

SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

November 10, 2021

- () ACTION/DECISION
(X) INFORMATION

- I. TITLE:** Healthcare Quality Administrative and Consent Orders.
- II. SUBJECT:** Healthcare Quality Administrative Orders and Consent Orders for the period of September 1, 2021, through September 30, 2021.
- III. FACTS:** For the period of September 1, 2021, through September 30, 2021, Healthcare Quality reports nine (9) Consent Orders totaling \$20,500 in assessed monetary penalties.

Name of Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Assessed Penalties	Required Payment
Community Care	Residential Treatment Facility for Children and Adolescents (RTF)		1	\$12,100	\$7,260
	Community Residential Care Facility (CRCF)		1	\$500	\$500
Healthcare Systems and Services	In-Home Care Provider		2	\$1,000	\$1,000
	Emergency Medical Services (EMS) Agency		1	\$5,000	\$3,000
	Paramedic		3	\$1,600	\$960
	Emergency Medical Technician (EMT)		1	\$300	\$180
TOTAL			9	\$20,500	\$12,900

Submitted By:



Angie Smith for
Gwen C. Thompson
Deputy Director
Healthcare Quality

HEALTHCARE QUALITY ENFORCEMENT REPORT
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

November 10, 2021

Bureau of Community Care

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Residential Treatment Facility for Children and Adolescents (RTF)	8	518

1. Palmetto Pines Behavioral Health – Summerville, SC

Inspections and Investigations: The Department conducted investigations in November 2019, January 2020, March 2020, September 2020, February 2021, April 2021, and June 2021, and found the facility repeatedly violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-103, *Residential Treatment Facilities for Children and Adolescents*, by failing to implement its policies and procedures regarding resident care, rights, and the operation of the facility. The facility further failed to report a serious incident within twenty-four (24) hours of the incident and failed to submit a written investigation report of the serious incident within five (5) days of the incident. The facility failed to maintain documentation of in-service training related to medication management and residents' rights. The facility failed to render care and services in accordance with orders from a physician or other authorized healthcare provider. The facility failed to review the immunization status and completion of the resident's physical examination. The facility had multiple violations regarding medication management including medication storage, maintaining records of receipt, administration, and disposition of controlled substances, and storing non-legend medications without labels. The facility had multiple violations regarding tuberculosis screening including failing to maintain evidence of residents having a two-step tuberculin skin test (TST), residents having at least the first step within thirty (30) days prior to admission and no later than forty-eight (48) hours after admission, and staff having a baseline TST or a single Blood Assay for Mycobacterium tuberculosis (BAMT) within three (3) months prior to contact with residents. Moreover, the facility failed to ensure resident rights regarding the right to be free from harm, including isolation, excessive medication, abuse, or neglect.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of twelve thousand one hundred dollars (\$12,100) against the facility. The facility was required to pay seven thousand two hundred sixty dollars (\$7,260) of the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The facility agreed to schedule and attend a compliance assistance meeting with the Department within forty-five (45) days of executing the Consent Order.

Remedial Action: The licensee made the required payment. The compliance assistance meeting was held October 28, 2021.

Prior Actions: None in the past five (5) years.

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Care Facility (CRCF)	480	21,835

2. Pearl at Fort Mill – Fort Mill, SC

Inspections and Investigations: The Department conducted an investigation in May 2021, and found the facility in violation of a regulatory requirement.

Violations: The Department found the facility violated Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, by failing to ensure that a resident was protected from physical abuse as outlined in the Bill of Rights for Residents of Long-Term Care Facilities.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of five hundred dollars (\$500) against the facility. The facility was required to pay the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The facility agreed to schedule and attend a compliance assistance meeting with the Department within forty-five (45) days of executing the Consent Order.

Remedial Action: The licensee made the required payment. The compliance assistance meeting was held October 27, 2021.

Prior Actions: None in the past five (5) years.

Bureau of Healthcare Systems and Services

License Type	Total Number of Licensed Providers
In-Home Care Provider (IHCP)	846

3. No Place Like Home of South Carolina-Anderson – Anderson, SC

Inspections and Investigations: The Department emailed the provider a license renewal fee invoice and a link to the license renewal application in June 2021, and mailed the provider the renewal application in July 2021. The Department emailed a citation by mail imposing a late fee for failure to timely submit a renewal application and renewal fee. In August 2021, the Department spoke with the provider by phone and informed the provider that the license has expired and reviewed the license renewal process. The Department, by letter in August 2021, notified the provider that the provider's license was expired and no longer valid. The Department decided to rescind its earlier letter and resolve the matter via consent order.

Violations: The Department found the provider violated Regulation 61-122, *Standards for Licensing In-Home Care Providers*, by failing to submit a timely license renewal application and fee. Moreover, the provider was found to be in violation of SC Code Sections 44-70-10, *et seq.* by failing to submit a complete and accurate renewal application and fees by the time period specified by the Department. The provider repeatedly failed to timely submit renewal applications.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of five hundred dollars (\$500) against the provider. The provider was required to pay the assessed monetary penalty within thirty (30) days of the execution of the Consent Order.

Remedial Action: The provider made the required payment. The Department issued the provider's renewal license upon receipt of the required payment.

Prior Actions: None in the past five (5) years.

4. No Place Like Home of South Carolina-Seneca – Seneca, SC

Inspections and Investigations: The Department emailed the provider a license renewal fee invoice and a link to the license renewal application in June 2021, and mailed the provider the renewal application in July 2021. The Department emailed a citation by mail imposing a late fee for failure to timely submit a renewal application and renewal fee. In August 2021, the Department spoke with the provider by phone and informed the provider that the license has expired and reviewed the license renewal process. The Department, by letter in August 2021, notified the provider that the provider's license was expired and no longer valid. The Department decided to rescind its earlier letter and resolve the matter via consent order.

Violations: The Department found the provider violated Regulation 61-122, *Standards for Licensing In-Home Care Providers*, by failing to submit a timely license renewal application and fee. Moreover, the provider was found to be in violation of SC Code Sections 44-70-10, *et seq.* by failing to submit a complete and accurate renewal application and fees by the time period specified by the Department. The provider repeatedly failed to timely submit renewal applications.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of five hundred dollars (\$500) against the provider. The provider is required to pay the assessed monetary penalty within thirty (30) days of the execution of the Consent Order.

Remedial Action: The provider made the required payment. The Department issued the provider's renewal license upon receipt of the required payment.

Prior Actions: None in the past five (5) years.

License Type	Total Number of Licensed EMS Agencies
Emergency Medical Services (EMS) Agency	271

5. Ontime Transport, LLC – Orangeburg, SC

Inspections and Investigations: The Department conducted an investigation of the agency beginning in March 2021, and found the agency was in violation of a regulatory requirement.

Violations: The Department found the agency was in violation of Regulation 61-7, *Emergency Medical Services*, and SC Code Section 44-61-70(B)(1) by allowing an uncertified person to perform patient care.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of five thousand dollars (\$5,000) against the agency. The agency is required to pay three thousand dollars (\$3,000) of the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The remainder of the assessed monetary penalty will be held in abeyance pending a twelve (12) month period of substantial compliance with statutory and regulatory requirements and the Consent Order. The agency is required to submit a written plan of correction within forty-five (45) days of execution of the Consent Order. The Department will conduct a follow-up inspection within sixty (60) days of execution of the Consent Order.

Remedial Action: The EMS Agency made the required payment totaling \$3,000. The EMS Agency submitted a written plan of correction to the Department. The Department has not yet conducted the follow-up inspection of the EMS Agency.

Prior Actions: None in the past five (5) years.

Level of Certification	Total Number of Certified Paramedics
Paramedic	4,071

6. April Varnadore – Paramedic

Inspections and Investigations: The Department conducted an investigation in April 2021, and found that the Paramedic was in violation of regulatory requirements.

Violations: The Department determined that the Paramedic was in violation of Regulation 61-7, *Emergency Medical Services*, for committing misconduct as defined in SC Code Section 44-61-80(F) by taking pictures of identifiable deceased subjects and sharing them with another individual.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of five hundred dollars (\$500) against the Paramedic. The Paramedic is required to pay three hundred dollars (\$300) of the assessed monetary penalty in two (2) monthly payments of one hundred fifty dollars (\$150). The remainder of the assessed monetary penalty will be held in abeyance pending a twelve (12) month period of substantial compliance with regulatory requirements and the Consent Order.

Remedial Action: The Paramedic made the required payment totaling \$300.

Prior Actions: None in the past five (5) years.

7. Michelle Marble – Paramedic

Inspections and Investigations: The Department conducted an investigation in April 2021, and found that the Paramedic was in violation of regulatory requirements.

Violations: The Department determined that the Paramedic was in violation of Regulation 61-7, *Emergency Medical Services*, for committing misconduct as defined in SC Code Section 44-61-80(F) by allowing an EMT to perform two advanced skills outside of the EMT's scope of practice.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of six hundred dollars (\$600) against the Paramedic. The Paramedic is required to pay three hundred sixty dollars (\$360) of the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The remainder of the assessed monetary penalty will be held in abeyance pending a twelve (12) month period of substantial compliance with regulatory requirements and the Consent Order.

Remedial Action: The Paramedic made the required payment totaling \$360.

Prior Actions: None in the past five (5) years.

8. Danny Hyatt – Paramedic

Inspections and Investigations: The Department conducted an investigation in April 2021, and found that the Paramedic was in violation of regulatory requirements.

Violations: The Department determined that the Paramedic was in violation of Regulation 61-7, *Emergency Medical Services*, for committing misconduct as defined in SC Section Code 44-61-80(F) by taking a picture of an identifiable patient and sharing it with another individual.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of five hundred dollars (\$500) against the Paramedic. The Paramedic is required to pay three hundred dollars (\$300) of the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The remainder of the assessed monetary penalty will be held in abeyance pending a twelve (12) month period of substantial compliance with regulatory requirements and the Consent Order.

Remedial Action: The Paramedic made the required payment totaling \$300.

Prior Actions: None in the past five (5) years.

Level of Certification	Total Number of Certified EMTs
EMT	7,431

9. Courtney Burchfield – EMT

Inspections and Investigations: The Department conducted an investigation in April 2021, and found that the EMT was in violation of regulatory requirements.

Violations: The Department determined that the EMT was in violation of Regulation 61-7, *Emergency Medical Services*, for committing misconduct as defined in SC Code Section 44-61-80(F) for performing skills above the level for which she is certified.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of three hundred dollars (\$300) against the EMT. The EMT is required to pay one hundred eighty dollars (\$180) of the assessed monetary penalty in three (3) monthly payments of sixty dollars (\$60). The remainder of the assessed monetary penalty will be held in abeyance pending a twelve (12) month period of substantial compliance with regulatory requirements and the Consent Order.

Remedial Action: The EMT made the required payment totaling \$180.

Prior Actions: None in the past five (5) years.

SUMMARY SHEET
 BOARD OF HEALTH AND ENVIRONMENTAL CONTROL
 November 10, 2021

_____ ACTION/DECISION

X INFORMATION

1. **TITLE:** Administrative and Consent Orders issued by the Office of Environmental Affairs.
2. **SUBJECT:** Administrative and Consent Orders issued by the Office of Environmental Affairs during the period September 1, 2021, through September 30, 2021.
3. **FACTS:** For the reporting period of September 1, 2021, through September 30, 2021, the Office of Environmental Affairs issued seventy-seven (77) Consent Orders with total assessed civil penalties in the amount of one hundred sixty-six thousand, one hundred seventy dollars (\$166,170.00). Also, twelve (12) Administrative Orders with total assessed civil penalties in the amount of fifty-five thousand, eight hundred fifty dollars (\$55,850.00) were reported during this period.

Bureau and Program Area	Administrative Orders	Assessed Penalties	Consent Orders	Assessed Penalties
Land and Waste Management				
UST Program	3	\$31,350.00	0	0
Aboveground Tanks	0	0	0	0
Solid Waste	0	0	1	\$700.00
Hazardous Waste	0	0	4	\$44,250.00
Infectious Waste	0	0	0	0
Mining	1	\$2,000.00	0	0
SUBTOTAL	4	\$33,350.00	5	\$44,950.00
Water				
Recreational Water	1	\$2,000.00	59	\$74,820.00
Drinking Water	0	0	4	0
Water Pollution	0	0	6	\$31,900.00
Dam Safety	0	0	0	0
SUBTOTAL	1	\$2,000.00	69	\$106,720.00
Air Quality				
SUBTOTAL	1	\$500.00	2	\$13,500.00
Environmental Health Services				
Food Safety	0	0	1	\$1,000.00
Onsite Wastewater	6	\$20,000.00	0	0
SUBTOTAL	6	\$20,000.00	1	\$1,000.00
OCRM				
SUBTOTAL	0	0	0	0
TOTAL	12	\$55,850.00	77	\$166,170.00

Submitted by:

Myra C. Reece
 Myra C. Reece
 Director of Environmental Affairs

County: Clarendon
Previous Orders: None
Permit/ID Number: 10744
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988, S.C. Code Ann. § 44-2-10 et seq. (2018) (SUPERB Act); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92, 280.20(a)(2)(iv), 280.31(b)(1), 280.34(c), 280.70(a), 280.70(c), 280.93(a) and 280.110(c) (2012 and Supp. 2020).

Summary: Ervin's Tire LLC (Individual/Entity) owns underground storage tanks (USTs) in Manning, South Carolina. On September 17, 2020, March 1, 2021, and May 6, 2021, the Department conducted file reviews and/or inspections and issued Notices of Alleged Violations. The Individual/Entity has violated the SUPERB Act and South Carolina Underground Storage Tank Control Regulations as follows: failed to operate and maintain corrosion protection system to protect each tank from corrosion; failed to have the corrosion protection system inspected by a qualified tester every three (3) years; failed to provide records to the Department upon request; failed to provide release detection and/or corrosion protection for a temporarily closed UST; and failed to permanently close a temporarily closed UST system at the end of a twelve (12) month period that did not meet performance standards; and failed to demonstrate financial responsibility for an UST system and submit evidence of financial assurance to the Department upon request.

Action: The Individual/Entity is required to: submit a completed UST Tank and Sludge Disposal form; permanently close the USTs, submit a UST Closure and Assessment Report; submit a completed Certificate of Financial Responsibility form and evidence of financial assurance. The Department has assessed a total civil penalty in the amount of twenty-three thousand, six hundred fifty dollars (\$23,650.00). The Individual/Entity shall pay a civil penalty in the amount of twenty-three thousand, six hundred fifty dollars (**\$23,650.00**).

Update: The Individual/Entity did not file a Request for Review.

3) Order Type and Number: Administrative Order 21-0160-UST
Order Date: September 13, 2021
Individual/Entity: **Pam Cison and Sandra Simmons**
Facility: Six Mile Kwik Mart
Location: 302 North Main Street
Six Mile, South Carolina 29682
Mailing Address: Same
County: Pickens
Previous Orders: None
Permit/ID Number: 12078
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann. § 44-2-60(A) et seq. (2018); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs 61-92, 280.93(a) and 280.110(c) (2012 & Supp 2020).

Summary: Pam Cison and Sandra Simmons (Individuals/Entities) own and operate underground storage tanks in Pickens County, South Carolina. The Department conducted a file review and issued a Notice of Alleged Violation on December 16, 2020. The

Individuals/Entities have violated the SUPERB Act and the South Carolina Underground Storage Tank Regulation, as follows: failed to demonstrate financial responsibility for an underground storage tank system and failed to submit evidence of financial assurance to the Department upon request.

Action: The Individuals/Entities are required to submit: a completed Certificate of Financial Responsibility Form and evidence of financial assurance by November 15, 2021. The Department has assessed a civil penalty in the amount of three thousand, eight hundred fifty dollars (\$3,850.00). The Individuals/Entities shall pay a civil penalty in the amount of three thousand, eight hundred fifty dollars (**\$3,850.00**) by November 15, 2021.

Update: None.

Solid Waste Enforcement

4) Order Type and Number: Consent Order 21-07-SW
Order Date: September 3, 2021
Individual/Entity: **Ralph and Terry Cunningham**
Facility: TMS # 012-00-00-013-000
Location: 2297 Lucknow Road
Camden, SC 29020
Mailing Address: 5565 Camden Highway
Camden, SC 29020
County: Lee
Previous Orders: None
Permit/ID Number: WTH-00920
Violations Cited: South Carolina Solid Waste Policy and Management Act of 1991, S.C. Code Ann. §§ 44-96-10 et seq. (2002 & Supp. 2018); Solid Waste Management: Waste Tires, R.61-107.3 (2015) Part III.A.1.

Summary: Ralph and Terry Cunningham (Individuals/Entities), own property in Lee County, South Carolina. The Department conducted inspections on February 17, 2021, March 30, 2021, and May 14, 2021, and issued a Notice of Alleged Violation. The Individuals/Entities have violated the South Carolina Solid Waste Policy and Management Act and the Solid Waste Management: Waste Tires Regulation as follows: operated a waste tire collection facility without a Department issued permit.

Action: The Individuals/Entities are required to: remove all tires from the Site and submit disposal receipts as proof of proper disposal by March 3, 2022. The Department assessed a civil penalty in the amount of eight thousand, two hundred dollars (\$8,200.00). The Individual/Entities shall pay a civil penalty in the amount of seven hundred dollars (**\$700.00**) by October 18, 2021 and pay a suspended penalty in the amount of seven thousand, five hundred dollars (\$7,500.00) should any requirement of the Order not be met.

Update: None.

Hazardous Waste Enforcement

- 5) Order Type and Number: Consent Order 21-07-HW
 Order Date: September 7, 2021
 Individual/Entity: **Broadway Lights, LLC**
 Facility: Broadway Lights, LLC
 Location: 198 Industrial Park Road
 Greer, SC 29651

 Mailing Address: Same
 County: Spartanburg
 Previous Orders: 18-15-HW (\$6,000.00)
 Permit/ID Number: SCR 000 788 760
 Violations Cited: The South Carolina Hazardous Waste
Management Act, S.C. Code Ann. §§ 44-56-10 et seq. (2018), and the South
Carolina Hazardous Waste Management Regulation, 6 and 7 S.C. Code Ann. Regs.
61-79 (2012 and Supp. 2018).

Summary: Broadway Lights, LLC (Individual/Entity), is a distributor of lighting products who retrofits indoor and outdoor light needs of their customers located in Spartanburg County, South Carolina. The Department conducted an inspection on November 19, 2020. The Individual/Entity has violated the South Carolina Hazardous Waste Management Act and the Hazardous Waste Management Regulations as follows: failed to manage universal waste mercury-containing equipment in a way that prevents releases of any universal waste or component of a universal waste to the environment; failed to contain any lamp in containers or packages that are structurally sound as such containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions; failed to immediately clean up and place in a container any lamp that is broken and must place in a container any lamp that shows evidence of breakage, leakage, or damage that could cause the release of mercury or other hazardous constituents to the environment; failed to ensure that mercury-containing equipment (i.e., each device), or a container in which the equipment is contained, must be labeled or marked clearly with any of the following phrases: “Universal Waste-Mercury Containing Equipment,” “Waste Mercury-Containing Equipment,” or “Used Mercury-Containing Equipment”; failed to ensure that each lamp or a container or package in which such lamps are contained must be labeled or marked clearly with one of the following phrases: “Universal Waste - Lamp(s),” or “Waste Lamp(s),” or “Used Lamp(s)”; failed to demonstrate the length of time that the universal waste has been accumulated from the date it becomes a waste or is received; failed to ensure that all employees are thoroughly familiar with proper waste handling and emergency procedures, relative to their responsibilities during normal facility operations and emergencies; failed to immediately contain all releases of universal wastes and other residues from universal wastes and failed to determine whether any material resulting from the release is hazardous waste; failed to maintain and operate its facility to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste; failed to clean up any hazardous waste discharge that occurs during generation or processing or storage; failed to receive an extension from the Department granting hazardous waste to remain onsite for longer than one hundred eighty (180) days; failed to ensure that if a container holding hazardous waste is not in good condition, or if it begins to leak, it must immediately transfer the hazardous waste from this container to a container that is in good condition, or immediately manage the waste in some other way that complies with the conditions for exemption of this section; failed to ensure that a container holding hazardous

waste must always be closed during accumulation, except when it is necessary to add or remove waste; failed to mark or label its containers with the following: (A) the words “Hazardous Waste”; (B) an indication of the hazards of the contents; and (C) the date upon which each period of accumulation begins clearly visible for inspection on each container; failed to ensure that all areas where hazardous waste is either generated or accumulated must be equipped with the items in paragraphs (b)(8)(ii)(A) through (D) of this section; failed to post the following information next to telephones or in areas directly involved in the generation and accumulation of hazardous waste: (A) The name and emergency telephone number of the emergency coordinator; (B) Location of fire extinguishers and spill control material, and, if present, fire alarm; and (C) The telephone number of the fire department, unless the facility has a direct alarm; failed to ensure all employees were thoroughly familiar with proper waste handling and emergency procedures, relevant to their responsibilities during normal facility operations and emergencies; failed to ensure its hazardous waste was not offered to transporter or to treatment, storage, or disposal facilities that have not received an EPA identification number; failed to declare its status annually on or before January 31st by submission of a completed form as designated by the Department on which it certifies that it is a small quantity generator; and failed to file a revised or new Notification Form with the Department whenever the information previously provided became outdated or inaccurate.

Action: The Individual/Entity corrected all violations. The Department assessed a total civil penalty in the amount of ten thousand dollars (\$10,000.00). The Individual/Entity shall pay a civil penalty in the amount of ten thousand dollars (**\$10,000.00**). The penalty shall be paid in thirty-six (36) monthly installments beginning September 15, 2021.

Update: The first installment of the civil penalty has been paid.

