyone transporting hazardous waste within the State be permitted per the South Carolina Hazardous Waste Management Regulations. Any transporter who passes through South Carolina and does not stop to accept or deliver any hazardous waste need not comply with our permitting regulations. Application forms are also available for downloading at: <http://www.scdhec.gov/eqc/lwm/forms/hwtranapl.pdf>

Each applicant must complete and return the following enclosed forms:

1. Application for Permit to Transport Hazardous Waste
2. Certificate of insurance

The certificate of insurance form must be completed and signed by an authorized representative of the insurance company (not an agent). We are requesting that you, the applicant, submit the Application and Certificate of Insurance to us at the same time. **NOTE: WHEN APPLYING FOR A NEW PERMIT WE CANNOT AND WILL NOT ACCEPT ANY INSURANCE FORM OTHER THAN THE CERTIFICATE OF INSURANCE FORM WHICH IS ENCLOSED. THE ACORD FORM IS THE ONLY SUBSTITUTE ALLOWED WHEN SHOWING PROOF OF INSURANCE RENEWAL. IF THE INSURER CHANGES, OUR CERTIFICATE MUST BE SUBMITTED.**

Permitted Hazardous Waste Transporters must ensure that their personnel complete a training program that is acceptable to the Department (see Section R.61-79.263.10(f) of the South Carolina Hazardous Waste Management Regulations, as amended November 23, 1990). The following constitute the Department's interim position on that which is acceptable training:

All personnel who are directly involved in the transportation of hazardous waste (i.e., drivers, terminal managers, shift foremen, etc.) must be provided appropriate training regarding the required procedures for manifesting (R.61-79.263 Subpart B). These procedures include the completion of the transporter's section of the manifest, distribution of manifest copies, and the assurance that manifests accompany shipments.

Furthermore, such training must include the appropriate response to hazardous waste discharges as specified in R.61-79.263 Subpart C. The aforementioned

personnel must be trained to take appropriate and immediate action to protect human health and the environment in the event of a discharge.

Also, a record of training must be maintained in the individual's personnel file specifying the type of training received along with the dated signature of those persons receiving and providing the training. This record will be reviewed by Department personnel during inspections and also is subject to being called in for review by the Department on an as needed basis.

Compliance with the South Carolina Hazardous Waste Management Regulations for the transportation of hazardous waste does not imply compliance with any other South Carolina State Agency Regulations or Federal Agency Regulations. It may be necessary for your firm, under Section 58-23-10 et seq., of Chapter 23 of Title 58 of the 1976 South Carolina Code of Laws, to meet applicable South Carolina Public Service Commission Regulations and Federal Department of Transportation Regulations (49 CFR) will also govern interstate transporters.

After the forms are completed they should be returned to:

S.C. Department of Health and Environmental Control  
Bureau of Land and Waste Management  
Division of Compliance and Enforcement  
2600 Bull Street  
Columbia, S.C. 29201

Should you have questions concerning this matter, please contact Carlisle Moser at (803) 898-0495 or [sheridec@dhec.sc.gov](mailto:sheridec@dhec.sc.gov)

## GENERAL INSTRUCTIONS

1. All definitions are contained in the South Carolina Hazardous Waste Management Act (Section 44-56-10 et seq. of the 1976 South Carolina Code of Laws) and Regulation 61-79 shall apply to this form.
2. If additional space is needed to complete any item, attach a separate sheet. Clearly identify on the separate sheet which item is being continued.
3. Type or print in ink all items of this Form except the signature required in item 13, which must be an ORIGINAL signature.
4. All items of the Permit Application Form must be fully completed.

## SPECIFIC INSTRUCTIONS

1. Enter the name of the transporter as it should appear on the Permit.
2. Fully complete by entering the mailing address for the transporters. This is the address to which correspondence from the Department will be sent.
3. Fully complete by entering the location address of the company that is the same as used when notifying for an EPA Identification Number.
4. Fully complete by giving the information requested for the indicated facilities maintained by the transporter.
5. List the principal contact for each terminal, other transportation facility or office listed in Item 5. Please list the contacts in the same order as the facilities in Item 5.
6. Fully complete by marking the appropriate boxes for the information requested.
7. Self-explanatory.
8. List the approximate amounts of hazardous waste the Transporters expect to handle annually.
9. List name of Driver Training course relating to hazardous waste transportation completed by drivers and attach an outline of the course (who conducted course or who sponsored, etc.).
10. List your assigned EPA ID Number. (Required for Hazardous Waste Transporters.)
11. Self-explanatory.
12. Give a brief general description of the transporter's business including all activities that relate to the permits being applied for herein.
13. Enter the date the completed Application was mailed or delivered to the Department. Applications of permits to transport hazardous waste shall be signed by transporter or his duly authorized agent. Print the name and title of the person signing the application in the space provided.
14. Enter a telephone number that someone may be reached 24-hours a day in case of an emergency.



SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
BUREAU OF LAND AND WASTE MANAGEMENT

APPLICATION FOR PERMIT TO TRANSPORT HAZARDOUS WASTE

1. Name of Transporter: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
3. Location of Company (Site that the EPA ID# is assigned. Physical address not P.O. Box or Route #):  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
4. Location, mailing address and phone number of all terminals, other transportation facilities or offices the applicant maintains:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Principal contacts - Give name(s), mailing address(es), phone number(s), and e-mail address(es):  
\_\_\_\_\_  
\_\_\_\_\_
6. Type of Hazardous Waste Transporter Application  
A.  New  
B.  Renewal  EPA ID# or Name Change
7. Previous Name: \_\_\_\_\_
8. Estimate the amount of hazardous waste to be handled annually: \_\_\_\_\_
9. List Driver Training Programs Completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List your EPA ID Number: \_\_\_\_\_
11. List and discuss all accidents or spillages of hazardous waste or materials which when spilled produced a hazardous waste (see R.61-79.260.10 for definition of a hazardous waste) during the preceding year.
12. Give a general description of applicant's business:
13. I hereby certify (or declare) that all information submitted in conjunction with this Application is true to the best of my knowledge and that I am authorized to sign official documents of the applicant.

Date completed Application was mailed or delivered to the Department:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

\_\_\_\_\_

14. 24-Hour Emergency Number: \_\_\_\_\_

Please submit to:

South Carolina Department of Health and Environmental Control  
Bureau of Land and Waste Management  
2600 Bull Street  
Columbia, SC 29201

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
BUREAU OF LAND AND WASTE MANAGEMENT

Hazardous Waste Transporter

Certificate of Insurance

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Name and address of insured/transporter:

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Name and address of insurer/company affording coverage:

<u>Type of Coverage</u>	<u>Policy #</u>	<u>Amount of Deductible</u>	<u>Policy (exclusive) Expiration Date</u>	<u>Limits of Liability of legal defense cost</u>
Underlying				
Or	#	\$	___/___/___	\$
Primary				

If any of the above listed policies include any exemptions, exclusions, and/or conditions which would limit the extent of coverage as intended under the South Carolina Hazardous Waste Management Regulations (as amended), please attach copies of these exemptions, exclusions, and/or conditions to the back of this form.

It shall be the responsibility of the permitted Transporter to resubmit a Certificate of Insurance Form upon expiration of present policy.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which they refer. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the Department of Health and Environmental Control with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of the Department. Thirty (30) days' notice shall also be given, at the address below, if there is any change made to the type of coverage, policy number, amount of deductible policy expiration date, or limits of liability (exclusive of legal defense cost) as required by Regulation 61-79.263.14 in the policy or endorsement to which this certificate refers.

The undersigned do hereby certify that the aforementioned applicant meets all requirements for financial responsibility as defined in Regulation 61-79.263.14 (as amended) of the Hazardous Waste Management Regulations promulgated pursuant to authority contained in Section 44-56-10 et seq. of the 1976 South Carolina Code of Laws (as amended) whereby a transporter of hazardous waste shall have and shall maintain financial responsibility for sudden and accidental occurrences in a minimum amount of one million (\$1,000,000), exclusive of legal defense cost.

\_\_\_\_\_  
Signature of Authorized Representative of Insurer  
Must be an original signature

\_\_\_\_\_  
Type name of Authorized Representative of Insurer

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Policy # \_\_\_\_\_

Phone \_\_\_\_\_

Please return this completed form to:

S.C. Department of Health and Environmental Control  
Bureau of Land and Waste Management  
2600 Bull Street  
Columbia, S.C. 29201