6) Order Type and Number: Consent Order 21-08-HW
Order Date: September 22, 2021
Individual/Entity: **Dominion Energy South Carolina Investment Recovery**
Facility: Dominion Energy South Carolina Investment Recovery
Location: 201-A Maintenance Way MC-J58,
Cayce, SC 29033
Mailing Address: Same
County: Lexington
Previous Orders: None
Permit/ID Number: SCR 000 770 669
Violations Cited: The South Carolina Hazardous Waste Management Act, S.C. Code Ann. §§ 44-56-10 et seq. (2018), and the South Carolina Hazardous Waste Management Regulation, 6 and 7 S.C. Code Ann. Regs. 61-79 (2012 and Supp. 2020).

Summary: Dominion Energy South Carolina Investment Recovery (Individual/Entity) operates a central universal waste collection facility located in Lexington County, South Carolina. The Department conducted an inspection at a facility on May 17, 2021. The Individual/Entity has violated the South Carolina Hazardous Waste Management Act and the Hazardous Waste Management Regulations as follows: failed to close containers at all times during accumulation, except when adding, removing, or consolidating waste or temporary venting a container of waste; failed to mark or label its

containers with an indication of the hazards of the contents; failed to maintain universal waste lamps in a manner to prevent a release and keep such containers closed; failed to clearly label or mark universal waste batteries or containers of batteries with one of the following phrases: “Universal Waste – Battery(ies),” or “Waste Battery(ies),” or “Used Battery(ies)””; failed clearly label or mark each mercury-containing device or container with one of the following phrases: “Universal Waste – Mercury Containing Equipment,” “Waste Mercury – Containing Equipment,” or “Used Mercury-Containing Equipment””; failed to clearly label or mark universal waste lamps or containers of lamps with one with one of the following phrases: “Universal Waste- Lamp(s),” or “Waste Lamp(s),” or “Used Lamp(s)””; failed to demonstrate the length of time universal waste had been accumulated from the date it became a waste; and failed to not accumulate universal waste for longer than one (1) year from the date the universal waste was generated.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of five thousand, two hundred fifty dollars (\$5,250.00). The Individual/Entity shall pay a civil penalty in the amount of five thousand, two hundred fifty dollars (**\$5,250.00**) by October 28, 2021.

Update: The civil penalty has been paid.

7) Order Type and Number: Consent Order 21-09-HW
Order Date: September 20, 2021
Individual/Entity: **Heiche US Surface Technology, Inc.**
Facility: Heiche US Surface Technology, Inc.
Location: 2790 Fairforest Clevedale Road
Spartanburg, SC 29301
Mailing Address: 4080 Whitehouse Road
Jasper, AL 35501
County: Spartanburg
Previous Orders: None
Permit/ID Number: SCR 000 787 440
Violations Cited: The South Carolina Hazardous Waste Management Act, S.C. Code Ann. §§ 44-56-10 et seq. (2018), and the South Carolina Hazardous Waste Management Regulation, 6 and 7 S.C. Code Ann. Regs. 61-79 (2012 and Supp. 2018).

Summary: Heiche US Surface Technology, Inc. (Individual/Entity), specializes in surface treatment for metal automotive components at its facility located at 2790 Fairforest Clevedale Road, Spartanburg South Carolina. The Department conducted an inspection on January 25, 2021. The Individual/Entity has violated the South Carolina Hazardous Waste Management Act and the Hazardous Waste Management Regulations as follows: failed to ensure that a container holding hazardous waste must always be closed during accumulation, except when it is necessary to add or remove waste; failed to ensure the date upon which the period of accumulation begins is clearly visible for inspection on each container; failed to make an accurate determination as to whether that waste was a hazardous waste; failed to maintain records supporting its hazardous waste determinations; failed to prepare and, no later than thirty (30) days after the end of each calendar quarter, submit a written Quarterly Report to the Department; failed to ensure that facility personnel successfully complete a program of classroom instruction, online training, or on-the-job training that teaches them to perform their duties in a way that ensures compliance with the requirements of this part and that the program includes the elements described under

paragraph (a)(7)(iv) of this section; failed to, at least weekly, inspect central accumulation areas; and failed to have a contingency plan for the facility.

Action: The Individual/Entity has corrected all violations. The Department assessed a total civil penalty in the amount of twenty-five thousand dollars (\$25,000.00). The Individual/Entity shall pay a civil penalty in the amount of twenty-five thousand dollars (**\$25,000.00**) by October 20, 2021.

Update: The civil penalty has been paid.

8) Order Type and Number: Consent Order 21-10-HW
Order Date: September 20, 2021
Individual/Entity: **Pace Analytical Services, LLC**
Facility: Pace Analytical Services, LLC
Location: 106 Vantage Point Drive
West Columbia, SC 29172
Mailing Address: Same
County: Lexington
Previous Orders: N/A
Permit/ID Number: SCR 000 075 879
Violations Cited: The South Carolina Hazardous Waste Management Act, S.C. Code Ann. §§ 44-56-10 et seq. (2018), and the South Carolina Hazardous Waste Management Regulation, 6 and 7 S.C. Code Ann. Regs. 61-79 (2012 and Supp. 2020).

Summary: Pace Analytical Services, LLC (Individual/Entity) operates a comprehensive environmental analytical laboratory for organic and inorganic analysis of soil, water, and waste samples in Lexington County, South Carolina. The Department conducted an inspection at the facility on July 20, 2021. The Individual/Entity has violated the South Carolina Hazardous Waste Management Act and the Hazardous Waste Management Regulations as follows: failed to close containers at all times during accumulation, except when adding, removing, or consolidating waste or temporary venting a container of waste; failed to mark or label its containers with an indication of the hazards of the contents; and failed to clean up waste that spilled during processing.

Action: The Individual/Entity has corrected all violations. The Department assessed a total civil penalty in the amount of four thousand dollars (\$4,000.00). The Individual/Entity shall pay a civil penalty in the amount of four thousand dollars (**\$4,000.00**) by October 20, 2021.

Update: On September 2, 2021, the Individual/Entity submitted photographs and written documentation detailing the corrective actions taken to correct the violations noted during the inspection. The civil penalty has been paid.

Mining Enforcement

9) Order Type and Number: Administrative Order 21-09-MSWM
Order Date: August 05, 2021
Individual/Entity: **Cornerstone Development Co.**

Facility: I-77 Mine Site
Location: One mile east of Rock Hill, SC
York County, SC
Mailing Address: P.O. Box 1345
Fort Mill, SC 29716-1345
County: York
Previous Orders: None
Permit/ID Number: I-001292
Violations Cited: The South Carolina Mining Act, S.C. Code Ann. § 48-20-10 et seq. (2008 & Supp. 2018), South Carolina Mining Regulation (2012) R.89-340(B) and 210; and the Permit I-001292 Section IX.1.

Summary: Cornerstone Development Company (Individual/Entity), owns and operates I-77 Mine Site in York County, South Carolina. The Department conducted a records review and violations were issued for failure to submit the annual report and pay annual operating fees. The Individual/Entity has violated the South Carolina Mining Act, the Mining Regulations, and the Permit, as follows: failed to file an annual report (AR) and annual operating fees for Fiscal Year 2021.

Action: The Individual/Entity is required to submit an Annual Report for Fiscal Year 2021 and pay Annual Operating Fees and associated late fees for Fiscal Year 2021 in the amount of five hundred twenty-five dollars (\$525.00). The Department has assessed a total civil penalty in the amount of two thousand dollars (\$2,000.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand dollars (**\$2,000.00**) by October 18, 2021.

Update: The Individual/Entity did not file a Request for Review.

BUREAU OF WATER

Recreational Waters Enforcement

10) Order Type and Number: Administrative Order 21-041-RW
Order Date: August 11, 2021
Individual/Entity: **Harrar Holdings II, LLC**
Facility: Serendipity
Location: 407 71st Avenue North
Myrtle Beach, SC 29577
Mailing Address: Same
County: Horry
Previous Orders: AO 19-120-RW (\$1,000.00)
Permit/ID Number: 26-G14-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Harrar Holdings II, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa located in Horry County, South Carolina. The Department conducted inspections on June 3, 2021, and July 12, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated

the Public Swimming Pools Regulation as follows: a handrail was not tight and secure; the chlorine and pH levels were not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; the main drain grate was not attached to the spa floor; and the bound and numbered log book was not available for review.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand dollars (\$2,000.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand dollars (**\$2,000.00**) by September 14, 2021.

Update: None

- 11) Order Type and Number: Consent Order 21-080-RW
Order Date: September 2, 2021
Individual/Entity: **Ocean Dunes Villas HPR Council of Co-Owners, Inc.**
Facility: Ocean Dunes Villas
Location: 43 South Forest Beach Drive
Hilton Head Island, SC 29928
Mailing Address: P.O. box 5646
Hilton Head Island, SC 29938
County: Beaufort
Previous Orders: None
Permit/ID Number: 07-1218B
Violations Cited: S.C. Code Ann. Regs

Summary: Ocean Dunes Villas HPR Council of Co-Owners, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Beaufort County, South Carolina. The Department conducted inspections on June 23, 2021, and July 30, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: skimmers were missing weirs; a light in the pool wall was out of its niche; the gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the life ring was deteriorated; and the emergency notification device was not operating.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 16, 2021.

Update: The civil penalty has been paid.

- 12) Order Type and Number: Consent Order 21-081-RW
Order Date: September 2, 2021
Individual/Entity: **Graybul Berry Shoals, LLC**
Facility: Haven at Berry Shoals Apartments
Location: 200 Tralee Drive
Spartanburg, SC 29651

Mailing Address: Same
County: Spartanburg
Previous Orders: None
Permit/ID Number: 42-1017B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Graybul Berry Shoals, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Spartanburg County, South Carolina. The Department conducted inspections on June 18, 2021, and July 29, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a skimmer was missing a weir; the flow meter was not operating; the gate did not self-close and latch; the current pool operator of record information was not posted to the public; a ladder rung was out of place; the waterline tiles were dirty; and there was no foot rinse shower.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 16, 2021.

Update: The civil penalty has been paid.

13) Order Type and Number: Consent Order 21-082-RW
Order Date: September 2, 2021
Individual/Entity: **Oceans One South Tower Property Owners' Association, Inc.**
Facility: Oceans One Resort
Location: 105 South Ocean Boulevard
Myrtle Beach, SC 29577
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-A37-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Oceans One South Tower Property Owners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa located in Horry County, South Carolina. The Department conducted inspections on June 14, 2021, and July 27, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; and the fill spout was not stainless steel or equivalent.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 13, 2021.

Update: The civil penalty has been paid.

14) <u>Order Type and Number:</u>	Consent Order 21-083-RW
<u>Order Date:</u>	September 2, 2021
<u>Individual/Entity:</u>	Plaza Place 2020, LLC
<u>Facility:</u>	Plaza Place Apartments
<u>Location:</u>	1300 Plaza Place North Augusta, SC 29841
<u>Mailing Address:</u>	Same
<u>County:</u>	Aiken
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	02-051-1
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Plaza Place 2020, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Aiken County, South Carolina. The Department conducted inspections on July 1, 2021, and July 27, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a depth marker tile was cracked; a ladder was not tight and secure; the fill spout was not stainless steel or equivalent; the chlorine and pH levels were not within the acceptable range of water quality standards; the current pool operator of record information was not posted to the public; the bound and numbered log book was not maintained on a daily basis; there were chlorine sticks in the skimmer baskets; the gate did not self-close and latch; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 13, 2021.

Update: The civil penalty has been paid.

15) <u>Order Type and Number:</u>	Consent Order 21-088-RW
<u>Order Date:</u>	September 2, 2021
<u>Individual/Entity:</u>	Kings Grant Villas Homeowners' Association, Inc.
<u>Facility:</u>	Kings Grant Villas
<u>Location:</u>	311 2 nd Avenue North North Myrtle Beach, SC 29582
<u>Mailing Address:</u>	P.O. Box 9249 Myrtle Beach, SC 29582
<u>County:</u>	Horry
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	26-1365B
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Kings Grant Villas Homeowners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on June 23, 2021, and August 2, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the

chlorine and pH levels were not within the acceptable range of water quality standards; the facility address was not posted at the emergency notification device; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 19, 2021.

Update: The civil penalty has been paid.

16) Order Type and Number: Consent Order 21-089-RW
Order Date: September 2, 2021
Individual/Entity: **Mt. Pleasant Rio Holdings, LLC**
Facility: Hotel Indigo Mount Pleasant
Location: 250 Johnnie Dodds Boulevard
Mt. Pleasant, SC 29464
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-1336B & 10-1337B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Mt. Pleasant Rio Holdings, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of two pools located in Charleston County, South Carolina. The Department conducted inspections on June 25, 2021, and July 15, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: deck depth marker tiles were missing; a skimmer was missing a weir; the drinking water fountain was not operating properly; the pool equipment room was not locked; the chlorine level was not within the acceptable range of water quality standards; the life ring was accessible; the emergency notification device was not operational; the pool rules sign was not legible; only one “Shallow Water – No Diving Allowed” sign was posted; only one “No Lifeguard On Duty – Swim At Your Own Risk” sign was posted; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of one thousand, three hundred sixty dollars (\$1,360.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand, three hundred sixty dollars (**\$1,360.00**) by September 14, 2021.

Update: The civil penalty has been paid.

17) Order Type and Number: Consent Order 21-084-RW
Order Date: September 3, 2021
Individual/Entity: **Pointe James Property Owners Association, Inc.**
Facility: Pointe James
Location: 1402 Camp Road
James Island, SC 29412

Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-116-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Pointe James Property Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 29, 2021, and July 21, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; a ladder was missing bumpers; the pool equipment room was not locked; there were no “Shallow Water – No Diving Allowed” signs posted; there were no “No Lifeguard On Duty – Swim At Your Own Risk” signs posted; the cyanuric acid level was not checked weekly; and the skimmer baskets were floating.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 13, 2021.

Update: The civil penalty has been paid.

18) Order Type and Number: Consent Order 21-085-RW
Order Date: September 3, 2021
Individual/Entity: **South Hampton Property Owners Association, Inc.**
Facility: South Hampton Condos
Location: 9820 Queensway Boulevard
Myrtle Beach, SC 29572
Mailing Address: 1551 21st Avenue North #24
Myrtle Beach, SC 29577
County: Horry
Previous Orders: None
Permit/ID Number: 26-D65-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: South Hampton Property Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on June 16, 2021, and July 14, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: there was no life ring; the bound and numbered log book was not available for review; skimmers were missing weirs; and the chlorine and pH levels were not within the acceptable range of water quality standards.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 15, 2021.

Update: The civil penalty has been paid.

19) Order Type and Number: Consent Order 21-086-RW
Order Date: September 3, 2021
Individual/Entity: **Yogeshwar, LLC**
Facility: Country Inn & Suites
Location: 4921 Broad Street
Sumter, SC 29150
Mailing Address: Same
County: Sumter
Previous Orders: 19-287-RW (\$680.00)
Permit/ID Number: 43-1011B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Yogeshwar, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Sumter County, South Carolina. The Department conducted inspections on January 22, 2021, June 2, 2021, and June 29, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the life ring was deteriorated; the water level was too low; skimmers were missing weirs; the flow meter was not operational; the facility address was not posted at the emergency notification device; the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record; a ladder had a broken rung and the bolts were exposed; the pool deck was not clear of hazards; there was debris in the skimmer baskets; the pool equipment room was not locked; and the entrances to the pool were not secured.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of four thousand, eight hundred dollars (\$4,800.00). The Individual/Entity shall pay a civil penalty in the amount of four thousand, eight hundred dollars (**\$4,800.00**) by September 12, 2021.

Update: The civil penalty has been paid.

20) Order Type and Number: Consent Order 21-087-RW
Order Date: September 3, 2021
Individual/Entity: **Pan Heritage of Conway, LLC**
Facility: Econo Lodge
Location: 1101 Church Street
Conway, SC 29526
Mailing Address: Same
County: Horry
Previous Orders: 19-249-RW (\$680.00)
Permit/ID Number: 26-002-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Pan Heritage of Conway, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County,

South Carolina. The Department conducted inspections on May 26, 2021, and July 2, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pool furniture was not at least four feet from the edge of the pool; the chlorine level was not within the acceptable range of water quality standards; the pool deck was not clear of hazards; the drinking water fountain was not operating properly; the facility could not produce current valid documentation of Vac-Alert certification; the life ring was deteriorated; the “Shallow Water – No Diving Allowed” signs did not have the correct wording; the “No Lifeguard On Duty – Swim At Your Own Risk” signs did not have the correct size letters; the facility could not produce current valid documentation of pool operator certification; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of one thousand, six hundred dollars (\$1,600.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**) by September 12, 2021.

Update: The civil penalty has been paid.

21) <u>Order Type and Number:</u>	Consent Order 21-090-RW
<u>Order Date:</u>	September 3, 2021
<u>Individual/Entity:</u>	Inverness Property Owners’ Association, Inc.
<u>Facility:</u>	Inverness Phase II
<u>Location:</u>	388 McKendree Lane Myrtle Beach, SC 29579
<u>Mailing Address:</u>	Same
<u>County:</u>	Horry
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	26-1154B
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Inverness Property Owners’ Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on June 10, 2021, and July 16, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: skimmer baskets were floating; the gate did not self-close and latch; the chlorine and pH levels were not within the acceptable range of water quality standards; the emergency notification device was not operating properly; and the current pool operator of record information was not posted to the public.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 15, 2021.

Update: The civil penalty has been paid.

22) Order Type and Number: Consent Order 21-092-RW
Order Date: September 7, 2021
Individual/Entity: **Autumn Oaks Co-Owners Council, Inc.**
Facility: Autumn Oaks
Location: 1215 Briarwood Street
Anderson, SC 29621
Mailing Address: Same
County: Anderson
Previous Orders: None
Permit/ID Number: 04-057-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Autumn Oaks Co-Owners Council, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Anderson County, South Carolina. The Department conducted inspections on June 7, 2021, and July 21, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; the drinking water fountain and foot rinse shower were not operating properly; the gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the emergency notification device was not operational; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 18, 2021.

Update: The civil penalty has been paid.

23) Order Type and Number: Consent Order 21-101-RW
Order Date: September 7, 2021
Individual/Entity: **Sea Cabin on the Ocean I Horizontal Property Regime, Inc.**
Facility: Seaside Villas I
Location: 23 South Forest Drive
Hilton Head Island, SC 29928
Mailing Address: 2870 North Hill Drive Northeast
Atlanta, GA 30305
County: Beaufort
Previous Orders: None
Permit/ID Number: 07-115-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Sea Cabin on the Ocean I Horizontal Property Regime, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Beaufort County, South Carolina. The Department conducted inspections on June 18, 2021, and July 29, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was not tight and secure and was missing bumpers; skimmers were missing weirs; the chlorine level was not within the acceptable range of

water quality standards; and the cyanuric acid level was not recorded weekly in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 27, 2021.

Update: The civil penalty has been paid.

24) Order Type and Number: Consent Order 21-102-RW
Order Date: September 7, 2021
Individual/Entity: **Red Frog Inn, LLC**
Facility: Midtown Motor Inn
Location: 309 8th Avenue North
Myrtle Beach, SC 29577
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-434-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Red Frog Inn, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on June 23, 2021, and July 26, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline was not attached to the pool wall; a handrail was not tight and secure; skimmer lids were cracked; the pool furniture was not at least four feet from the edge of the pool; the chlorine level was not within the acceptable range of water quality standards; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 27, 2021.

Update: The civil penalty has been paid.

25) Order Type and Number: Consent Order 21-103-RW
Order Date: September 7, 2021
Individual/Entity: **1 Center Street, LLC**
Facility: Tides Folly Beach
Location: 1 Center Street
Charleston, SC 29439
Mailing Address: 174 East Bay Street
Charleston, SC 29401
County: Charleston
Previous Orders: None
Permit/ID Number: 10-290-1

Violations Cited:

S.C. Code Ann. Regs. 61-51(J)

Summary: 1 Center Street, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 16, 2021, and July 27, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: skimmer baskets were floating; there were depth marker tiles missing on the pool deck; a ladder had broken bumpers; the fill spout was not stainless steel or equivalent; the chlorine level was not within the acceptable range of water quality standards; the life ring rope was deteriorated; the shepherd's crook was not properly mounted in its designated location; and the log book was not properly bound and numbered and was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 20, 2021.

Update: The civil penalty has been paid.

26) <u>Order Type and Number:</u>	Consent Order 21-093-RW
<u>Order Date:</u>	September 8, 2021
<u>Individual/Entity:</u>	CH Realty VIII-PSREG MF Charleston NOMO, L.L.C.
<u>Facility:</u>	The Merchant
<u>Location:</u>	102 Sottile Street Charleston, SC 29403
<u>Mailing Address:</u>	5605 Glenridge Drive NE, Ste 775 Atlanta, GA 30342
<u>County:</u>	Charleston
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	10-1384B
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: CH Realty VIII-PSREG MF Charleston NOMO, L.L.C. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 2, 2021, and July 23, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pool deck was not clear of hazards; the water level was too low; the foot rinse shower was not operating properly; a gate did not self-close and latch; a section of the perimeter fencing had openings greater than four inches; the emergency notification device was not operational; the chlorine level was not within the acceptable range of water quality standards; the main drain grates were not visible due to cloudy water; the life ring was not placed in the designated location; and the life ring did not have grab lines secured at all four points.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 19, 2021.

Update: The civil penalty has been paid.

27) Order Type and Number: Consent Order 21-094-RW
Order Date: September 8, 2021
Individual/Entity: **Sand Castle South Homeowners' Association, Inc.**
Facility: Sandcastle South
Location: 2207 South Ocean Boulevard
Myrtle Beach, SC 29577
Mailing Address: 7400 North Kings Highway
Myrtle Beach, SC 29572
County: Horry
Previous Orders: None
Permit/ID Number: 26-P04-1, 26-P05-1, & 26-P07-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J) & 61-51(K)(1)(c)

Summary: Sand Castle South Homeowners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of three spas located in Horry County, South Carolina. The Department conducted inspections on June 8, 2021, June 14, 2021, and July 12, 2021, and violations were issued for failure to properly operate and maintain; and on July 12, 2021 a violation was issued for re-opening public spa Permit No. 26-P04-1 prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; a gate did not self-close and latch; a main drain grate was broken; and public spa Permit No. 26-P04-1 was operating prior to receiving Department approval.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of five thousand, one hundred dollars (\$5,100.00). The Individual/Entity shall pay a civil penalty in the amount of five thousand, one hundred dollars (**\$5,100.00**) by September 14, 2021.

Update: The civil penalty has been paid.

28) Order Type and Number: Consent Order 21-095-RW
Order Date: September 8, 2021
Individual/Entity: **Drayton Athletic Association**
Facility: Drayton Athletic Association
Location: 2378 Brevard Road
Charleston, SC 29414
Mailing Address: 2846 South Palmer Drive
Charleston, SC 29414
County: Charleston
Previous Orders: None
Permit/ID Number: 10-026-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Drayton Athletic Association (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 18, 2021, and July 12, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; the lifeline floats were damaged; the waterline depth marker tiles were missing; a ladder was not tight and secure; the drinking water fountain was not operating properly; the fill spout was not stainless steel or equivalent; the bound and numbered log book was not maintained on a daily basis; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 21, 2021.

Update: The civil penalty has been paid.

29) <u>Order Type and Number:</u>	Consent Order 21-091-RW
<u>Order Date:</u>	September 9, 2021
<u>Individual/Entity:</u>	HPI Claypond, LLC
<u>Facility:</u>	Claypond Commons Apartments
<u>Location:</u>	3620 Claypond Road Myrtle Beach, SC 29579
<u>Mailing Address:</u>	Same
<u>County:</u>	Horry
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	26-R10-1
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J) & 61-51(K)(1)(c)

Summary: HPI Claypond, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on May 25, 2021, May 27, 2021, and June 30, 2021, and violations were issued for failure to properly operate and maintain; and on May 27, 2021, a violation was issued for re-opening prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pool furniture was not at least four feet from the edge of the pool; a gate did not self-close and latch; the emergency notification device was not operational; the current pool operator of record information was not posted to the public; the chlorine level was not within the acceptable range of water quality standards; the drinking water fountain was not operating properly; the bound and numbered log book was not available for review on the first inspection, and was not maintained on a daily basis on the third inspection; and the pool was re-opened prior to receiving Department approval.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, three hundred eighty dollars (\$2,380.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand, three hundred eighty dollars (**\$2,380.00**) by September 8, 2021.

Update: The civil penalty has been paid.

30) Order Type and Number: Consent Order 21-096-RW
Order Date: September 9, 2021
Individual/Entity: **Chelsea House Homeowners Association, Inc.**
Facility: Chelsea House
Location: 3000 North Ocean Boulevard
Myrtle Beach, SC 29577
Mailing Address: 1125 48th Avenue North
Myrtle Beach, SC 29577
County: Horry
Previous Orders: None
Permit/ID Number: 26-1883D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Chelsea House Homeowners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa located in Horry County, South Carolina. The Department conducted inspections on March 16, 2021, June 18, 2021, and July 26, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the pool rules sign was not completely filled out; the current pool operator of record information was not posted to the public; the bound and numbered log book was not maintained on a daily basis; and the automatic controller was not operating.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, forty dollars (\$2,040.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand, forty dollars (\$2,040.00) by September 21, 2021.

Update: The civil penalty has been paid.

31) Order Type and Number: Consent Order 21-097-RW
Order Date: September 9, 2021
Individual/Entity: **KNP Hospitality, Inc.**
Facility: Rodeway Inn
Location: 2311 Ashley Phosphate Road
Charleston, SC 29418
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-265-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: KNP Hospitality, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 3, 2021, and July 26, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pH level was not within the acceptable range of water quality standards; the cyanuric acid level was not checked

weekly; a ladder was not tight and secure; a ladder was missing bumpers; skimmers were missing weirs; the drinking water fountain was not operating properly; the foot rinse shower was not operating properly; the letters on the “Shallow Water – No Diving Allowed” signs were not the correct size; the letters on the “No Lifeguard On Duty - Swim At Your Own Risk” signs were not the correct size; the bound and numbered log book was not maintained on a daily basis; and the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 27, 2021.

Update: The civil penalty has been paid.

32)	<u>Order Type and Number:</u>	Consent Order 21-111-RW
	<u>Order Date:</u>	September 9, 2021
	<u>Individual/Entity:</u>	Silvana Oaks, LLC
	<u>Facility:</u>	Silvana Oaks
	<u>Location:</u>	8439 Dorchester Road North Charleston, SC 29420
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Charleston
	<u>Previous Orders:</u>	None
	<u>Permit/ID Number:</u>	10-1188B
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Silvana Oaks, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 18, 2021, and July 22, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; the pool furniture was not at least four feet from the edge of the pool; the foot rinse shower was not operating properly; the emergency notification device was not operational; the pool rules sign was not completely filled out; the current pool operator of record information was not posted to the public; the bound and numbered log book was not available for review on the first inspection; and the bound and numbered log book was not maintained on a daily basis and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book on the second inspection.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 29, 2021.

Update: The civil penalty has been paid.

33)	<u>Order Type and Number:</u>	Consent Order 21-098-RW
	<u>Order Date:</u>	September 10, 2021
	<u>Individual/Entity:</u>	Kiawah Island Club Holdings, LLC

Facility: Kiawah Island Club Sports Pavilion
Location: 211 Pine Barren Lane
Kiawah Island, SC 29455
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-1097D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Kiawah Island Club Holdings, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa located in Charleston County, South Carolina. The Department conducted inspections on May 26, 2021, and July 7, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: skimmers were missing weirs; the pool equipment room was not locked and there were non-pool related items stored in the equipment room; the spa thermometer was missing; the lifesaving equipment was not in its designated location; the spa rules sign was missing; there were no “No Lifeguard On Duty – Swim At Your Own Risk” signs posted on the first inspection and there was only one “No Lifeguard On Duty – Swim At Your Own Risk” sign posted on the second inspection; the current pool operator of record information was not posted to the public; the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 27, 2021.

Update: The civil penalty has been paid.

34) Order Type and Number: Consent Order 21-099-RW
Order Date: September 10, 2021
Individual/Entity: **Charleston National Country Club, LLC**
Facility: Charleston National Country Club
Location: 1360 National Drive
Mt. Pleasant, SC 29466
Mailing Address: Same
County: Charleston
Previous Orders: 18-024-RW (\$680.00)
18-201-RW (\$680.00)
Permit/ID Number: 10-503-1, 10-504-1, & 10-613-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Charleston National Country Club, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of two pools and a kiddie pool located in Charleston County, South Carolina. The Department conducted inspections on June 1, 2021, and July 6, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the deck depth marker tiles were broken on the first inspection; the letters on the deck depth marker tiles were too dark on the second inspection; ladders were missing

bumpers and non-slip tread inserts; skimmers were missing weirs; skimmer baskets were floating; the water level was too low; the pool furniture was not at least four feet from the edge of the pool; the chlorine and pH levels were not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; the shepherd's crook was not properly mounted in its designated location; the facility address was not posted at the emergency notification device on the first inspection; the facility address posted at the emergency notification device was not weather resistant on the second inspection; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of four thousand dollars (\$4,000.00). The Individual/Entity shall pay a civil penalty in the amount of four thousand dollars (**\$4,000.00**) by September 27, 2021.

Update: The civil penalty has been paid.

35)	<u>Order Type and Number:</u>	Consent Order 21-100-RW
	<u>Order Date:</u>	September 13, 2021
	<u>Individual/Entity:</u>	GS Winterbrook, LLC
	<u>Facility:</u>	Winterbrook
	<u>Location:</u>	110 Sastic Street Fountain Inn, SC 29644
	<u>Mailing Address:</u>	108 Renaissance Circle Mauldin, SC 29662
	<u>County:</u>	Laurens
	<u>Previous Orders:</u>	None
	<u>Permit/ID Number:</u>	23-1317B
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51.B.7

Summary: GS Winterbrook, LLC (Individual/Entity) owns and is responsible for obtaining from the Department written approval to operate a newly constructed pool located in Laurens County, South Carolina. The Department conducted an inspection of the pool on August 4, 2021 and determined that the pool was in operation and written approval to operate had not been issued. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: failed to obtain written approval to operate from the Department prior to the operation of a pool.

Action: The Individual/Entity has corrected the violation. The Department has assessed a total civil penalty in the amount of four hundred dollars (\$400.00). The Individual/Entity shall pay a civil penalty in the amount of four hundred dollars (**\$400.00**) by October 13, 2021.

Update: On August 16, 2021, the required documentation was submitted to the Department, an inspection was conducted, the deficiencies were addressed, and written approval to operate the pool was issued. The civil penalty has been paid.

36)	<u>Order Type and Number:</u>	Consent Order 21-104-RW
	<u>Order Date:</u>	September 13, 2021
	<u>Individual/Entity:</u>	Sunrise CHS Airport, Inc.

Facility: Wingate
Location: 4701 Saul White Boulevard
Charleston, SC 29418
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-302-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Sunrise CHS Airport, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 7, 2021, and July 15, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pool floor was not clean; the plaster on the pool floor was deteriorating; there was debris in the skimmer baskets; the drinking water fountain was not operating; there was no foot rinse shower; the fill spout was not stainless steel or equivalent; the chlorine level was not within the acceptable range of water quality standards; the shepherd's crook was not properly mounted in its designated location and was not clear of obstructions; the emergency notification device was not operating; only one "Shallow Water – No Diving Allowed" sign was posted; the cyanuric acid levels were not recorded on a weekly basis in the bound and numbered log book; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 23, 2021.

Update: The civil penalty has been paid.

37) Order Type and Number: Consent Order 21-105-RW
Order Date: September 13, 2021
Individual/Entity: **Mid-America Apartments, L.P.**
Facility: Westchase Apartments
Location: 1 Westchase Drive
Charleston, SC 29407
Mailing Address: 6815 Poplar Avenue, Suite 500
Germantown, TN 38138
County: Charleston
Previous Orders: None
Permit/ID Number: 10-320-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Mid-America Apartments, L.P. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 18, 2021, and July 6, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: depth marker tiles on the pool deck were broken; a ladder was missing bumpers; a ladder was missing rungs; tiles were missing on the pool wall; waterline tiles were not clean; the pool

deck was not clear of hazards; the fill spout was not stainless steel or equivalent; the chlorine level was not within the acceptable range of water quality standards; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 19, 2021.

Update: The civil penalty has been paid.

38) Order Type and Number: Consent Order 21-106-RW
Order Date: September 13, 2021
Individual/Entity: **RP N11376, LLC**
Facility: NEXTLoft Apartments
Location: 1376 Fording Island Road
Bluffton, SC 29910
Mailing Address: Same
County: Beaufort
Previous Orders: None
Permit/ID Number: 07-1027B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: RP N11376, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Beaufort County, South Carolina. The Department conducted inspections on May 26, 2021, and July 13, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was not tight and secure; a ladder was missing rungs; the pool furniture was not at least four feet from the edge of the pool; the pH level was not within the acceptable range of water quality standards; the life ring was deteriorated and did not have a permanently attached rope; only one “Shallow Water – No Diving Allowed” sign was posted; only one “No Lifeguard On Duty - Swim At Your Own Risk” sign was posted; skimmer lids were missing; the “No Lifeguard On Duty – Swim At Your Own Risk” signs did not have the correct wording on the second inspection; the current pool operator of record information was not posted to the public; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 28, 2021.

Update: The civil penalty has been paid.

39) Order Type and Number: Consent Order 21-107-RW
Order Date: September 14, 2021
Individual/Entity: **MCG Charleston Apartments, LLC**
Facility: Aspire at James Island
Location: 1743 Central Park Road
Charleston, SC 29412

Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-1377G
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: MCG Charleston Apartments, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on May 27, 2021, and July 14, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the bound and numbered log book was not maintained on a daily basis; and the pool operator of record information was not posted to the public.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 21, 2021.

Update: The civil penalty has been paid.

40) Order Type and Number: Consent Order 21-108-RW
Order Date: September 14, 2021
Individual/Entity: **Roxanne Tower Property Owners' Association, Inc.**
Facility: Roxanne Tower
Location: 1604 North Ocean Boulevard
Myrtle Beach, SC 29577
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-186-1, 26-1242B, 26-1243B, & 26-1244D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Roxanne Tower Property Owners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of an outdoor pool, indoor pool, lazy river, and spa located in Horry County, South Carolina. The Department conducted inspections on June 1, 2021, July 23, 2021, and August 9, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was bent; a ladder was missing bumpers; the chlorine and pH levels were not within the acceptable range of water quality standards; there was standing water on the deck; the gate did not self-close and latch; the bound and numbered log book was not maintained on a daily basis; and there was debris in the skimmer baskets.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six thousand, eight hundred dollars (\$6,800.00). The Individual/Entity shall pay a civil penalty in the amount of six thousand, eight hundred dollars (**\$6,800.00**) by November 30, 2021.

Update: The civil penalty is to be paid in two installments of \$3,400.00 each. The first installment has been paid. The remaining installment payment is due November 30, 2021.

41) Order Type and Number: Consent Order 21-109-RW
Order Date: September 14, 2021
Individual/Entity: **Jayalaxmi Corporation**
Facility: Comfort Inn & Suites
Location: 1315 W Wade Hampton Boulevard
Greer, SC 29651
Mailing Address: Same
County: Greenville
Previous Orders: None
Permit/ID Number: 23-488-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Jayalaxmi Corporation (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Greenville County, South Carolina. The Department conducted inspections on June 28, 2021, and August 5, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a handrail was not tight and secure; a ladder was not tight and secure; a ladder was missing bumpers; the pool furniture was not at least four feet from the edge of the pool; a skimmer was missing a weir; the flow meter was not operating; the facility address was not posted at the emergency notification device; the pool rules sign did not have all of the required rules; only one “Shallow Water – No Diving Allowed” sign was posted; only one “No Lifeguard On Duty – Swim At Your Own Risk” sign was posted on the first inspection; the letters on one of the “No Lifeguard On Duty – Swim At Your Own Risk” signs posted were not the appropriate size on the second inspection; the current pool operator of record information was not posted to the public; and the chlorine level was not within the acceptable range of water quality standards.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 30, 2021.

Update: The civil penalty has been paid.

42) Order Type and Number: Consent Order 21-110-RW
Order Date: September 14, 2021
Individual/Entity: **Royal Park, LLC**
Facility: The Country Club of South Carolina
Location: 4 Country Club Road
Florence, SC 29501
Mailing Address: Same
County: Florence
Previous Orders: 18-185-RW (\$2,380.00)
20-086-RW (\$4,800.00)
Permit/ID Number: 21-069-1 & 21-069-2

Violations Cited:

S.C. Code Ann. Regs. 61-51(J)

Summary: Royal Park, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool and a kiddie pool located in Florence County, South Carolina. The Department conducted inspections on June 11, 2021, and June 24, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was not tight and secure; a skimmer basket was floating; the pool equipment room was not locked; the gate did not self-close and latch; the facility address was not posted at the emergency notification device; the pool rules sign was not completely filled out; the pool rules sign did not have all of the required rules; the "Shallow Water – No Diving Allowed" signs were deteriorated; the current pool operator of record information was not posted to the public; there was debris in the skimmer baskets; the chlorine level was not within the acceptable range of water quality standards; the lifeline was not in serviceable condition; there was algae on the pool floor and walls; the facility could not produce current valid documentation of pool operator certification; the log book was not properly bound or numbered on the first inspection; the log book was not maintained a minimum of three times per week by the pool operator of record on the first inspection; the cyanuric acid level was not recorded on a weekly basis in the log book on the first inspection; and the log book was not available for review on the second inspection.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of four thousand dollars (\$4,000.00). The Individual/Entity shall pay a civil penalty in the amount of four thousand dollars (**\$4,000.00**) by October 15, 2021.

Update: The civil penalty has been paid.

43)	<u>Order Type and Number:</u>	Consent Order 21-112-RW
	<u>Order Date:</u>	September 14, 2021
	<u>Individual/Entity:</u>	BMW of North Charleston, LLC
	<u>Facility:</u>	Atlantic Palms
	<u>Location:</u>	2510 Atlantic Palms Lane Charleston, SC 29406
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Charleston
	<u>Previous Orders:</u>	None
	<u>Permit/ID Number:</u>	10-1006B
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: BMW of North Charleston, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 2, 2021, and July 22, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: depth marker tiles were broken; the chlorine level was not within the acceptable range of water quality standards; the emergency notification device was not operational; the cyanuric acid level was not checked weekly; and skimmers were missing weirs.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The

Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 27, 2021.

Update: The civil penalty has been paid.

44) Order Type and Number: Consent Order 21-113-RW
Order Date: September 14, 2021
Individual/Entity: **RAS Holding of MB, LLC**
Facility: Myrtle Beach KOA
Location: 613 5th Avenue South
Myrtle Beach, SC 29577
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-298-2
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: RAS Holding of MB, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a kiddie pool located in Horry County, South Carolina. The Department conducted inspections on June 7, 2021, and July 20, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the gate did not self-close and latch; and the chlorine level was not within the acceptable range of water quality standards.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 2, 2021.

Update: The civil penalty has been paid.

45) Order Type and Number: Consent Order 21-114-RW
Order Date: September 15, 2021
Individual/Entity: **Annpurna SC, LLC**
Facility: Quality Inn
Location: 611 W Wade Hampton Boulevard
Greer, SC 29650
Mailing Address: Same
County: Greenville
Previous Orders: 19-118-RW (\$680.00)
Permit/ID Number: 23-432-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Annpurna SC, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Greenville County, South Carolina. The Department conducted inspections on June 28, 2021, and August 5, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing non-slip tread inserts; there was debris in the skimmer baskets; the drinking water fountain was

not operating; the flow meter was not operating; the chlorine level was not within the acceptable range of water quality standards; the pool rules sign was not legible; the pool operator information was not posted to the public; the bound and numbered log book was not available for review; the letters on the “Shallow Water – No Diving Allowed” signs were not the appropriate size; and the letters on the “No Lifeguard On Duty – Swim At Your Own Risk” signs were not the appropriate size.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of one thousand, six hundred dollars (\$1,600.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**) by October 4, 2021.

Update: The civil penalty has been paid.

46)	<u>Order Type and Number:</u>	Consent Order 21-115-RW
	<u>Order Date:</u>	September 20, 2021
	<u>Individual/Entity:</u>	KTAD RE Holdings, LLC
	<u>Facility:</u>	KTAD
	<u>Location:</u>	407 9 th Avenue South Myrtle Beach, SC 29577
	<u>Mailing Address:</u>	1005 Sea Mountain Highway North Myrtle Beach, SC 29582
	<u>County:</u>	Horry
	<u>Previous Orders:</u>	None
	<u>Permit/ID Number:</u>	26-1955B & 26-1956D
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: KTAD RE Holdings, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool and a spa located in Horry County, South Carolina. The Department conducted inspections on June 7, 2021, and July 26, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was not tight and secure; the deck was not clean; there was debris in the skimmer baskets, a skimmer lid was cracked; a skimmer weir was broken; a gate did not self-close and latch; a section of the perimeter fencing had openings greater than four inches; the chlorine level was not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; the life ring was deteriorated; the shepherd’s crook was not the approved length; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of one thousand, three hundred sixty dollars (\$1,360.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand, three hundred sixty dollars (**\$1,360.00**) by October 4, 2021.

Update: The civil penalty has been paid.

47)	<u>Order Type and Number:</u>	Consent Order 21-116-RW
	<u>Order Date:</u>	September 20, 2021
	<u>Individual/Entity:</u>	Coastal Villas Owners’ Association, Inc.

Facility: Coastal Villas
Location: 3555 Highway 544
Conway, SC 29528
Mailing Address: P. O. Box 9249
Myrtle Beach, SC 29582
County: Horry
Previous Orders: None
Permit/ID Number: 26-861-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Coastal Villas Owners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on June 8, 2021, and July 23, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; the pool walls and floor were dirty; there was algae on the pool walls; a skimmer basket was floating; a gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the main drain grates were not visible due to cloudy water; the life ring rope was too short and was deteriorated; and the bound and numbered log book was not available for review on the first inspection, and was not maintained on a daily basis on the second inspection.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 3, 2021.

Update: The civil penalty has been paid.

48) Order Type and Number: Consent Order 21-117-RW
Order Date: September 20, 2021
Individual/Entity: **Rock South, LLC**
Facility: Hampton Inn
Location: 2111 Tabor Drive
Rock Hill, SC 29730
Mailing Address: Same
County: York
Previous Orders: None
Permit/ID Number: 46-108-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Rock South, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in York County, South Carolina. The Department conducted inspections on June 21, 2021, and July 22, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a handrail was not tight and secure; the emergency notification device was not operating; the "Shallow Water – No Diving Allowed" signs did not have the correct wording; only one "No lifeguard On Duty – Swim At Your Own Risk" sign was posted, and the sign posted did not have the correct wording; the cyanuric acid level was not recorded in the bound and numbered log book on a weekly basis; the bound and numbered log book was not maintained a minimum of three times per

week by the pool operator of record; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 30, 2021.

Update: The civil penalty has been paid.

49) Order Type and Number: Consent Order 21-118-RW
Order Date: September 20, 2021
Individual/Entity: **Miracle Hill Ministries, Incorporated**
Facility: Miracle Hill Children's Home
Location: 117 Drummond Lane
Pickens, SC 29671
Mailing Address: 490 South Pleasantburg Drive
Greenville, SC 29607
County: Pickens
Previous Orders: None
Permit/ID Number: 39-003-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Miracle Hill Ministries, Incorporated (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Pickens County, South Carolina. The Department conducted inspections on June 16, 2021, and August 6, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the waterline tiles were dirty; the pool equipment room was not accessible; the chemical storage room was not accessible; the fill spout was not co-located with a ladder or diving board; the emergency notification device was not operational; there were chlorine sticks in the skimmer baskets; the water level was too low; the chlorine level was not within the acceptable range of water quality standards; the bound and numbered log book was not available for review on the first inspection; and the bound and numbered log book was not maintained on a daily basis on the second inspection.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 4, 2021.

Update: The civil penalty has been paid.

50) Order Type and Number: Consent Order 21-119-RW
Order Date: September 20, 2021
Individual/Entity: **Riverview Hospitality, LLC**
Facility: Holiday Inn Riverview
Location: 301 Savannah Highway
Charleston, SC 29407
Mailing Address: Same

County: Charleston
Previous Orders: None
Permit/ID Number: 10-130-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Riverview Hospitality, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 28, 2021, and July 26, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not attached to the pool wall; the deck depth marker tiles were broken; ladders were missing bumpers and were not tight & secure; the water level was too low; non-pool related items were stored in the pool equipment room; the chlorine level was not within the acceptable range of water quality standards; the shepherd's crook was not permanently attached to its handle and was not properly mounted in its designated location; the current pool operator of record information was not posted to the public; and the bound and numbered log book was not available for review on the first inspection, and was not properly bound or numbered on the second inspection.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 7, 2021.

Update: The civil penalty has been paid.

51) Order Type and Number: Consent Order 21-120-RW
Order Date: September 20, 2021
Individual/Entity: **LOR REC SC, LLC**
Facility: The Ashley Apartments
Location: 1871 Ashley River Road
Charleston, SC 29407
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-1284B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: LOR REC SC, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 22, 2021, and July 6, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: there were no universal "No Diving" tiles on the deck; the chlorine level was not within the acceptable range of water quality standards; the emergency notification device was not operational; the letters on the "Shallow Water – No Diving Allowed" signs were not the correct size; the letters on the "No Lifeguard On Duty – Swim At Your Own Risk" signs were not the correct size; the bound and numbered log book was not maintained on a daily basis; the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book; and there were chlorine pucks in the skimmer baskets.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 21, 2021.

Update: The civil penalty has been paid.

52) Order Type and Number: Consent Order 21-121-RW
Order Date: September 23, 2021
Individual/Entity: **Council of Co-Owners Pioneer Place Villas Horizontal Property Regime, Inc.**
Facility: Pioneer Place Villas
Location: Debordieu Boulevard
Georgetown, SC 29440
Mailing Address: 41 Maintenance Road
Pawley's Island, SC 29585
County: Georgetown
Previous Orders: None
Permit/ID Number: 22-019-1 & 22-019-2
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Council of Co-Owners Pioneer Place Villas Horizontal Property Regime, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool and a kiddie pool located in Georgetown County, South Carolina. The Department conducted inspections on June 16, 2021, and July 30, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were damaged; the lifeline was in disrepair; the gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the life ring did not have a permanently attached rope; the current pool operator of record information was not posted to the public; the bound and numbered log book was not available for review on the first inspection; the bound and numbered log book was not maintained on a daily basis on the section inspection; there were chlorine sticks in the skimmer baskets; and the main drain grates were not in place.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of one thousand, three hundred sixty dollars (\$1,360.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand, three hundred sixty dollars (**\$1,360.00**) by October 10, 2021.

Update: The civil penalty has been paid.

53) Order Type and Number: Consent Order 21-122-RW
Order Date: September 27, 2021
Individual/Entity: **701 South Ocean Blvd., LLC**
Facility: Bali Bay
Location: 701 South Ocean Boulevard
Myrtle Beach, SC 29588
Mailing Address: Same
County: Horry

Previous Orders: 18-098-RW (\$340.00)
19-180-RW (\$2,040.00)
Permit/ID Number: 26-1905B & 26-1906D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: 701 South Ocean Blvd., LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool and a spa located in Horry County, South Carolina. The Department conducted inspections on June 15, 2021, and July 20, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the deck depth marker tiles were missing; the pool floor was not clean; the water level was too low in the shallow area of the pool and too high in the deeper area of the pool; the equipment room was not locked; the gate did not self-close and latch; the chlorine and pH levels were not within the acceptable range of water quality standards; the current pool operator of record information was not posted to the public; and the bound and numbered log book was not available for review.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of three thousand, two hundred dollars (\$3,200.00). The Individual/Entity shall pay a civil penalty in the amount of three thousand, two hundred dollars (**\$3,200.00**) by October 11, 2021.

Update: The civil penalty has been paid.

54) Order Type and Number: Consent Order 21-123-RW
Order Date: September 27, 2021
Individual/Entity: **Marsh Winds Owners Association, Inc.**
Facility: Marsh Winds Condos
Location: 2393 Folly Road
Folly Beach, SC 29439
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-1056B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Marsh Winds Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 9, 2021, and July 26, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing non-slip tread inserts; skimmers were missing weirs; the gate did not self-close & latch; the chlorine level was not within the acceptable range of water quality standards; the life ring was not properly hung in its designated location; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 11, 2021.

Update: The civil penalty has been paid.

55) Order Type and Number: Consent Order 21-124-RW
Order Date: September 27, 2021
Individual/Entity: **Naman Wilmington, LLC**
Facility: Springhill Suites North Charleston
Location: 3454 West Montague Avenue
North Charleston, SC 29406
Mailing Address: Same
County: Dorchester
Previous Orders: None
Permit/ID Number: 18-1086B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Naman Wilmington, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Dorchester County, South Carolina. The Department conducted inspections on June 7, 2021, and July 14, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine level was not within the acceptable range of water quality standards; the bound and numbered log book was not maintained on a daily basis; and the cyanuric acid level was above the water quality standards acceptable limit.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 12, 2021.

Update: The civil penalty has been paid.

56) Order Type and Number: Consent Order 21-125-RW
Order Date: September 27, 2021
Individual/Entity: **Shem Creek Inn Owners Association, Inc.**
Facility: Shem Creek Inn
Location: 1401 Shrimp Boat Lane
Mt. Pleasant, SC 29464
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-332-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Shem Creek Inn Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 29, 2021, and July 21, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a light in the pool wall was out of its niche; the gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; the bound and numbered log book was

not maintained on a daily basis; a ladder was not tight and secure; the fill spout was not stainless steel or equivalent; the life ring rope was deteriorated; the bound and numbered log book had chemical readings that were entered in advance; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 13, 2021.

Update: The civil penalty has been paid.

57) Order Type and Number: Consent Order 21-126-RW
Order Date: September 27, 2021
Individual/Entity: **Hallmark Homes at Redbank Road, L.P.**
Facility: Hallmark at Timberlake
Location: 1000 Hallmark Drive
Goose Creek, SC 29445
Mailing Address: Same
County: Berkeley
Previous Orders: None
Permit/ID Number: 08-1051B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Hallmark Homes at Redbank Road, L.P. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Berkeley County, South Carolina. The Department conducted inspections on June 2, 2021, and July 7, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; the water level was too low; a skimmer lid was cracked; the chlorine level was not within the acceptable range of water quality standards; only one “No Lifeguard On Duty – Swim At Your Own Risk” sign was posted; and the bound and numbered log book was not maintained on a daily basis on the first inspection, and was not available for review on the second inspection.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 10, 2021.

Update: The civil penalty has been paid.

58) Order Type and Number: Consent Order 21-127-RW
Order Date: September 27, 2021
Individual/Entity: **Canyon Creek Homeowners Association**
Facility: Canyon Creek
Location: 744 North Alamosa Drive
Boiling Springs, SC 29316
Mailing Address: Same
County: Spartanburg

Previous Orders: None
Permit/ID Number: 42-1061B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Canyon Creek Homeowners Association (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Spartanburg County, South Carolina. The Department conducted inspections on May 27, 2021, and August 2, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the bathrooms were not accessible; the drinking water fountain was not operating properly; the chlorine level was not within the acceptable range of water quality standards; the pool floor was dirty; skimmers were missing weirs; skimmer baskets were floating; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 29, 2021.

Update: The civil penalty has been paid.

59) Order Type and Number: Consent Order 21-129-RW
Order Date: September 27, 2021
Individual/Entity: **VK Covington, LLC**
Facility: Covington North
Location: 2444 Idol Rock Drive
Indian Land, SC 29707
Mailing Address: 3540 Toringdon Way, Suite 200
Charlotte, NC 29277
County: Lancaster
Previous Orders: None
Permit/ID Number: 29-1063B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: VK Covington, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Lancaster County, South Carolina. The Department conducted inspections on June 1, 2021, July 6, 2021, and August 10, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the cyanuric acid level was above the water quality standards acceptable limit; the emergency notification device was not operating; an automatic controller was installed without an approved change order form; and the bound and numbered log book was not available for review.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, forty dollars (\$2,040.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**) by October 13, 2021.

Update: The civil penalty has been paid.

60) <u>Order Type and Number:</u>	Consent Order 21-130-RW
<u>Order Date:</u>	September 27, 2021
<u>Individual/Entity:</u>	Mid-America Apartments, L.P.
<u>Facility:</u>	1201 Midtown Apartments
<u>Location:</u>	Midtown Avenue Mt. Pleasant, SC 29464
<u>Mailing Address:</u>	6815 Poplar Avenue, Suite 500 Germantown, TN 38138
<u>County:</u>	Charleston
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	10-1335B
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Mid-America Apartments, L.P. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 17, 2021, and August 2, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine level was not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; the life ring rope was deteriorated; the “Shallow Water – No Diving Allowed” signs did not have the correct wording; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by September 19, 2021.

Update: The civil penalty has been paid.

61) <u>Order Type and Number:</u>	Consent Order 21-128-RW
<u>Order Date:</u>	September 28, 2021
<u>Individual/Entity:</u>	Cary McLeod, Individually and d.b.a. Cloud Nine Villas
<u>Facility:</u>	Cloud Nine Villas
<u>Location:</u>	4210 North Ocean Boulevard North Myrtle Beach, SC 29582
<u>Mailing Address:</u>	P.O. Box 832 North Myrtle Beach, SC 29582
<u>County:</u>	Horry
<u>Previous Orders:</u>	CO 18-273-RW (\$680.00)
<u>Permit/ID Number:</u>	26-E04-1
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Cary McLeod, Individually and d.b.a. Cloud Nine Villas (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on June 25, 2021, and July 26, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality

standards; the life ring rope was deteriorated; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of one thousand, six hundred dollars (\$1,600.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**) by October 12, 2021.

Update: The civil penalty has been paid.

62) Order Type and Number: Consent Order 21-131-RW
Order Date: September 28, 2021
Individual/Entity: **Moss Creek Townhome Association, Inc.**
Facility: Moss Creek Townhomes
Location: 4800 Moss Creek Loop
Murrells Inlet, SC 29576
Mailing Address: 3081 Deville Street
Myrtle Beach, SC 29577
County: Georgetown
Previous Orders: None
Permit/ID Number: 22-052-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Moss Creek Townhome Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Georgetown County, South Carolina. The Department conducted inspections on July 12, 2021, and August 10, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine level was not within the acceptable range of water quality standards; the emergency notification device was not operational; the pool floor was dirty; the pool walls were dirty; the drinking water fountain was not operating properly; a gate did not self-close and latch; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 14, 2021.

Update: The civil penalty has been paid.

63) Order Type and Number: Consent Order 21-132-RW
Order Date: September 28, 2021
Individual/Entity: **Raaj Kumar Hotel Investments, LLC**
Facility: Days Inn Patriots Point
Location: 261 Johnnie Dodds Boulevard
Mt. Pleasant, SC 29464
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: 10-181-1

Violations Cited:

S.C. Code Ann. Regs. 61-51(J)

Summary: Raaj Kumar Hotel Investments, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 16, 2021, and July 15, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; a ladder was missing non-slip tread inserts and was not tight and secure; the pool deck was not clear of hazards; there was no drinking water fountain; there were no “No Lifeguard On Duty – Swim At Your Own Risk” signs posted; the pH level was not within the acceptable range of water quality standards; the bound and numbered log book was not available for review on the first inspection; the bound and numbered log book was not maintained daily and was not maintained a minimum of three times per week by the pool operator of record on the second inspection; and the cyanuric acid level was not checked weekly.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 12, 2021.

Update: The civil penalty has been paid.

64)	<u>Order Type and Number:</u>	Consent Order 21-133-RW
	<u>Order Date:</u>	September 28, 2021
	<u>Individual/Entity:</u>	Marlin Bay Development Group, LLC
	<u>Facility:</u>	Villas at Marlin Bay
	<u>Location:</u>	2060 Cutter Point Drive Lake Wylie, SC 29710
	<u>Mailing Address:</u>	Same
	<u>County:</u>	York
	<u>Previous Orders:</u>	None
	<u>Permit/ID Number:</u>	46-1118B
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Marlin Bay Development Group, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in York County, South Carolina. The Department conducted inspections on June 4, 2021, July 13, 2021, and August 10, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the bolts on the shepherd’s crook were facing the wrong direction; and a handrail was not tight and secure.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of two thousand, forty dollars (\$2,040.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**) by October 11, 2021.

Update: The civil penalty has been paid.

- 65) Order Type and Number: Consent Order 21-134-RW
Order Date: September 28, 2021
Individual/Entity: **Westgate Myrtle Beach, LLC**
Facility: Westgate Myrtle Beach
Location: 415 South Ocean Boulevard
Myrtle Beach, SC 29579
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-1745B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Westgate Myrtle Beach, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on June 11, 2021, and July 28, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the deck depth marker tiles were broken; a ladder was missing bumpers; the gate did not self-close and latch; only one “Shallow Water – No Diving Allowed” sign was posted; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 18, 2021.

Update: The civil penalty has been paid.

- 66) Order Type and Number: Consent Order 21-135-RW
Order Date: September 29, 2021
Individual/Entity: **Turtle Bay Owners Association, Inc.**
Facility: Turtle Bay
Location: 81 Sandbar Lane
Folly Beach, SC 29439
Mailing Address: 635 Rutledge Avenue, Suite 105
Charleston, SC 29403
County: Charleston
Previous Orders: None
Permit/ID Number: 10-1072B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Turtle Bay Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Charleston County, South Carolina. The Department conducted inspections on June 22, 2021, and July 28, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a skimmer was missing a weir; the pool equipment room was not locked; a gate did not self-close and latch; the chlorine and pH levels were not within the acceptable range of water quality standards; the shepherd’s crook handle was attached to a telescoping pole on the first inspection, and was not permanently attached to the handle on the second inspection;

the emergency notification device was not operational; and there were no “Shallow Water – No Diving Allowed” signs posted.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 13, 2021.

Update: The civil penalty has been paid.

67) Order Type and Number: Consent Order 21-136-RW
Order Date: September 29, 2021
Individual/Entity: **Shelly Woods Homeowners’ Association, Inc.**
Facility: Shelly Woods
Location: 1015 Shelly Woods Drive
Fort Mill, SC 29715
Mailing Address: P.O. Box 11906
Charlotte, NC 28220
County: Lancaster
Previous Orders: 19-028-RW (\$2,040.00)
Permit/ID Number: 29-1021B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Shelly Woods Homeowners’ Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Lancaster County, South Carolina. The Department conducted inspections on June 3, 2021, and June 23, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a gate did not self-close and latch; the pH level was not within the acceptable range of water quality standards; the bound and numbered log book was not maintained on a daily basis; and the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of one thousand, six hundred dollars (\$1,600.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**) by October 10, 2021.

Update: The civil penalty has been paid.

68) Order Type and Number: Consent Order 21-137-RW
Order Date: September 29, 2021
Individual/Entity: **Centerlane-Burkely Clemson, LLC**
Facility: The Gallery (The Enclave in Town)
Location: 423 Lindsey Road
Clemson, SC 29631
Mailing Address: Same
County: Pickens
Previous Orders: None

Permit/ID Number: 39-1080B
Violations Cited: S.C. Code Ann. Regs. 61-51(K)(1)(c)

Summary: Centerlane-Burkely Clemson, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Pickens County, South Carolina. The Department conducted an inspection on June 15, 2021 and closed the pool because the emergency notification device was not operating. The Individual/Entity was instructed to call for a follow-up inspection prior to re-opening the pool. The Individual/Entity did not contact the Department. On July 23, 2021, the Department conducted a follow-up inspection of the pool. The pool was open, and a violation was issued for re-opening the pool prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pool was re-opened prior to receiving Department approval.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of three hundred forty dollars (\$340.00). The Individual/Entity shall pay a civil penalty in the amount of three hundred forty dollars (**\$340.00**) by October 6, 2021.

Update: The emergency notification device has been repaired and the civil penalty has been paid.

69) Order Type and Number: Consent Order 21-138-RW
Order Date: September 29, 2021
Individual/Entity: **Charleston Court Property Owners Association, Inc.**
Facility: Tuscan Ocean Vista
Location: 213 76th Avenue North
Myrtle Beach, SC 29572
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-1540D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Charleston Court Property Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool located in Horry County, South Carolina. The Department conducted inspections on May 27, 2021, and July 6, 2021, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the drinking water fountain was not operating properly; the chlorine level was not within the acceptable range of water quality standards; the emergency notification device was not operational; the pool rules sign was not completely filled out; the current pool operator of record information was not posted to the public; and the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity has corrected all violations. The Department has assessed a total civil penalty in the amount of six hundred eighty dollars (\$680.00). The Individual/Entity shall pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**) by October 13, 2021.

Update: The civil penalty has been paid.

Drinking Water Enforcement

70) Order Type and Number: Consent Order 21-039-DW
Order Date: September 20, 2021
Individual/Entity: **Town of McColl**
Facility: Town of McColl
Location: 210 East Gibson Avenue
McColl, SC 29570
Mailing Address: Same
County: Marlboro
Previous Orders: None
Permit/ID Number: 3410003
Violations Cited: S.C. Code Ann. Regs. 61-30.G(2)(a) & 61-58.7

Summary: The Town of McColl (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS) located in Marlboro County, South Carolina. The Department conducted an inspection on July 15, 2021, and the PWS was rated unsatisfactory for failure to properly operate and maintain. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the sanitary seal at Well 3 was rusted and was not properly sealed; the chlorine feed line was not operating properly; current testing results for backflow prevention devices and fire hydrants were not available for review; logs for exercising valves and inspecting and repairing leaks were not available for review; operational program records were not available for review; a current water audit was not available for review; staffing was inadequate to implement the required operational programs; there were not enough properly operating valves to isolate small areas of the system; the elevated storage tanks had not been inspected since 2019; there were old wells on the property that were not maintained and had not been abandoned; and the outstanding balance of the annual Safe Drinking Water Act fee for fiscal Year 2021 had not been paid.

Action: The Individual/Entity is required to: pay the outstanding balance of the annual Safe Drinking Water Act fee for fiscal year 2021 by September 15, 2021; correct all of the deficiencies and submit the required programs, logs, test reports, and a water audit by October 15, 2021; repair or replace any inadequate or inoperable valves, backflow prevention devices, and fire hydrants within one hundred twenty days of the date of the Department's approval of the test reports; have all of the old wells properly abandoned by a South Carolina certified well driller by October 15, 2021; have the interior and exterior of the elevated storage tanks inspected by October 15, 2021; and complete the recommendations in the storage tank inspection reports within one hundred twenty days of the date of the inspection reports. The Department has assessed a total civil penalty in the amount of four thousand dollars (\$4,000.00). The Individual/Entity shall pay a **stipulated penalty** in the amount of four thousand dollars (**\$4,000.00**) should any requirement of the Order not be met.

Update: The remaining balance owed on the annual Safe Drinking Water Act fee for fiscal Year 2021 has been paid.

71)	<u>Order Type and Number:</u> <u>Order Date:</u> <u>Individual/Entity:</u> <u>Facility:</u> <u>Location:</u> <u>Mailing Address:</u> <u>County:</u> <u>Previous Orders:</u> <u>Permit/ID Number:</u> <u>Violations Cited:</u>	Consent Order 21-040-DW September 23, 2021 Dowd's Hash, Inc. Dowd's Bar-B-Q 299 Pender Ridge Road Newberry, SC 29108 P.O. Box 666 Newberry, SC 29108 Newberry None 3630801 S.C. Code Ann. Regs. 61-58.17.K(1)
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Summary: Dowd's Hash, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS) located in Newberry County, South Carolina. On August 25, 2021, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the PWS tested present for total coliform and E. coli, which resulted in a violation of the maximum contaminant level for E. coli.

Action: The Individual/Entity is required to: submit an investigative report and a corrective action plan with a schedule to address the causes of the total coliform and E. coli present results at the PWS by October 23, 2021. The Department has assessed a total civil penalty in the amount of four thousand dollars (\$4,000.00). The Individual/Entity shall pay a **stipulated penalty** in the amount of four thousand dollars (**\$4,000.00**) should any requirement of the Order not be met.

Update: None

72)	<u>Order Type and Number:</u> <u>Order Date:</u> <u>Individual/Entity:</u> <u>Facility:</u> <u>Location:</u> <u>Mailing Address:</u> <u>County:</u> <u>Previous Orders:</u> <u>Permit/ID Number:</u> <u>Violations Cited:</u>	Consent Order 21-041-DW September 23, 2021 Debra Hallman, Individually and d.b.a. Lower Richland Mobile Home Park Lower Richland Mobile Home Park 611 Harmon Road Hopkins, SC 29061 607 Harmon Road Hopkins, SC 29061 Richland None 4060012 S.C. Code Ann. Regs. 61-58.17.K(1)
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Summary: Debra Hallman, Individually and d.b.a. Lower Richland Mobile Home Park (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS) located in Richland County, South Carolina. On August 19, 2021, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the PWS tested present for total coliform and E. coli, which resulted in a violation of the maximum contaminant level for E. coli.

Action: The Individual/Entity is required to: submit an investigative report and a corrective action plan with a schedule to address the causes of the total coliform and E. coli present results at the PWS by October 23, 2021. The Department has assessed a total civil penalty in the amount of four thousand dollars (\$4,000.00). The Individual/Entity shall pay a **stipulated penalty** in the amount of four thousand dollars (**\$4,000.00**) should any requirement of the Order not be met.

Update: None

73) Order Type and Number: Consent Order 21-042-DW
Order Date: September 30, 2021
Individual/Entity: **MHP 1, LLC**
Facility: McDonalds Mobile Home Park
Location: 236 Emory Road
Hopkins, SC 29061
Mailing Address: 920 Laurie Lane
Columbia, SC 29205
County: Richland
Previous Orders: None
Permit/ID Number: 4060010
Violations Cited: S.C. Code Ann. Regs. 61-58.17.K(1)

Summary: MHP 1, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS) located in Richland County, South Carolina. On August 26, 2021, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the PWS tested present for total coliform and E. coli, which resulted in a violation of the maximum contaminant level for E. coli.

Action: The Individual/Entity is required to: submit an investigative report and a corrective action plan with a schedule to address the causes of the total coliform and E. coli present results at the PWS by October 30, 2021. The Department has assessed a total civil penalty in the amount of four thousand dollars (\$4,000.00). The Individual/Entity shall pay a **stipulated penalty** in the amount of four thousand dollars (**\$4,000.00**) should any requirement of the Order not be met.

Update: The Individual/Entity submitted an investigative report and a corrective action plan with a schedule on September 23, 2021.

Water Pollution Enforcement

74) Order Type and Number: Consent Order 21-052-W
Order Date: September 13, 2021
Individual/Entity: **Fiber Industries, LLC**
Facility: Fiber Industries, LLC WWTF
Location: 1000 East McIver Road
Darlington, SC 29532
Mailing Address: Same

County: Darlington
Previous Orders: None
Permit/ID Number: SC0004162
Violations Cited: Pollution Control Act, S.C. Code Ann. § 48-1-110(d) (2008 & Supp. 2020), Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.41(a) (2011), and NPDES Permit SC0004162

Summary: Fiber Industries, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) in Darlington County, South Carolina. On January 12, 2021, a Notice of Alleged Violation (NOAV) was issued as a result of fecal coliform violations reported on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations as follow: failed to comply with the fecal coliform effluent limitations of its National Pollutant Discharge Elimination System (NPDES) permit SC0004162.

Action: The Individual/Entity is required to: submit written notification of the completion date for all corrective actions necessary to resolve the violations by November 12, 2021; conduct a six (6) monitoring event compliance confirmation period upon completion of corrective actions; and implement engineered upgrades to the WWTF should additional violations be observed during the compliance confirmation period. The Department has assessed a total civil penalty in the amount of one thousand five hundred dollars (\$1,500.00). The Individual/Entity shall pay a civil penalty in the amount of one thousand five hundred dollars (**\$1,500.00**) by October 13, 2021.

Update: The Individual/Entity has paid the civil penalty.

75) Order Type and Number: Consent Order 21-053-W
Order Date: September 22, 2021
Individual/Entity: **Mr. Pete Dimopoulos**
Facility: HWY 76 & 123
Location: Properties adjacent to Highway 76 & Highway 123 in Oconee County, SC (TMS # 225-00-07-049 & TMS # 225-00-07-030)
Mailing Address: 304 Four Lakes Drive
Easley, SC 29642
County: Oconee
Previous Orders: None
Permit/ID Number: SCR10I350
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1-90 (a) (2008 & Supp. 2020); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.41 (a) and (e) (2011).

Summary: Mr. Pete Dimopoulos (Individual/Entity) is responsible for land disturbing activity associated with construction located in Oconee County, South Carolina. On April 23, 2021, a Notice of Alleged Violation was issued addressing unpermitted land disturbing activity. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations in that it failed to apply for and obtain proper permit coverage and allowed sediment to enter the environment in a manner other than in compliance with a permit issued by the Department.

Action: The Individual/Entity is required to: submit a complete Major Modification package to the Department by November 22, 2021; submit a report signed by a Professional Engineer stating the Site is in compliance with the approved SWPPP within thirty (30) days of permit issuance; submit a Notice of Termination (NOT) within thirty (30) days of completion of permanent stabilization of the Site. The Department has assessed a total civil penalty in the amount of seven thousand dollars (\$7,000.00). The Individual/Entity shall pay a civil penalty in the amount of seven thousand dollars (**\$7,000.00**) in four (4) quarterly installments of one thousand seven hundred fifty dollars (\$1,750.00) due October 15, 2021, January 15, 2022, April 15, 2022, and July 15, 2022.

Update: The Individual/Entity has paid the first installment of the civil penalty.

76) Order Type and Number: Consent Order 21-054-W
Order Date: September 22, 2021
Individual/Entity: **Haile Gold Mine, Inc.**
Facility: Haile Gold Mine WWTF
Location: 7283 Haile Gold Mine Road,
Kershaw, SC
Mailing Address: 6911 Snowy Owl Road
Kershaw, SC 29067
County: Lancaster
Previous Orders: 20-021-W (\$11,200.00)
Permit/ID Number: SC0040479
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1-110 (d) (2008 & Supp. 2020); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.41 (a) (2011).

Summary: Haile Gold Mine, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Lancaster County, South Carolina. On June 14, 2021, a Notice of Alleged Violation (NOAV) was issued to the Individual/Entity addressing violations of chronic effluent toxicity (CTOX), free cyanide (CN) and total cadmium (Cd) reported on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permit Regulations in that it failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System Permit for CTOX, CN, and Cd.

Action: The Individual/Entity is required to: submit written notification of the completion date for all corrective actions necessary to resolve the violations by October 22, 2021; conduct a six (6) monitoring event compliance confirmation period upon completion of corrective actions; and implement engineered upgrades to the WWTF should additional violations be observed during the compliance confirmation period. The Department has assessed a total civil penalty in the amount of twelve thousand six hundred dollars (\$12,600.00). The Individual/Entity shall pay a civil penalty in the amount of twelve thousand six hundred dollars (**\$12,600.00**) by October 22, 2021.

Update: The Individual/Entity submitted notification of the completion date for corrective actions and paid the civil penalty.

77) Order Type and Number: Consent Order 21-055-W
Order Date: September 22, 2021
Individual/Entity: **Synergy Utilities LP**
Facility: Raintree Acres Subdivision WWTF
Location: 103 Sandale Wood Lane
Irmo, SC 29212
Mailing Address: 816 East Main Street
Lexington, SC 29072
County: Richland
Previous Orders: None
Permit/ID Number: SC0039055
Violations Cited: Pollution Control Act, S.C. Code Ann. § 48-1-110(d) (2008 & Supp. 2020), Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.41(a) (2011), and NPDES Permit SC0039055

Summary: Synergy Utilities LP (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) in Richland County, South Carolina. On June 2, 2021, a Notice of Alleged Violation (NOAV) was issued as a result of fecal coliform (fecal) violations reported on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations as follows: failed to comply with the fecal effluent limitations of its National Pollutant Discharge Elimination System (NPDES) permit SC0039055.

Action: The Individual/Entity is required to: submit written notification of the completion date for all corrective actions necessary to resolve the violations by October 22, 2021; conduct a six (6) monitoring event compliance confirmation period upon completion of corrective actions; and implement engineered upgrades to the WWTF should additional violations be observed during the compliance confirmation period. The Department has assessed a total civil penalty in the amount of five thousand six hundred dollars (\$5,600.00). The Individual/Entity shall pay a civil penalty in the amount of five thousand six hundred dollars (**\$5,600.00**) by October 22, 2021.

Update: The Individual/Entity submitted notification of the completion date for corrective actions and paid the civil penalty.

78) Order Type and Number: Consent Order 21-056-W
Order Date: September 22, 2021
Individual/Entity: **Town of Santee**
Facility: Santee Public Service District WWTF
Location: P.O. Box 1220
Santee, SC 29142
Mailing Address: Off I-95 in Santee
Santee, SC 29142
County: Orangeburg
Previous Orders: None
Permit/ID Number: ND0065676
Violations Cited: Pollution Control Act, S.C. Code Ann. § 48-1-110(d) (2008 & Supp. 2020), Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.505.41(a) (2011), and State Land Application Permit ND0065676

Summary: Town of Santee (Individual/Entity) has operational control and is therefore responsible for the proper operation and maintenance of the Santee Public Service District (Santee PSD) wastewater treatment facility (WWTF) in Orangeburg County, South Carolina. On December 22, 2020, a Notice of Alleged Violation (NOAV) was issued as a result of biochemical oxygen demand (BOD) violations reported on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations as follows: failed to comply with the BOD effluent limitations of its State Land Application permit ND0065676.

Action: The Individual/Entity is required to: submit a detailed plan for securing funding for necessary improvements to the WWTF by October 22, 2021; submit a detailed list of the corrective actions to be taken to bring the WWTF back into compliance by March 21, 2022; submit an implementation schedule for the completion of the corrective actions and upgrades necessary to return the WWTF to compliance by May 20, 2022; conduct a six (6) monitoring event compliance confirmation period upon completion of all necessary corrective actions and upgrades; and implement engineered upgrades to the WWTF should additional violations be observed during the compliance confirmation period. The Department has assessed a total civil penalty in the amount of six thousand dollars (\$6,000.00). The Individual/Entity shall pay a civil penalty in the amount of two thousand dollars (**\$2,000.00**) by October 22, 2021 and pay a stipulated penalty in the amount of four thousand dollars (\$4,000.00) if any requirement of the Order is not met.

Update: The Individual/Entity has paid the civil penalty amount in full. The Individual/Entity has also submitted a detailed plan for securing funding for necessary improvements to the WWTF.

79) Order Type and Number: Consent Order 21-058-W
Order Date: September 30, 2021
Individual/Entity: **Jacabb Utilities, LLC**
Facility: SC Exit 4 on I-85 WWTF
Location: 3860 Old Dobbins Bridge Road
Fair Play, SC 29643
Mailing Address: 210 West North 2nd Street
Seneca, SC 29678
County: Anderson
Previous Orders: 16-021-W (\$3,045.00)
Permit/ID Number: ND0086819
Violations Cited: Pollution Control Act, S.C. Code Ann. § 48-1-110(d) (2008 & Supp. 2020), Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.505.41(a) (2011), and State Land Application Permit ND0086819.

Summary: Jacabb Utilities, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) in Anderson County, South Carolina. On May 25, 2021, a Notice of Violation (NOV) was issued as a result of Escherichia coli (E. coli) violations reported on discharge monitoring reports (DMR) submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollutions Control Permits Regulations as follows: failed to comply with the E. coli limitations of its State Land Application permit ND0086819.

Action: The Individual/Entity is required to: submit written notification of the completion date for all corrective actions necessary to resolve the violations by October

30, 2021; conduct a six (6) monitoring event compliance confirmation period upon completion of corrective actions; and implement engineered upgrades to the WWTF should additional violations be observed during the compliance confirmation period. The Department has assessed a total civil penalty in the amount of three thousand two hundred dollars (\$3,200.00). The Individual/Entity shall pay a civil penalty in the amount of three thousand two hundred dollars (**\$3,200.00**) by October 30, 2021.

Update: The Individual/Entity has completed all requirements of Consent Order 21-058-W and the Order has been closed.

BUREAU OF AIR QUALITY

80) Order Type and Number: Administrative Order 21-019-A
Order Date: September 3, 2021
Individual/Entity: **Tony Watson**
Facility: N/A
Location: 1340 Freer Street
Charleston, SC 29412
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit/ID Number: N/A
Violations Cited: South Carolina Code Ann. Regs. 61-62.2,
Prohibition of Open Burning

Summary: Tony Watson (Individual/Entity), owns residential property located in Charleston County, South Carolina. On April 6, 2020, the Department conducted an investigation in response to a complaint of open burning. The Individual/Entity violated South Carolina Air Pollution Control Regulations as follows: burned materials other than those allowed by Section I of the regulation, specifically household garbage.

Action: The Individual/Entity is required to: cease all open burning except in accordance with the open burning regulations. The Department has assessed a total civil penalty in the amount of five hundred dollars (\$500.00). The Individual/Entity shall pay a civil penalty in the amount of five hundred dollars (**\$500.00**) by October 3, 2021.

Updates: This Administrative Order was not appealed.

81) Order Type and Number: Consent Order 21-020-A
Order Date: September 14, 2021
Individual/Entity: **Simply Cremation, LLC d/b/a Cremation Society of SC – Westville Funerals**
Facility: Simply Cremation, LLC d/b/a Cremation Society of SC – Westville Funerals
Location: 328 Dupont Drive
Greenville, SC 29607
Mailing Address: 6010 White Horse Road
Greenville, SC 29611
County: Greenville

Previous Orders: None
Permit/ID Number: 1200-0360
Violations Cited: S.C. Code Ann. Regs. 61-62.5, Standard No. 3, Waste Combustion and Reduction and S.C. Code Ann. Regs. 61-62.1, Section II, Permit Requirements

Summary: Simply Cremation, LLC d/b/a Cremation Society of SC – Westville Funerals (Individual/Entity), operates a crematorium in Greenville County, South Carolina. On March 8, 2021, the Department conducted an inspection. The Individual/Entity has violated South Carolina Air Pollution Control Regulations, as follows: failed to limit opacity to 10% over a six-minute average on March 6, 2021; and failed to make an initial 24- hour notification to the Department’s local Environmental Affairs Regional office during a process upset that resulted in discharges of air contaminants that exceeded a one-hour duration.

Action: The Individual/Entity is required to: comply with all terms and conditions of State Operating Permit 1200-0360; limit opacity to 10% over a six-minute average; and notify the Department’s local Regional Office within 24 hours after the beginning of any process upset. The Department has assessed a total civil penalty in the amount of seven thousand five hundred dollars (\$7,500.00). The Individual/Entity shall pay a civil penalty in the amount of seven thousand five hundred dollars (**\$7,500.00**).

Update: The civil penalty has been paid.

82) Order Type and Number: Consent Order 21-021-A
Order Date: September 14, 2021
Individual/Entity: **Enchanted Construction, LLC**
Facility: Enchanted Construction, LLC
Location: 1479 Mt Lebanon Rd
Campobello, SC 29322
Mailing Address: Same
County: Spartanburg
Previous Orders: None
Permit/ID Number: N/A
Violations Cited: S.C. Code Ann. Regs. 61-62.2 (2011 & Supp. 2020), Prohibition of Open Burning.

Summary: Enchanted Construction, LLC (Individual/Entity), is a custom home builder in Spartanburg County, South Carolina. On October 4, 2019, August 20, 2019 and June 17, 2020, the Department conducted investigations in response to complaints of open burning. The Individual/Entity has violated South Carolina Air Pollution Control Regulations, as follows: burned materials other than those specifically allowed by the Open Burning Regulations, specifically residential construction waste and other debris were burned during ozone season; burned materials other than those specifically allowed by the Open Burning Regulations, specifically land-clearing debris burned less than one thousand (1,000) feet from public roadways and all residential, commercial, and industrial sites not part of the contiguous property on which the burning was conducted

Action: The Individual/Entity is required to: cease all open burning except as in accordance with the Open Burning Regulations. The Department has assessed a total civil

penalty in the amount of six thousand dollars (\$6,000.00). The Individual/Entity shall pay a civil penalty in the amount of six thousand dollars (**\$6,000.00**).

Update: The Individual/Entity has paid the civil penalty.

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

Food Safety Enforcement

83) Order Type and Number: Consent Order 21-05-FOOD
Order Date: September 28, 2021
Individual/Entity: **Quick Serve 2**
Facility: Quick Serve 2
Location: 108 Melvin Street
Gilbert, SC 29054
Mailing Address: Same
County: Lexington
Previous Orders: 2016-206-03-115 (\$550.00)
Permit Number: 32-206-04477
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Quick Serve 2 (Individual/Entity) operates a convenience store located in Gilbert, South Carolina. The Department conducted inspections on August 5, 2021, August 20, 2021, and August 25, 2021. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**). The Individual/Entity shall pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**) by October 28, 2021.

Update: The Individual/Entity has entered into a payment plan with the Department. The first payment was made October 29, 2021.

On-Site Wastewater Enforcement

84) Order Type and Number: Administrative Order 21-056-OSWW
Order Date: September 3, 2021
Individual/Entity: **Tommy Brown**
Facility: Tommy Brown
Location: 816 Breazeale Street
Belton, SC 29627
Mailing Address: P.O. Box 565

Belton, SC 29627
County: Anderson
Previous Orders: None
Permit Number: None
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Tommy Brown (Individual/Entity) owns property located in Anderson County, South Carolina. The Department conducted an investigation on May 24, 2021, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system. The Department has assessed a total civil penalty in the amount of five thousand dollars (\$5,000.00). The Individual/Entity shall pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

Update: October 11, 2021, Department personnel confirmed that the water meter had been removed and the residence appeared unoccupied. Department personnel will visit the Site again on or before November 5, 2021, to confirm the residence is vacated.

85) Order Type and Number: Administrative Order 21-042-OSWW
Order Date: September 10, 2021
Individual/Entity: **Lloyd Cobb, dba Cobb Construction, LLC**
Facility: Lloyd Cobb, dba Cobb Construction, LLC
Location: P.O. Box 1687
Gaffney, SC 29342
Mailing Address: Same
County: Greenville, Spartanburg, Pickens
Previous Orders: None
Permit Number: None
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Lloyd Cobb, dba Cobb Construction, LLC (Individual/Entity) holds a Department issued Master Contractor's license, License # 11-366-11002. The Department started an investigation in March 2021 into OSWW systems that had been installed without contacting the Department to schedule a final inspection nor the submission of an Approval to Operate Contractor Self-Inspection form for multiple sites. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to arrange with the Department a time for a final inspection of an OSWW system that is being installed and failed to submit to the Department the required documentation for the installed OSWW system, the Approval to Operate Contractor Self-Inspection form.

Action: The Individual/Entity is required to immediately cease and desist installing OSWW systems without contacting the Department to schedule a final inspection cease

and desist not submitting the required paperwork to the Department by the close of the next business after installing an OSWW system that Department personnel did not arrive to inspect; and submit an Approval to Operate Contractor Self-Inspection form for any site listed in the Administrative Order that has not been previously submitted to the Department. The Department has assessed a total civil penalty in the amount of twenty thousand dollars (\$20,000.00). The Individual/Entity shall pay a civil penalty in the amount of twenty thousand dollars (**\$20,000.00**) in installments, with the first payment due by October 15, 2021.

Update: The Individual/Entity has been granted an extension to provide the Department all Approval to Operate Contractor Self-Inspection forms that had not been previously submitted and has entered into a payment plan to pay the civil penalty over a total of four months. The septic tank inlet and outlet have been sealed per the August 16, 2021, Onsite Wastewater Notice of Noncompliance. On October 15, 2021, the first installment of the payment plan was received by the Department.

86) <u>Order Type and Number:</u>	Administrative Order 21-054-OSWW
<u>Order Date:</u>	September 10, 2021
<u>Individual/Entity:</u>	Mark Hiers
<u>Facility:</u>	Mark Hiers
<u>Location:</u>	992 Old Mars Field Road Cottageville, SC 29435
<u>Mailing Address:</u>	153 Glen Street Walterboro, SC 29488
<u>County:</u>	Colleton
<u>Previous Orders:</u>	None
<u>Permit Number:</u>	None
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-56

Summary: Mark Hiers (Individual/Entity) owns property located in Colleton County, South Carolina. The Department conducted an investigation on January 20, 2021 and observed a building at the site being occupied for more than two hours per day without an approved means of treatment and disposal for domestic wastewater. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no building or dwelling is occupied for more than two hours per day without an approved means of domestic wastewater treatment and disposal.

Action: The Individual/Entity is required to apply for a permit to construct an OSWW system within five (5) days and to install that OSWW system within ten (10) days of the permit being issued; or immediately vacate the residence. The Department has assessed a total civil penalty in the amount of five thousand dollars (\$5,000.00). The Individual/Entity shall pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

Update: On October 18, 2021, the Department has issued a Permit to Construct an OSWW system at the Site. Department personnel have spoken with the Individual/Entity who states as of October 29, 2021, the dwelling is vacant, and he will install the OSWW system prior to reoccupying. Department personnel will revisit the Site to confirm the dwelling is vacant on or before November 4, 2021.

87) Order Type and Number: Administrative Order 21-055-OSWW
Order Date: September 10, 2021
Individual/Entity: **George McDonald**
Facility: George McDonald
Location: 1018 Old Mars Field Road
Cottageville, SC 29435
Mailing Address: Same as Location
County: Colleton
Previous Orders: None
Permit Number: None
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: George McDonald (Individual/Entity) owns property located in Colleton County, South Carolina. The Department conducted an investigation on January 20, 2021 and observed a camper at the site being occupied for more than two hours per day without an approved means of treatment and disposal for domestic wastewater. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no building or dwelling is occupied for more than two hours per day without an approved means of domestic wastewater treatment and disposal.

Action: The Individual/Entity is required to install the permitted OSWW system within ten (10) days; or immediately vacate the residence. The Department has assessed a total civil penalty in the amount of five thousand dollars (\$5,000.00). The Individual/Entity shall pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

Update: The Department has confirmed that the OSWW system will be repaired by a charitable organization. The charitable organization is working to obtain bids and then request the funding from their funding source.

88) Order Type and Number: Administrative Order 21-057-OSWW
Order Date: September 10, 2021
Individual/Entity: **Kenneth Larrimore**
Facility: Kenneth Larrimore
Location: 2851 Highway 984
Galivants Ferry, SC 29544
Mailing Address: 2861 Highway 984
Galivants Ferry, SC 29544
County: Horry
Previous Orders: None
Permit Number: None
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Kenneth Larrimore (Individual/Entity) owns property located in Horry County, South Carolina. The Department conducted an investigation on August 5, 2021, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater,

or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system. The Department has assessed a total civil penalty in the amount of five thousand dollars (\$5,000.00). The Individual/Entity shall pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

Update: As of October 5, 2021, the Individual/Entity has submitted all requirement of the Order. This Order has been closed.

89) <u>Order Type and Number:</u>	Administrative Order 21-058-OSWW
<u>Order Date:</u>	September 10, 2021
<u>Individual/Entity:</u>	Universal Funding Group, LLC
<u>Facility:</u>	Universal Funding Group, LLC
<u>Location:</u>	213 Barker Road Simpsonville, SC 29680
<u>Mailing Address:</u>	330 Coffee Street Greenville, SC 29601
<u>County:</u>	Greenville
<u>Previous Orders:</u>	None
<u>Permit Number:</u>	None
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-56

Summary: Universal Funding Group, LLC (Individual/Entity) owns property located in Greenville County, South Carolina. The Department conducted an investigation on July 19, 2021. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system. The Department has assessed a total civil penalty in the amount of five thousand dollars (\$5,000.00). The Individual/Entity shall pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

Update: On October 5, 2021, the Department issued a legal demand letter informing the Individual/Entity that if the discharge continued, the Department intended to file for judgement in the Administrative Law Court. As recent as October 29, 2021, Department personnel contacted the Individual/Entity to obtain an update and repairs have not been made. Department personnel has referred the case to the Office of General Counsel on November 1, 2021.

* Unless otherwise specified, "Previous Orders" as listed in this report include orders issued by Environmental Affairs Programs within the last five (5) years.

Date: November 10, 2021

To: S.C. Board of Health and Environmental Control

From: Bureau of Healthcare Systems and Services

Re: Public Hearing for Notice of Final Regulation Amending R.61-7, *Emergency Medical Services*, Document No. 5055

I. Introduction

The Bureau of Healthcare Systems and Services (“Bureau”) proposes the attached Notice of Final Regulation amending R.61-7, *Emergency Medical Services*. Legal authority resides in S.C. Code Sections 44-61-10 *et seq.*, which requires the Department of Health and Environmental Control (“Department”) to establish and enforce basic standards for the licensure of ambulance services and emergency medical responder agencies, and certification of EMS personnel to ensure the safe and adequate treatment of persons served in this state. Legal authority also resides in S.C. Code Sections 44-78-10 *et seq.* and 44-80-10 *et seq.*, which requires the Department to promulgate regulations necessary to provide direction to emergency personnel in identifying patients who have a Do Not Resuscitate Order (“DNR”), and to oversee the Physician Orders for Scope of Treatment (POST) form and carry out other related responsibilities. The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

II. Facts

1. The Bureau proposes amending R.61-7 to update provisions in accordance with current practices and standards. Proposed amendments incorporate and revise provisions and definitions to conform to statutory mandates and terminology widely used and understood within the provider community. The Department proposes revising requirements for Emergency Medical Technician (EMT) training programs, ambulance design and equipment, incident reporting, sanitation and infection control, monetary penalties, and other requirements for EMS agency licensure, ambulance permitting, and EMT certification. The Department also proposes amending the regulation to provide direction to emergency personnel in identifying patients who have a Do Not Resuscitate Order (“DNR”), and to add oversight of the Physician Orders for Scope of Treatment (POST) form and carry out other related responsibilities to the form.
2. The Department had a Notice of Drafting published in the February 26, 2021, *State Register*.
3. The Bureau held a virtual stakeholder meeting on March 19, 2021.
4. The Bureau received public comments from 25 parties by the March 29, 2021, close of the public comment period.
5. Appropriate Department staff conducted an internal review of the proposed amendments on June 22, 2021.
6. Bureau staff provided members of the Emergency Medical Services (“EMS”) Advisory Council a draft copy of the Notice of Proposed Regulation for review and response on June 7, 2021. Department staff received comments on the proposed amendments from the EMS Advisory Council on June 29, 2021.

7. Upon receiving approval during the August 12, 2021, Board meeting, the Bureau had a Notice of Proposed Regulation published in the August 27, 2021, *State Register*. The Department received public comments from 22 people by the September 27, 2021, close of the public comment period. Attachment B presents a summary of these public comments received and Department responses.

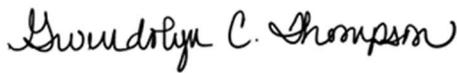
8. The Bureau held a virtual stakeholder meeting on September 7, 2021.

9. An EMS Advisory Council meeting took place on September 9, 2021, to discuss the proposed amendments. Department staff received comments on the proposed amendments from the EMS Advisory Council on September 27, 2021. Attachment C presents a summary of these comments received and Department responses.

10. After consideration of all timely received comments, staff has made substantive changes to the regulatory text of the Notice of Proposed Regulation approved by the Board in the August 12, 2021, Board meeting and published in the August 27, 2021, *State Register*. Descriptions of the changes appear in Attachment B, Summary of Public Comments and Department Responses.

III. Request for Approval

The Bureau of Healthcare Systems and Service respectfully requests the Board to find need and reasonableness of the attached proposed amendment of R.61-7, *Emergency Medical Services*, for submission to the General Assembly.



Gwendolyn C. Thompson
Deputy Director
Healthcare Quality



Nigel E. Abner
Director
Bureau of Healthcare Systems and Service
Healthcare Quality

Attachments:

- A. Notice of Final Regulation
- B. Summary of Public Comments and Department Responses
- C. Summary of Advisory Council Comments and Department Responses

ATTACHMENT A

**STATE REGISTER NOTICE OF FINAL REGULATION
FOR R.61-7, *Emergency Medical Services***

November 10, 2021

Document No. 5055

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61**

Statutory Authority: 1976 Code Sections 44-61-10 et seq., 44-78-10 et seq., and 44-80-10 et seq.

61-7. Emergency Medical Services.

Synopsis:

The Department of Health and Environmental Control (“Department”) amends R.61-7 to update provisions in accordance with current practices and standards. Amendments incorporate and revise provisions and definitions to conform to statutory mandates and terminology widely used and understood within the provider community. The Department revises requirements for Emergency Medical Technician (EMT) training programs, ambulance design and equipment, incident reporting, sanitation and infection control, monetary penalties, and other requirements for EMS agency licensure, ambulance permitting, and EMT certification. The Department also amends the regulation to provide direction to emergency personnel in identifying patients who have a Do Not Resuscitate Order (“DNR”), and to add oversight of the Physician Orders for Scope of Treatment (POST) form and carry out other related responsibilities to the form.

The Department further revises for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation. R.61-7 was last amended in 2016.

The Department had a Notice of Drafting published in the February 26, 2021, South Carolina *State Register*.

Instructions:

Replace R.61-7 in its entirety with this amendment.

Section-by-Section Discussion of Amendments:

Section	Type of Change	Purpose
Table of Contents	Reorganization and Revision	To reflect proposed section organization and section title amendments in regulation text.
Former 100 – Scope and Purpose Former 101 – Scope of Act 1118 of 1974 as amended	Deletion	To be consistent with other Departmental regulations. This section is no longer necessary.
Former 200 – Definitions 100 – Definitions, Licensure, and Certification	Reorganization	To be consistent with other Departmental regulations.
101 – Definitions	Reorganization	To be consistent with other Departmental regulations.

Section	Type of Change	Purpose
101.A – Abandoned	Addition	New definition to clarify term used in Section 300.
101.B – Abuse	Addition	New definition to clarify term used in Section 600.
101.C – Advanced Emergency Medical Technician (AEMT)	Reorganization and Revision	Recodified from former 200.N.3 and amended for readability.
101.D – Advanced Life Support (ALS)	Reorganization and Revision	Recodified from former 200.A and amended to align with statutory language.
Former 200.B – Advanced Life Support Service	Deletion	Term no longer used in the regulation.
101.E – Adverse Incident	Addition	New definition to clarify term used in Section 600.
101.F – Air Ambulance	Reorganization	Recodified from former 200.C.
101.G – Ambulance	Reorganization and Revision	Recodified from former 200.R and amended for readability and to align with current statute.
101.H – Attendant	Addition	New definition added to align with current statute and clarify term used in Section 500.
101.I – Attendant-driver	Addition	New definition added to align with current statute and clarify term used in Section 500.
101.J – Basic Life Support Service	Reorganization and Revision	Recodified from former 200.D and amended to clarify term used throughout the regulation.
Former 200.E – Commission on Accreditation of Allied Health Education Programs	Deletion	Term no longer used in the regulation.
Former 200.F – Committee on Accreditation of Educational Program for the Emergency Medical Service Professionals	Deletion	Term no longer used in the regulation.
101.K – Certificate	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.L – Condition Requiring an Emergency Response	Reorganization	Recodified from former 200.G.
101.M – Continuing Education Program	Reorganization and Revision	Recodified from former 200.H and amended to clarify term used in Section 113.
Former 200.I – Credentialing Information System (CIS)	Deletion	Change in software system.
101.N – Department	Reorganization	Recodified from former 200.II.
101.O – Do Not Resuscitate Bracelet (“Bracelet”)	Addition	New definition to align with statutory language and to clarify term used in Section 700.

Section	Type of Change	Purpose
101.P – Do Not Resuscitate Order for Emergency Services (“DNR Order”)	Addition	New definition to align with statutory language and to clarify term used in Section 700.
101.Q – Driver	Reorganization and Revision	Recodified from former 200.J and amended to clarify term used in Section 500.
101.R – Electronic Patient Care Reports (ePCR)	Reorganization and Revision	Recodified from former 200.K and amended to remove specifically named software.
101.S – Elopement	Addition	New definition to clarify term used in Section 600.
101.T – Emergency	Reorganization	Recodified from former 200.L.
101.U – Emergency Medical Responder Agency	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.V – Emergency Medical Service Agency (EMS Agency)	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.W – Emergency Medical Service Personnel	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.X – Emergency Medical Technician (EMT)	Reorganization and Revision	Recodified from former 200.N.1 and amended to clarify term used throughout the regulation.
101.Y – Emergency Transport	Reorganization	Recodified from former 200.M.
101.Z – EMT-basic	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
Former 200.N – EMT	Reorganization	Recodified as standalone definitions.
Former 200.O – EMT Rapid Responder Agency	Deletion	Language incorporated into Section 504.
101.AA – Endorsement	Addition	New definition to align with statutory language and to clarify term used in Section 500.
101.BB – Exploitation	Addition	New definition to align with statutory language and to clarify term used in Section 600.
101.CC – Federal Aviation Administration	Reorganization	Recodified from former 200.P.
101.DD – Flight Nurse	Reorganization and Revision	Recodified from former 200.Q and amended to clarify term used throughout the regulation.
Former 200.R – Ground Ambulance	Reorganization	Recodified to 101.G.

Section	Type of Change	Purpose
Former 200.S – HIPAA	Deletion	Term no longer used in the regulation.
Former 200.T – Intermediate Life Support Service	Deletion	Term no longer used in the regulation.
101.EE – Investigative Review Committee	Addition	New definition to align with statutory language and to clarify term used in Section 300.
Former 200.U – Joint Policy Statement on Equipment for Ground Ambulance	Deletion	Term no longer used in the regulation.
101.FF – License	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.GG – Licensee	Addition	New definition to align with statutory language and to clarify term used throughout the regulation.
101.HH – Medical Control	Reorganization and Revision	Recodified from former 200.V and amended to clarify term used throughout the regulation.
101.II – Medical Control Physician	Addition	New definition to clarify term used throughout the regulation.
101.JJ – Moral Turpitude	Reorganization	Recodified from former 200.W.
101.KK – National Emergency Medical Services Information System	Reorganization	Recodified from former 200.X.
101.LL – National Registry of Emergency Medical Technicians	Reorganization	Recodified from former 200.Y.
101.MM – Nonemergency Transport	Reorganization and Revision	Recodified from former 200.Z and amended to clarify term used throughout the regulation.
101.NN – Palliative Treatment	Addition	New definition to align with statutory language and to clarify term used in Section 700.
101.OO– Paramedic	Reorganization and Revision	Recodified from former 200.N.4 and amended to clarify term used throughout the regulation.
101.PP – Patient	Reorganization and Revision	Recodified from former 200.AA and amended to align with statute.
101.QQ – Permit	Addition	New definition to align with statutory language.
101.RR – Physician Orders for Scope of Treatment (POST) Form	Addition	New definition to align with statutory language.
101.SS – Prehospital Care	Reorganization	Recodified from former 200.BB.
Former 200.CC – Prehospital Medical Information System (PreMIS)	Deletion	Term no longer used in the regulation.

Section	Type of Change	Purpose
101.TT – Protocols	Addition	New definition to clarify term used throughout the regulation.
101.UU – Public Safety Answering Point	Addition	New definition to clarify term used in Section 500.
101.VV – Resuscitative Treatment	Addition	New definition to clarify term used in Section 700.
101.WW – Revocation	Reorganization	Recodified from former 200.DD.
101.XX – Special Purpose EMT	Reorganization	Recodified from former 200.EE.
Former 200.FF – Specialty Care	Deletion	Term no longer used in the regulation.
101.YY – Star of Life	Reorganization	Recodified from former 200.GG.
101.ZZ – Suspension	Reorganization	Recodified from former 200.HH.
Former 200.II – The Department	Reorganization	Recodified to 101.N.
101.AAA – Variance	Addition	New definition to clarify term used in Section 117.
Former 200.JJ – Vocational School	Deletion	Term no longer used in the regulation.
101.BBB – Volunteer EMS Provider	Reorganization	Recodified from former 200.KK.
102 – Licensure	Reorganization and Revision	Partly recodified from former Section 401 to be consistent with other Departmental regulations; amended for readability.
103 – EMS Agency License Application	Reorganization and Revision	Recodified from former Section 401 and amended to be consistent with other Departmental regulations.
104 – Emergency Medical Technicians	Reorganization	Recodified from former Section 900.
104.A	Reorganization and Revision	Recodified from former Section 901 and amended for readability.
104.B	Reorganization and Revision	Recodified from former Sections 901 and 902 and amended for readability.
105 – Initial EMT-basic, AEMT, and Paramedic Certification	Reorganization, Revision, and Addition	Recodified from former Section 902; amended and added language for readability.
106 – Issuance and Terms of Certification	Reorganization, Revision, and Addition	Recodified from former Section 902; amended and added language to align with statutory requirements.
107 – EMT-basic, AEMT, or Paramedic Certification Renewal	Reorganization and Revision	Recodified from former Section 903 and amended for readability.
108 – Special Purpose EMT	Reorganization and Revision	Recodified from former Section 904 and amended to clarify grandfathered certification of Special Purpose EMT.

Section	Type of Change	Purpose
109 – Reciprocity	Reorganization and Revision	Recodified from former Section 905 and amended to clarify requirements for Reciprocity.
110 – Certification Examinations	Reorganization and Revision	Recodified from former Section 906 and amended to clarify requirements for Certification Examinations.
111 – Training Programs	Reorganization and Revision	Recodified from former Section 906 and amended for readability and to clarify requirements for Training Programs.
112 – Certified EMT-basic, AEMT, and Paramedic Instructors	Reorganization and Revision	Recodified from former Section 907 and amended for readability and to clarify requirements.
113 – Continuing Education (CE) Program	Reorganization and Revision	Recodified from former Section 907 and amended for readability and to clarify requirements.
114 – Continuing Education Units (CEUs)	Reorganization and Revision	Recodified from former Section 907 and amended for readability and to clarify requirements.
115 – Pilot Programs	Reorganization and Revision	Recodified from former Section 907 and amended for readability and to clarify requirements.
116 – Endorsement of Specialty Credentials	Reorganization and Revision	Recodified from former Section 908 and amended for readability and to clarify requirements.
117 – Variance	Addition	New section to be consistent with other Departmental regulations.
200 – Enforcement of Regulations	Reorganization and Revision	Recodified and title amended to be consistent with other Departmental regulations.
201 – Inspections and Investigations	Reorganization and Revision	Recodified from former Sections 301 and 302 to be consistent with other Departmental regulations; amended for readability and to clarify requirements.
202 – Plan of Correction	Addition	New section to align with other Departmental regulations.
203 – Consultations	Addition	New section to align with other Departmental regulations.
300 – Enforcement Actions	Revision	Title amended to be consistent with other Departmental regulations.
Former 300 – Enforcing Regulations	Reorganization	Sections 301-302 recodified to proposed Section 201. Section 303 recodified to proposed Sections 301 and 302.

Section	Type of Change	Purpose
301 – General	Revision	Title amended to be consistent with other Departmental regulations.
304.G and H	Deletion	Items no longer relevant in the regulation.
302 – Enforcement Actions against Emergency Medical Technicians	Reorganization and Revision	Recodified from former Section 1100 and amended to clarify requirements.
303 – Investigative Review Committee	Addition	New section to reflect statutory language and clarify requirements.
304 – Violation Classifications	Revision	Revised for consistency with other Departmental regulations from former Section 304.
305 – Monetary Penalties	Reorganization, Revision, and Addition	Recodified from former Section 1501 to be consistent with other Departmental regulations; amended and added language to clarify requirements.
400 – Policies and Procedures	Revision	Title amended to be consistent with other Departmental regulations.
400.A – C	Addition	New items to align with statute and to provide clarity for regulatory requirements.
Former 400 – Licensing Procedures	Reorganization and Deletion	Section 401 recodified to proposed Section 103. Sections 402-404, 406, 408, and 410 recodified to proposed Sections 502-506. Sections 405, 407, and 411 deleted as content no longer defined or used in the regulation.
500 – Personnel Requirements	Revision	Title amended to be consistent with other Departmental regulations.
Former 500 – Permits, Ambulance	Reorganization	Sections 501 and 502 recodified to proposed Section 1800.
501 – General	Reorganization and Revision	Recodified from former Section 1000 and amended for readability and to clarify requirements.
502 – Medical Control Physician	Reorganization and Revision	Recodified from former Section 402 and amended for readability and to clarify requirements.
503 – Driver	Reorganization and Revision	Recodified from former Sections 403 and 404.D; amended to align with statutory language and amended for readability and to clarify requirements.

Section	Type of Change	Purpose
504 – Emergency Medical Responder Agency	Addition	New section to reflect statutory language and amended for readability and to clarify requirements.
505 – Ambulance Service Agency	Reorganization and Revision	Recodified from former Sections 404-411 and 501 and amended for readability and to clarify requirements.
506 – Special Response Vehicle	Addition	New section to align with statute and to provide clarity for regulatory requirements.
507 – Tiered Response System	Reorganization and Revision	Recodified from former Section 405.A; amended to align with statutory language.
508 – Volunteer EMS Agencies	Reorganization and Revision	Recodified from former Section 411 and amended for readability and to clarify regulatory requirements.
600 – Reporting	Revision	Title amended to be consistent with other Departmental regulations.
Former 600 – Standards for Ambulance Permit	Reorganization	Section 601 recodified to proposed Sections 1902 and 2100.
601 – Adverse Incident Reporting	Addition	New section to be consistent with other Departmental regulations and to clarify reporting requirements.
602 – Collisions	Reorganization and Revision	Recodified from former Section 501.F and amended for readability and to clarify regulatory requirements.
603 – Administration Changes	Reorganization and Revision	Recodified from former Sections 401 and 402 to be consistent with other Departmental regulations and amended for readability.
604 – Accounting of Controlled Substances	Addition	New section to be consistent with other Departmental regulations and to clarify reporting.
605 – Agency Closure	Addition	New section to be consistent with other Departmental regulations and to clarify reporting.
700 – Patient Care	Revision	Title amended to be consistent with other Departmental regulations.

Section	Type of Change	Purpose
Former 700 – Equipment	Reorganization	Sections 701-704 recodified to proposed Section 2100.
701 – General	Reorganization and Revision	Recodified from former Section 1301 and amended for readability.
702 – Data Manager	Reorganization and Revision	Recodified from former Section 1302 and amended for readability.
703 – Content	Reorganization and Revision	Recodified from former Section 1303 and amended for readability.
704 – Report Maintenance	Reorganization and Revision	Recodified from former Section 1304 and amended for readability.
705 – Do Not Resuscitate (DNR) Order	Reorganization and Revision	Recodified from former Section 1400 and amended for readability.
706 – Physician Orders for Scope of Treatment (POST)	Addition	New section to reflect statutory language and for readability.
800-1100 – Reserved	Reorganization	Reserved to be consistent with other Departmental regulations and for future use.
Former 800 – Sanitation Standards for Licensed Providers	Reorganization	Sections 801-815 recodified to proposed Sections 1701-1715 to be consistent with other Departmental regulations.
Former 900 – Emergency Medical Technicians	Reorganization and Deletion	Sections 901-908 recodified to proposed Sections 104-105, 107-111, and 116. Section 909 deleted as no longer relevant to the regulation.
Former 1000 – Personnel Requirements	Reorganization	Recodified to proposed Section 500 to be consistent with other Departmental regulations.
Former 1100 – Revocation or Suspension of Certificates of Emergency Medical Technicians	Reorganization	Recodified to proposed Section 114 to be consistent with other Departmental regulations.
1200 – Medications	Reorganization and Revision	Title amended to be consistent with other Departmental regulations.
Former 1200 – Air Ambulances	Reorganization	Sections 1201-1205 recodified to proposed Sections 2201-2205 to be consistent with other Departmental regulations.
1201 – General	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.

Section	Type of Change	Purpose
1202 – Medication Orders	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.
1203 – Administering Medication and/or Treatments	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.
1204 – Medication Storage	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.
1205 – Disposition of Controlled Substances	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements for Medication Management.
1300-1600 – Reserved	Reorganization	Reserved to be consistent with other Departmental regulations and for future use.
Former 1300 – Patient Care Reports	Reorganization	Recodified Sections 1301-1304 to proposed Sections 701-704 to be consistent with other Departmental regulations.
Former 1400 – Do Not Resuscitate Order	Deletion, Reorganization, and Revision	Removed Sections 1401-1403 and 1408 as no longer necessary in the regulation. Recodified Sections 1404-1407 to proposed Section 705.
Former 1500 – Fines and Monetary Penalties	Reorganization	Recodified Section 1501 to proposed Section 300 to be consistent with other Departmental regulations.
Former 1600 – Severability	Reorganization	Recodified to proposed Section 2700 to be consistent with other Departmental regulations.
1700 – Sanitation and Infection Control	Revision	Amended title to be consistent with other Departmental regulations.
1701 – General	Addition	New section to be consistent with other Departmental regulations and to clarify regulatory requirements.
1702 – Exterior Ambulance Surfaces	Reorganization and Revision	Recodified from former Section 801 and amended to clarify requirements.

Section	Type of Change	Purpose
1703 – Interior Ambulance Surfaces – Patient Compartment	Reorganization and Revision	Recodified from former Section 802 and amended to clarify regulatory requirements.
1704 – Linen	Reorganization and Revision	Recodified from former Section 803 and amended to clarify regulatory requirements.
1705 – Oxygen Administration Apparatus	Reorganization and Revision	Recodified from former Section 804 and amended to clarify regulatory requirements.
1706 – Resuscitation Equipment	Reorganization and Revision	Recodified from former Section 805 and amended to clarify regulatory requirements.
1707 – Suction Unit	Reorganization and Revision	Recodified from former Section 806 and amended to clarify regulatory requirements.
1708 – Splints	Reorganization and Revision	Recodified from former Section 807 and amended to clarify regulatory requirements.
1709 – Spinal Motion Restriction Devices	Reorganization and Revision	Recodified from former Section 808 and amended to clarify regulatory requirements.
1710 – Bandages and Dressings	Reorganization and Revision	Recodified from former Section 809 and amended to clarify regulatory requirements.
1711 – Obstetrical (OB) Kits	Reorganization and Revision	Recodified from former Section 810 and amended to clarify regulatory requirements.
1712 – Oropharyngeal Appliances	Reorganization and Revision	Recodified from former Section 811 and amended to clarify regulatory requirements.
1713 – Communicable Diseases	Reorganization and Revision	Recodified from former Section 812 and amended to clarify regulatory requirements.
1714 – Equipment	Reorganization and Revision	Recodified from former Section 813 and amended to clarify regulatory requirements.
1715 – Equipment and Materials Storage Areas	Reorganization and Revision	Recodified from former Section 814 and amended to clarify regulatory requirements.
1716 – Personnel	Reorganization and Revision	Recodified from former Section 815 and amended to clarify regulatory requirements.
1800 – Ambulance Permits	Addition	New section title and section.
1801 – General	Reorganization and Revision	Recodified from former Section 501 and amended to clarify regulatory requirements.
1802 – Temporary Ambulance Permit	Reorganization and Revision	Recodified from former Section 502 and amended to clarify regulatory requirements.

Section	Type of Change	Purpose
1900 – Ambulances	Addition	New section title and section.
1901 – Ambulance Design	Reorganization and Revision	Recodified from former Section 601 and amended to clarify current practices.
1902 – Ambulance Re-mount Design and Equipment	Addition	New section to be consistent with national standards.
2000 – Reserved	Addition	Reserved to be consistent with other Departmental regulations and for future use.
2100 – Medical Equipment	Reorganization and Revision	Recodified from former Section 700 to be consistent with other Departmental regulations and amended to clarify regulatory requirements.
2200 – Air Ambulance	Addition	New section title and section to clarify requirements.
2201 – Permitting	Reorganization and Revision	Recodified from former Section 1201.A., B., and C and amended to clarify regulatory requirements.
2202 – Aircraft	Reorganization and Revision	Recodified from former Section 1201.D and amended to clarify current Air Ambulance standards.
2203 – Aircraft Flight Crew	Reorganization and Revision	Recodified from former Section 1201.E-H and amended to clarify current Air Ambulance standards.
2204 – Medical Supplies and Equipment	Reorganization and Revision	Recodified from former Section 1202 and amended to clarify regulatory requirements.
2205 – Medication and Fluids for Advanced Life Support Air Ambulances	Reorganization and Revision	Recodified from former Section 1204 and amended to clarify regulatory requirements.
2206 – Rescue Exception	Reorganization and Revision	Recodified from former Section 1205 and amended to clarify regulatory requirements.
2300-2600 – Reserved	Addition	Reserved to be consistent with other Departmental regulations and for future use.
2700 – Severability	Reorganization	Recodified from former Section 1700.
2800 – General	Addition	New section to be consistent with other Departmental regulations.

Indicates Matter Stricken

Indicates New Matter

Text:

61-7. Emergency Medical Services.

Statutory Authority: ~~1976~~S.C. Code Sections ~~44-61-30 and 44-78-6544-61-10 et seq., 44-78-10 et seq., and 44-80-10 et seq.~~

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SECTION 200. DEFINITIONS

SECTION 100 – DEFINITIONS, LICENSURE, AND CERTIFICATION

101. Definitions.

A. Abandoned. For the purpose of Section 302.B.3.h, unilateral termination by the EMS Personnel of the provider-Patient relationship when continuing care was still needed. This includes the termination of care without the Patient's consent or without assurance that a level of care meeting the assessed needs of the Patient's condition is present and available.

B. Abuse. Physical Abuse or Psychological Abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing infliction of physical injury on a Patient by an act or failure to act. Physical Abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical Abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that of a therapeutic procedure prescribed by a licensed physician or other legally authorized healthcare professional. Physical Abuse does not include altercations or acts of assault between Patients.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a Patient or within the Patient's hearing distance, regardless of the Patient's age, ability to comprehend, or disability, including threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

C. Advanced Emergency Medical Technician (AEMT). An advanced level emergency medical services provider certified by the Department to provide basic and limited advanced emergency medical care and transportation for Patients.

AD. Advanced Life Support (ALS): An advanced level of prehospital, interhospital, and emergency service care which includes but is not limited to the treatment of life threatening medical emergencies through the use of techniques such as endotracheal intubation, administration of medications or intravenous fluids, cardiac monitoring, and electrical therapy by a qualified person pursuant to these regulations. An advanced level of prehospital, interhospital, and emergency service care, which includes Basic Life Support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care, and other techniques and procedures authorized by the Department.

B. Advanced Life Support Service: A service provider that in addition to basic life support minimum standard, provides at least two (2) EMTs, one of which is a Paramedic and demonstrates the capability to provide IV therapy, advanced airway care, approved medication therapy, cardiac monitoring and defibrillation capability.

E. Adverse Incident. An unexpected event, including any accidents, that could potentially cause harm, injury, or death to Patients, EMS Personnel, or third-party individuals.

CF. Air aAmbulance: Any aircraft that is intended to be used for and is maintained or operated for transportation of persons who are sick, injured, or otherwise incapacitated.

1. Fixed Wing: Any aircraft that uses fixed wings to allow it to take off, and fly, and land.

2. Rotorcraft: A helicopter or other aircraft that uses a rotary blade to allow vertical and horizontal flight without the use of wings.

G. Ambulance. A vehicle maintained or operated by a Licensed Agency that has obtained the necessary permits and licenses for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated.

H. Attendant. A trained and qualified individual responsible for the operation of an Ambulance and the care of Patients, regardless of whether the Attendant also serves as the Driver.

I. Attendant-driver. A person who is qualified as an Attendant and a Driver.

DJ. Basic Life Support Service:(BLS). A service provider that meets all criteria for basic life support minimum standard and is able to provide one EMT to one hundred percent (100%) of all calls and the ability to provide blind insertion airway devices (BIADs) and defibrillation capability. A basic level of prehospital care, which includes Patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the Department pursuant to regulation.

E. Commission on Accreditation of Allied Health Education Programs (CAAHEP): A programmatic accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits educational programs in health science occupations.

F. Committee on Accreditation of Educational Programs for the Emergency Medical Service Professionals (CoAEMSP): The national accreditation organization specific to Paramedic education programs. Paramedic education programs must have CoAEMSP accreditation or a letter of review from CoAEMSP in order for their students to qualify for the National Registry examination.

K. Certificate. An official acknowledgment by the Department that an individual has completed successfully one of the appropriate Emergency Medical Technician training programs, successfully completed the requisite examinations, and which entitles that individual to perform the functions and duties as delineated by the classification for which the Certificate was issued.

GL. Condition Requiring an Emergency Response: The sudden onset of a medical condition manifested by symptoms of such sufficient severity, including severe pain, which a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect without medical attention, to result in:

1. Serious illness or disability;
2. Impairment of a bodily function;
3. Dysfunction of the body; or
4. Prolonged pain, psychiatric disturbance, or symptoms of withdrawal.

HM. Continuing Education Program: An educational program designed to update the knowledge and skills of its participants by attending conventions, seminars, workshops, educational classes, labs, symposiums, and the like. Points toward recertification may be awarded for successful completion of approved activities. A Department-approved program offered by an EMS Agency that provides Continuing Education for the recertification of South Carolina certified EMT-basics, AEMTs, and Paramedics.

~~I. Credentialing Information System (CIS): Database managed by EMS Performance Improvement Center (EMSPIC) which tracks EMS information and data such as certifications, licenses, permits, and inspections.~~

N. Department. The South Carolina Department of Health and Environmental Control.

O. Do Not Resuscitate Bracelet (“Bracelet”). A standardized identification bracelet that:

1. Meets the specifications established under S.C. Code Section 44-78-30(B) or that is approved by the Department under S.C. Code Section 44-78-30(B);

2. Bears the inscription "Do Not Resuscitate"; and

3. Signifies that the wearer is a Patient who has obtained a Do Not Resuscitate Order that has not been revoked.

P. Do Not Resuscitate Order for Emergency Services (“DNR Order”). A document made pursuant to the Emergency Medical Services Do Not Resuscitate Order Act, S.C. Code Sections 44-78-10, et seq., to prevent Emergency Medical Services personnel from employing resuscitation measures or any other medical process that would only extend the Patient’s suffering with no viable medical reason to perform the procedure.

~~JQ. Driver: In the EMS context, the vehicle operator of an ambulance. This person may be a certified EMT of any level or an uncertified individual who meets the minimum requirements as a driver by this regulation in Section 403. An individual who drives or otherwise operates an Ambulance.~~

~~KR. Electronic Patient Care Reports (ePCR): Patient care reports authored and submitted electronically into PreMIS which is compliant with the National EMS Information System (NEMIS)the Department’s EMS data system.~~

S. Elopement. An instance when a Patient who wanders, walks, runs away, escapes, or otherwise leaves unsupervised or unnoticed from the scene, transport unit, or prior to care being assumed by the receiving facility.

~~LT. Emergency: For the purposes of this regulation, an emergency is anA situation in which a prudent layperson has identified a potential medical threat to life or limb such that the absence of immediate medical attention could reasonably be expected to result in placing the individual’s health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of bodily organs.~~

U. Emergency Medical Responder Agency. An Agency licensed by the Department to provide medical care at the EMT-basic level or above, as a nontransporting emergency medical responder. May also be referred to as an EMT Rapid Responder Agency.

V. Emergency Medical Service Agency. An Agency licensed by the Department to provide nontransport and/or transport emergency medical services in South Carolina, including public, private, volunteer, fire departments, or other type of Ambulance services and Emergency Medical Responder Agencies. May also be referred to as EMS Agency or Agency.

W. Emergency Medical Services Personnel. Persons trained and certified or licensed to provide emergency medical care, whether on a paid or volunteer basis, as part of a Basic Life Support or Advanced

Life Support prehospital Emergency Medical Services, in an emergency department, pediatric critical care, or specialty unit in a licensed hospital. May also be referred to as EMS Personnel.

X. Emergency Medical Technician (EMT). An individual possessing a valid EMT-basic, Advanced EMT (AEMT), or Paramedic Certificate issued by the Department.

MY. Emergency Transport: Services and transportation provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity, including severe pain, that the absence of medical attention could reasonably be expected to result in the following:

1. Placing the pPatient’s health in serious jeopardy;
2. Causing serious impairment of bodily functions or serious dysfunction of bodily organ or part; or
3. A situation resulting from an accident, injury, acute illness, unconsciousness, or shock, for example, requiring oxygen or other emergency treatment, or requiring the pPatient to remain immobile because of a fracture, stroke, heart attack, or severe hemorrhage.

~~N. EMT: Emergency Medical Technician. When used in general terms for emergency medical personnel, an individual possessing a valid EMT, Advanced EMT (AEMT), or Paramedic certificate issued by the State of South Carolina pursuant to the provisions of this regulation and applicable governing statute.~~

~~1. Emergency Medical Technician (EMT): Formerly called an “EMT Basic,” this nationally credentialed level of prehospital emergency medical providers is a person who is specially trained and certified to administer basic emergency services to victims of trauma or acute illness before and during transportation to a hospital or other healthcare facility.~~

~~2. Emergency Medical Technician—Intermediate (EMT I): A nationally credentialed mid-level of prehospital emergency medical providers. The EMT I is intended to deliver augmented prehospital critical care and provide rapid on-scene treatment, working in conjunction with EMTs and Paramedics. The EMT I is authorized to provide more advanced medical treatment than the EMT. According to the NREMT, after March 31, 2017, EMT I certifications are being replaced by the Advanced Emergency Medical Technician (AEMT) credential with a greater scope of practice than the EMT I.~~

~~3. Advanced Emergency Medical Technician (AEMT): A nationally credentialed mid-level of prehospital emergency medical providers. The AEMT is intended to deliver augmented prehospital critical care and provide rapid on-scene treatment, working in conjunction with EMTs and Paramedics. The AEMT is authorized to provide more advanced medical treatment than the EMT.~~

~~4. Paramedic: The highest nationally credentialed level of prehospital emergency medical providers. The Paramedic is intended to provide leadership and to deliver prehospital emergency care and provide rapid on-scene treatment. The Paramedic is authorized to provide the highest level of prehospital care in accordance with standards set by the Department.~~

~~O. EMT Rapid Responder Agency: Formerly known as “EMT First Responder Service,” a licensed agency providing medical care at the EMT level or above as a nontransporting rapid responder.~~

Z. EMT-basic. An EMT certified by the Department at the basic level.

AA. Endorsement. A provision added to a Certificate, pursuant to approval by the Department, enhancing the scope of practice or authorization of specific activities within the EMS system.

BB. Exploitation. 1) Causing or requiring a Patient to engage in an activity or labor that is improper, unlawful, or against the reasonable and rational wishes of a Patient; 2) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a Patient by an individual for the profit or advantage of that individual or another individual; or 3) causing a Patient to purchase goods or services for the profit or advantage of the seller or another individual through undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the Patient through cunning arts or devices that delude the Patient and cause him or her to lose money or other property.

~~PCC. FAA: Federal Aviation Administration (FAA). The agency of the federal government that governs aircraft design, operations, and personnel requirements.~~

~~QDD. Flight Nurse: A licensed registered nurse who is trained in all aspects of Emergency care who has been so designated by the Department.~~

~~R. Ground Ambulance: A vehicle maintained or operated by a licensed provider who has obtained the necessary permits and licenses for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated. Ambulances provide both emergent and non-emergent transport.~~

~~1. Special purpose ambulance: An ambulance equipped and designated to transport by medical necessity only patients in need of specific specialized types of care and staffed by appropriate specialty care attendant(s). Examples may include special purpose ambulances such as neonatal units, and critical care ambulances.~~

~~S. HIPAA: Health Insurance Portability and Accountability Act of 1996.~~

~~T. Intermediate Life Support Service: A service provider that, in addition to basic life support minimum standard, provides at least two (2) EMTs, one of which is an EMT I, AEMT or Paramedic and demonstrates the capability to provide IV therapy, blind insertion airway devices (BIADs), and defibrillation capability.~~

EE. Investigative Review Committee. A professional peer review committee that may be convened by the Department, in its discretion, when the findings of an official investigation against an entity or an individual regulated by the Department may warrant suspension or revocation of a License or Certificate.

~~U. Joint Policy Statement on Equipment for Ground Ambulances (JPS): National document drafted and published on January 1, 2014, by the American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, Emergency Medical Services for Children, Emergency Nurses Association, National Association of EMS Physicians, and the National Association of State EMS Officials to serve as a referenced standard for equipment needs of emergency ground ambulance services in the United States.~~

FF. License. An authorization issued by the Department to a person, firm, corporation, or governmental division or agency to provide emergency medical services.

GG. Licensee. Any person, firm, corporation, or governmental division or agency possessing a License to provide emergency medical services in South Carolina.

~~VHH. Medical Control: Medical Control is usually provided by a licensed aAgency's physician who is responsible for the care of the pPatient by the pproviderAgency's medical aAttendants. Actual mMedical~~

eControl may be direct by two-way voice communications (on-line) or indirect by ~~standing orders or~~ Protocols (off-line) control.

1. ~~Off-Line Medical Control Physician:~~ An ~~provider~~Agency's Medical Control Physician assists in development and implementation of ~~who actually takes responsibility for treatment of patients in the prehospital setting by standing orders, Protocols, or~~ and pPatient care guidelines.

2. ~~On-Line Medical Control Physician:~~ The physician ~~who directly communicates with EMTs~~EMS Personnel regarding appropriate pPatient care ~~procedures en-route or on-scene. An on-line Medical Control Physician must be available for all EMTs performing procedures designated by the Department.~~

II. Medical Control Physician. A physician with a current unrestricted license to practice medicine by the South Carolina Board of Medical Examiners, retained by an EMS Agency to provide Off-line Medical Control, who participates in the review or evaluation of the services provided, and who maintains quality control of the Patient care provided by the EMS Agency. May also be referred to as EMS Medical Director.

~~WJJ. Moral Turpitude:~~ Behavior that is not in conformity with and is considered deviant by societal standards.

~~XKK. National Emergency Medical Services Information System (NEMSIS):~~ NEMSIS is the national repository of EMS data that is collected from across the United States. The data is used to define EMS and prehospital care, improve patient care, determine the national standard of care, and help design EMS curriculum.
The national database that is used to store EMS data from the U.S. States and Territories. NEMSIS is a collaborative system to improve Patient care through the standardization, aggregation, and utilization of point of care EMS data at a local, state, and national level.

~~YLL. National Registry of Emergency Medical Technicians (NREMT):~~ A national certification agency which that establishes uniform standards for training and examination of personnel active in the delivery of prehospital Emergency care. Individuals possessing a valid NREMT certification have successfully demonstrated competencies in their level of prehospital provider
provides a valid and uniform process to assess the knowledge and skills required for competent practice by EMS professionals throughout their careers and maintains a registry of certification status.

~~ZMM. Nonemergency Transport:~~ Services and transportation provided to a pPatient whose condition is considered stable, including prearranged transports scheduled at the convenience of the service, the Patient, or medical facility. A stable pPatient is one whose condition by caregiver consensus can reasonably be expected to remain the same throughout the transport and for whom none of the criteria for Emergency Transport has been met. ~~Prearranged transports scheduled at the convenience of the service, the patient, or medical facility will be classified as a nonemergency transport.~~

NN. Palliative Treatment. The degree of treatment that must be provided to a Patient in the routine delivery of emergency medical services, which assures the comfort and alleviation of pain and suffering to all extents possible, regardless of whether the Patient has executed a document as provided for in Chapter 78, Title 44 of the S.C. Code of Laws. May also be referred to as Palliative Care.

OO. Paramedic. The highest level of EMT certified by the Department.

AAPP. Patient: A patient is defined as any person who meets any of the following criteria: An individual who is sick, injured, wounded, or otherwise incapacitated or helpless.

1. Receives basic or advanced medical or trauma treatment;

- ~~2. Is physically examined;~~
- ~~3. Has visible signs of injury or illness or has a medical complaint;~~
- ~~4. Requires EMS specific assistance to change locations and/or position;~~
- ~~5. Identified by any party as a possible patient because of some known, or reasonably suspected illness or injury;~~
- ~~6. Has a personal medical device evaluated or manipulated by EMS; or~~
- ~~7. Requests EMS assistance with the administration of personal medications or treatments.~~

QQ. Permit. An authorization issued by the Department for an Ambulance which meets the standards of this regulation.

RR. Physician Orders for Scope of Treatment (POST) Form. A designated document designed for use as part of advance care planning, the use of which must be limited to situations where the Patient has been diagnosed with a serious illness or, based upon medical diagnosis, may be expected to lose capacity within twelve (12) months and consists of a set of medical orders signed by a Patient's Physician or other Authorized Healthcare Provider addressing key medical decisions consistent with Patient goals of care concerning treatment at the end of life that is portable and valid across health care settings.

BBSS. Prehospital Care: Assessment, stabilization, and care of a patient, including, but not limited to, the transportation to an appropriate receiving facility.

~~CC. Prehospital Medical Information System (PreMIS): A state mandated internet based EMS information system that collects data on each EMS call report made within South Carolina.~~

TT. Protocols. Written orders signed, dated, and issued by a Medical Control Physician that allow EMT-basics, AEMTs, and Paramedics to administer particular medications and perform treatment modalities in specific situations without On-line Medical Control. May also be referred to as Standing Orders.

UU. Public Safety Answering Point (PSAP). A communications facility operated on a twenty-four (24) hour basis which first receives 911 calls from persons in a 911 service area and which may directly dispatch public safety services or extend, transfer, or relay 911 calls to appropriate public safety agencies.

VV. Resuscitative Treatment. Artificial stimulation of the cardiopulmonary systems of the human body, through either electrical, mechanical, or manual means including, but not limited to, cardiopulmonary resuscitation.

~~DDWW. Revocation: An action by the Department has permanently voided to cancel or annul a license, permit, or certificate and the holder no longer may perform the function associated with the license, permit, or certificate by recalling, withdrawing, or rescinding the Agency's or individual's authorization to operate or practice. The Department will not reissue the license, permit, or certificate for a period of two (2) years for a license or permit and four (4) years for a certificate. At the end of this period, the holder may petition the Department for reinstatement.~~

~~EEXX. Special Purpose EMT: A state credentialed prehospital emergency medical provider. This person is a South Carolina licensed registered nurse (RN) or a Nurse Licensure Compact (NLC) State RN who works in a critical care hospital setting such as neonatology, pediatrics, or cardiac care, and is an EMT certified by the Department. These Special Purpose EMTs to provide a continuance of critical care during transport while aboard special purpose ambulances permitted by the State and equipped for their specialty area.~~

~~FF. Specialty Care: Advanced care skills provided by an appropriately credentialed Attendant in their specific specialty area. These may include but are not limited to Paramedics, Special Purpose EMTs in their area of specialty, RNs, and respiratory therapists.~~

~~GGYY. "Star of Life": A six (6) barred blue cross outlined with a white border of which all angles are sixty (60) degrees, and upon which is superimposed the staff of Aesculapius in white. This is a registered trademark of the U.S. United States Department of Transportation.~~

~~HHZZ. Suspension: An action by the Department has temporarily voided requiring a License, permit, or Certificate and the holder may not perform the function associated with the license, permit, or certificate to cease operations or providing Patient care until the holder has complied with the statutory requirements and other conditions imposed by such time as the Department rescinds that restriction.~~

~~H. The Department: The administrative agency known as the South Carolina Department of Health and Environmental Control.~~

~~AAA. Variance. An alternative method that ensures the equivalent level of compliance with the standards in this regulation.~~

~~JJ. Vocational School: Also called a trade school, is a higher level learning institution that specializes in providing students with the vocational education and technical skills they need in order to perform the tasks of a particular job.~~

~~KKBBB. Volunteer EMS Provider: Agency. A not-for-profit EMS provider which Agency that serves its local community with emergency medical service coverage at any level and is staffed by at least ninety percent (90%) non-paid staff. For the purpose of this regulation, token stipends received by volunteer EMS providers Agencies are not considered paid remuneration or a primary wage.~~

102. Licensure.

A. No person, firm, corporation, association, county, district, municipality, or metropolitan government or agency, either as owner, agent, or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise engage in or profess to engage in the business or service of providing emergency medical response or Ambulance service, or both, without obtaining a License and Ambulance Permit issued by the Department. When it has been determined by the Department that services are being provided and the owner, agent, or otherwise has not been issued a License from the Department, the owner, agent, or otherwise shall cease operation immediately and ensure the safety, health, and well-being of Patients. Current and/or previous violations of the South Carolina Code and/or Department regulations may jeopardize the issuance of a License or the licensing of any party(ies) to provide emergency medical response or Ambulance service or both that is owned/operated by the applicable party(ies). An EMS Agency shall not operate or advertise that it provides a level of life support above the level for which it is licensed. (I)

B. An EMS Agency that applies to the Department for any additional initial or amended EMS Agency Licenses shall be in substantial compliance with this regulation to obtain any additional initial or amended EMS Agency Licenses.

C. Issuance and Terms of License.

1. The EMS Agency shall ensure the License issued by the Department is posted in a conspicuous place in a public area.

2. The EMS Agency's License is not assignable or transferable and is subject to Revocation at any time by the Department for the EMS Agency's failure to comply with the laws or regulations of this state.

3. A License shall be effective for a specified EMS Agency, at a specific location, and for a period of two (2) years following the date of issue. A License shall remain in effect until the Department notifies the EMS Agency of a change in that status.

D. EMS Agency Name. Proposed and existing EMS Agencies shall not have the same or similar name of any other EMS Agency licensed in South Carolina.

E. Amended License. An EMS Agency shall request issuance of an amended License by application to the Department prior to any of the following circumstances:

1. Change of level of services provided;

2. Change of EMS Agency headquarters location from one geographic site to another; or

3. Changes in EMS Agency's name or address (as notified by the post office).

F. Change of Licensee. An EMS Agency shall request issuance of a new License by application to the Department prior to any of the following circumstances:

1. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains the identity and name; or

2. A change in the legal entity, for example, sole proprietorship to or from a corporation or partnership to or from a corporation, even if the controlling interest does not change.

103. EMS Agency License Application.

A. Application. Applicants for licensure as an EMS Agency shall submit to the Department a complete and accurate application on a form prescribed and furnished by the Department prior to initial licensing. The EMS Agency shall ensure the application is signed by the owner(s) if an individual or partnership; by two (2) officers if a corporation; or by the head of the governmental department having jurisdiction if a governmental unit. Corporations or limited partnerships, limited liability companies, or any other organized business entity shall be registered with the South Carolina Secretary of State's Office if required to do so by state law.

B. The EMS Agency shall include the following with the application:

1. The name and address of the owner of the EMS Agency or proposed EMS Agency;

2. The name under which the EMS Agency applicant is doing business or proposes to do business;
3. A copy of the business license, if applicable, of the EMS Agency or proposed EMS Agency for the location of the service;
4. The number of Ambulances and/or emergency medical responder service vehicles and a description of each vehicle including the make, Vehicle Identification Number (VIN), aircraft tail number, model, year of manufacture, and other distinguishing characteristics to be used to designate the applicant's vehicles;
5. The location and description of the place or places, including substations, from which the EMS Agency is intending to operate;
6. Personnel roster representing all employees, members, volunteers, and affiliates associated with the service including, but not limited to, EMT-basics, AEMTs, Paramedics, Drivers, pilots, registered nurses, certification numbers, and expiration dates of their South Carolina and NREMT credentials, if applicable;
7. EMS Agency type(s) and the levels of capability for each type pursuant to Sections 504 and 505 to be provided at each location;
8. Name, email address, and phone number of the following, if applicable:
 - a. EMS Director;
 - b. EMS Assistant Director;
 - c. Training Officer;
 - d. Data Manager;
 - e. Infection Control Officer;
 - f. Pediatric Emergency Care Coordinator, if applicable; and
 - g. Medical Control Physician.
9. A copy of current Protocols and an authorized medication list both signed and dated by the Medical Control Physician;
10. Records for each Driver, pursuant to Section 503;
11. Liability insurance information, to include name of insurance company, agent, phone number, and type of coverage. A copy of insurance policies shall be furnished to the Department upon request. The minimum limits of coverage shall be six hundred thousand dollars (\$600,000.00) liability and three hundred thousand dollars (\$300,000.00) malpractice per occurrence. Applicants that claim "self-insured" status shall provide documentation showing the specific coverages as outlined above;
12. A copy of the EMS Non-Dispensing Drug Outlet Permit from the South Carolina Board of Pharmacy, when applicable;

13. A copy of the EMS Agency's current registration Certificate from the Department's Bureau of Drug Control and registration Certificate from the United States Drug Enforcement Administration, when applicable;

14. A copy of the EMS Agency's Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver from the federal Centers for Medicare and Medicaid Services (CMS), when applicable;

15. A copy of the EMS Agency's Infectious Waste Generator Registration issued by the Department, or if an out of state EMS Agency, the respective home state equivalent; and

16. Additional information if requested by the Department, such as affirmative evidence of the applicant's ability to comply with this regulation.

C. License Renewal. The EMS Agency shall submit a complete and accurate application on a form prescribed and furnished by the Department prior to the License expiration date and shall not have pending enforcement actions by the Department. If the License renewal is delayed due to enforcement actions, the renewal License shall be issued only when the matter has been resolved by the Department, or when the adjudicatory process is completed, whichever is applicable.

104. Emergency Medical Technicians.

A. No person may hold himself or herself out as an EMT-basic, AEMT, or Paramedic, or provide Patient care that is within the scope of an EMT-basic, AEMT, or Paramedic as defined in South Carolina Code Section 44-61-20 and this regulation without obtaining a proper Certificate from the Department. When it has been determined by the Department that an individual is engaged as an EMT-basic, AEMT, or Paramedic, and the individual has not been issued a Certificate from the Department, the individual shall cease engaging as an EMT-basic, AEMT, or Paramedic immediately. Current and/or previous violation(s) of the South Carolina Code of Laws or Department regulations may jeopardize the issuance of an EMT-basic, AEMT, and Paramedic Certificate. (I)

B. No person shall provide Patient care within the scope of an Emergency Medical Technician (EMT-basic, AEMT, or Paramedic) without a current Certificate from the Department. The EMT shall: (I)

1. Engage only in those practices for which he or she has been trained, within the scope of the Department-issued Certificate, and as authorized by the EMS Agency's Medical Control Physician; and

2. Perform procedures only under the direction and oversight of a Medical Control Physician.

105. Initial EMT-basic, AEMT, and Paramedic Certification.

A. Applicants for an initial EMT-basic, AEMT, or Paramedic Certificate shall submit to the Department a completed application on a form prescribed, prepared, and furnished by the Department prior to issuance of an initial Certificate. The applicant shall submit, along with the application, the following:

1. Documentation that he or she has successfully passed the National Registry of Emergency Medical Technicians (NREMT) examination for the level of certification desired and possesses a current NREMT credential. In lieu of the NREMT credential, the Special Purpose EMT applicant shall submit documentation demonstrating that he or she is a licensed registered nurse who works in a critical care hospital setting;

2. A Criminal History Background Check. A person seeking EMT-basic, AEMT, or Paramedic certification shall undergo a state criminal history background check supported by fingerprints by the South Carolina Law Enforcement Division (SLED) and a national criminal history background check supported by fingerprints by the Federal Bureau of Investigation (FBI) and report the results of the criminal history background check to the Department; and (I)

3. The Department may require additional information including affirmative evidence of the applicant's ability to comply with this regulation.

106. Issuance and Terms of Certification.

A. The EMT-basic, AEMT, and Paramedic Certificate is issued pursuant to South Carolina Code Sections 44-61-80 et seq. and this regulation.

B. The EMT-basic, AEMT, and Paramedic Certificate is not assignable or transferable and shall be subject to Denial, Suspension, or Revocation by the Department for failure to comply with the South Carolina Code of Laws and this regulation.

C. The EMT-basic, AEMT, and Paramedic Certificate shall be valid for a period not exceeding four (4) years from the date of issuance. A Certificate shall remain in effect until the Department notifies the EMT-basic, AEMT, or Paramedic of a change in that status.

D. EMS Personnel shall at all times while on duty or otherwise rendering Patient care have the Department-issued identification on their person and available for view upon request. Patches from other certifying or licensing agencies are not an acceptable substitute.

E. The EMT-basic, AEMT, and Paramedic shall maintain current information in the Department's credentialing system.

107. EMT-basic, AEMT, or Paramedic Certification Renewal.

A. To renew his or her EMT-basic, AEMT, or Paramedic Certificate, the EMT-basic, AEMT, or Paramedic shall submit a complete application with the Department, on a form prescribed, prepared, and furnished by the Department, at least thirty (30) calendar days prior to the expiration date of his or her Certificate and shall not have pending enforcement actions by the Department. If the Certificate renewal is delayed due to enforcement actions, the Certificate renewal shall be issued only when the matter has been resolved satisfactorily by the Department or when the adjudicatory process is completed, whichever is applicable. The EMT-basic, AEMT, or Paramedic shall submit, along with the renewal application, the following:

1. Documentation of current NREMT credentials for the appropriate level of certification, EMT-basic, AEMT, or Paramedic, or documentation that the EMT-basic, AEMT, or Paramedic was certified by the Department prior to October 1, 2006, and has continuously maintained Certification. In lieu of the NREMT credential, the Special Purpose EMT shall submit documentation demonstrating he or she is a licensed registered nurse who works in a critical care hospital setting;

2. A state and national criminal history background check pursuant to S.C. Code Section 44-61-80 (D); and

3. Department-approved CPR credential for all EMTs and Department-approved Advanced Cardiac Life Support (ACLS) credential for all Paramedics.

108. Special Purpose EMT.

A. A Special Purpose EMT certified by the Department prior to the effective date of the most recent regulatory amendment shall be considered grandfathered in terms of their Certification and shall be recognized as a Special Purpose EMT so long as he or she possesses a current Certificate issued by the Department, renews his or her Certificate pursuant to Section 107 of this regulation, and maintains employment in an EMS Agency.

B. The Special Purpose EMT shall only engage in those practices for which he or she has been trained.

109. Reciprocity.

A. Candidates seeking reciprocity in South Carolina as an EMT-basic, AEMT, or Paramedic shall:

1. Hold either an NREMT credential or a current certification from another state for the level for which they are applying; and

2. Complete the criminal history background check in accordance with S.C. Code Section 44-61-80(D) and pursuant to Section 105.A.2.

B. Candidates seeking reciprocity who hold a current and valid NREMT certification may apply for direct reciprocity at the level of the NREMT credential they hold by creating an up-to-date profile in the Department's credentialing system and submitting a complete reciprocity application in a format as determined by the Department. The candidate shall submit the following with the application:

1. A properly completed out-of-state certification verification form;

2. A copy of their current NREMT certification for the level of reciprocity for which they are applying;
and

3. All other requirements as established by the Department.

C. Candidates not certified in South Carolina who hold a current and valid EMT-basic, AEMT, or Paramedic certification from other states and do not hold a current NREMT certification may apply for a one (1) year provisional certification at the level they hold. Candidates for provisional certification shall create an up-to-date profile in the Department's credentialing information system and submit a complete reciprocity application in a format as determined by the Department. The candidate shall submit the following with the application:

1. A copy of their current state certification identification card for the level for which he or she is applying that includes the certification expiration date. All candidates with provisional Certificates shall have no less than six (6) months remaining on their out-of-state certification by the time the Department receives all required documentation necessary for certification; and

2. All other documentation and requirements as established by the Department.

D. South Carolina provisional Certificates for all levels of certification shall expire one (1) year from the date of issue. Provisional certifications are non-renewable, and extensions are not permitted. An active military service member deployed outside of South Carolina may submit a written request in a format as

determined by the Department for an extension on his or her provisional Certification and submit a copy of the active duty orders with the request.

E. To convert a South Carolina provisional certification to a conventional South Carolina Certification, the provisional Certificate holder shall obtain a NREMT certification and complete the recertification requirements pursuant to Section 107 prior to expiration.

110. Certification Examinations.

Applicants for an EMT-basic, AEMT, and Paramedic Certificate shall successfully complete a Department-approved training program that meets or exceeds the NREMT standards for the desired level of certification. After completion of the training program and prior to certification, the applicant shall successfully pass the NREMT cognitive and the Department-approved psychomotor examinations.

111. Training Programs. (II)

A. No person, technical college, other college and/or university, vocational School, state regional EMS training office, or other entity shall advertise as an EMT-basic, AEMT, or Paramedic training program or conduct EMT-basic, AEMT, or Paramedic training prior to approval as a training program from the Department. The training program applicant shall:

1. Submit a complete application to the Department in a format determined by the Department. Training program applicants shall submit documentation of accreditation as required by the NREMT with their application to the Department;

2. Designate one (1) person as the EMT-basic, AEMT, or Paramedic program coordinator; and

3. Have equipment for training purposes as approved by the Department available and in working condition.

B. Departmental approval of a training program is granted for four (4) years. The training program shall complete a renewal application, in format as determined by the Department, prior to the expiration date to be re-approved. The training program shall not conduct courses with an expired Department approval.

C. The training program shall ensure all courses are taught by Department-certified EMT-basic, AEMT, and Paramedic instructors and shall not conduct class without equipment pursuant to Section 111.A.3. The training program may utilize specialty instructors, such as physicians, nurses, anatomists, and other subject matter experts, for portions of instruction as determined by the training program.

D. The training program shall retain a Medical Control Physician to provide medical oversight for their program.

E. The training program shall maintain a seventy percent (70%) first time pass rate as defined by NREMT, calculated using a three (3) year rolling history, on the cognitive and psychomotor portions of the NREMT Examination.

112. Certified EMT-basic, AEMT, and Paramedic Instructors.

A. All EMT-basic, AEMT, and Paramedic instructors shall be certified by the Department prior to providing any instruction in a training program and meet the following requirements:

1. Submit a complete and signed certified EMT-basic, AEMT, or Paramedic instructor application in a format as determined by the Department;

2. Have three (3) years' experience at the level for which he or she intends to teach;

3. Possess a high school diploma or GED;

4. Possess a current state EMT-basic, AEMT, or Paramedic Certificate. The certified EMT-basic, AEMT, or Paramedic instructor shall only teach at or below the level of his or her Certificate level;

5. Successfully complete a forty (40) hour instructor methodology course offered by the National Association of EMS Educators (NAEMSE), International Fire Service Accreditation Congress (IFSAC), ProBoard or Department of Defense (DOD) fire instructor, South Carolina Criminal Justice Academy, or other Department-approved course; and

6. Possess a current and valid CPR instructor credential.

B. Instructor Candidates. Instructor candidates may provide instruction in a training program under the supervision of a Department-certified instructor.

C. Instructor Certification Renewal. The certified instructor shall submit a complete and signed renewal application certification prior to the last day of the month in which his or her state EMT certification expires. The renewal application shall include:

1. A copy of a current South Carolina and NREMT EMT-basic, AEMT, or Paramedic certification;
and

2. A copy of a current and valid CPR instructor credential.

D. The Department may suspend or revoke an EMT-basic, AEMT, or Paramedic instructor certification for any of the following reasons:

1. Any act of misconduct as outlined in Section 303.B.;

2. Suspension or Revocation of the holder's South Carolina or NREMT certification;

3. Failure to maintain required credentials necessary for instructor designation;

4. Any act of sexual or other harassment toward another instructor or candidate;

5. Conducting classes while under the influence of drugs that negatively impair the ability to instruct (prescribed, non-prescribed, or illegal); and

6. Falsification of any documents pertaining to the course (such as attendance logs, equipment checklist).

113. Continuing Education (CE) Program. (II)

A. No EMS Agency shall begin or conduct a CE Program prior to receiving approval by the Department. EMS Agencies seeking approval for a CE program shall file an application with the Department in a format as determined by the Department.

B. The EMS Agency's CE Program approval shall be effective for no more than four (4) years. The CE Program shall submit a renewal application in a format as determined by the Department prior to the expiration date of the Department's approval.

C. The EMS Agency shall ensure all CE Programs meet the requirements established by the NREMT for recertification.

D. CE Programs may verify skills for currently credentialed state and NREMT personnel on their roster. Provisional credentialed EMTs must have their NREMT skills verified at a Department-approved NREMT testing site.

114. Continuing Education Units (CEUs).

A. The Department may approve additional CEUs on a case-by-case basis from medical schools, hospitals, simulation centers, formal conventions, seminars, workshops, educational classes, symposiums, and other Department approved continuing education events.

B. Applicants for CEUs shall submit requests in writing for approval from the Department at least thirty (30) calendar days prior to the scheduled event.

C. The written requests for approval shall include the following:

1. Date, time, and agenda of the event;

2. Topics covered; and

3. List of speakers and their credentials.

115. Pilot Programs.

A. The EMS Agency that wishes to initiate a pilot program shall provide in writing to the Department a detailed proposal of the program and any supporting materials requested by the Department. The South Carolina Medical Control Committee and the South Carolina EMS Advisory Council shall provide a written recommendation to the Department.

B. The EMS Agency shall not initiate a pilot program without prior written approval by the Department.
(1)

C. The EMS Agency, approved by the Department to initiate a pilot program, shall ensure participating EMT-basics, AEMTs, and Paramedics perform the pilot procedures under their Medical Control Physician's oversight during the period of the pilot program.

D. The EMS Agency shall present a detailed report to the Medical Control Committee and EMS Advisory Council upon the conclusion of the pilot program which includes all information requested by the approving committees.

116. Endorsement of Specialty Credentials.

A. A Department-endorsed specialty credential may include, but is not limited to, the following areas of specialized training:

1. Community Paramedic;
2. Critical Care Paramedic; and
3. Tactical Paramedic.

B. The applicant for Endorsement shall meet the minimum educational and clinical guidelines as established by the Department and submit a complete application in a format as determined by the Department that includes:

1. Documentation of the Department-required training;
2. Documentation that he or she is currently employed by an EMS Agency in one of the specialized training areas pursuant to Section 116.A; and
3. Documentation that he or she has successfully passed the International Board of Specialty Certification examination or other Department-approved national certifying board requirements.

C. Endorsement Renewal. The Department-endorsed Paramedic shall complete twenty-four (24) hours of Department-approved continuing education above the NREMT certification requirements. The Department-endorsed Paramedic shall submit documentation of the continuing education with each Certificate renewal application.

D. Endorsement Reciprocity. A Paramedic seeking Endorsement through reciprocity shall submit a complete application in a format as determined by the Department that includes:

1. Documentation of training and/or certification in his or her current state. The Department may issue a one (1) year provisional Endorsement provided the Paramedic meets the minimum educational and clinical guidelines as established by the Department prior to expiration of the provisional specialty Endorsement; and
2. Documentation that the applicant is currently employed by or has a conditional employment offer from a Licensed Agency to provide the level of service.

E. The Endorsement shall only be granted by the Department to Paramedics that are currently certified by the Department. If a Paramedic's Certification is expired, suspended, or revoked by the Department, the Endorsement follows the same status as their certification.

F. The specialty endorsed Paramedic shall only practice their skills within the scope of practice of their Department-approved agency, under a South Carolina licensed Medical Control Physician. Specialty endorsed Paramedics are not independent healthcare practitioners.

G. The types of care rendered by specially endorsed Paramedics shall include, but are not limited to, critical care interfacility services, prehospital services, preventative care, social service referrals, chronic care support, follow-up care and maintenance, and tactical medical support of law enforcement.

H. Licensed Agencies providing these specialized services shall:

1. Be licensed at the ALS level and provide Community Paramedic, Critical Care Paramedic, or Tactical Paramedic services;

2. Have specific Protocols approved by the Department;

3. Develop and implement a Department-approved written training plan for training new employees and providing continuing education for each specialty endorsed Paramedic; and

4. Ensure at least one (1) crew member on each ground Ambulance providing Critical Care is a certified EMT and two (2) advanced level personnel (Paramedic, RN, Physician, or Respiratory Therapist) are in the Patient compartment during transport.

117. Variance.

An EMS Agency, EMT-basic, AEMT, Paramedic, training program, or instructor may request a Variance to a provision or provisions of this regulation in a format specified by the Department. Variances shall be considered on a case-by-case basis by the Department. The Department may revoke issued Variances as determined to be appropriate by the Department.

SECTION 200 – ENFORCEMENT OF REGULATIONS

201. Inspections and Investigations. (I)

A. The EMS Agency is subject to Department inspections prior to initial licensing and subsequently as deemed appropriate by the Department.

B. All EMS Agencies, permitted Ambulances, equipment, and vehicles, EMTs, training programs, and instructors are subject to inspection by individuals authorized by the Department at any time without prior notice. The EMS Agency, EMT, training program, and instructor shall provide the Department all requested records and documentation in the manner and within the timeframe specified by the Department.

C. The EMS Agency shall maintain records that include approved Patient care report forms, employee or member rosters, or both, and training records. The EMS Agency shall grant individuals authorized by the Department access to all properties and areas, objects, requested records, and documentation at the time of the inspection or investigation. The EMS Agency shall provide the Department with photocopies of documentation and records required in the course of inspections or investigations for the purpose of enforcement of regulations. The Department shall maintain confidentiality of the documentation in accordance with South Carolina Code Section 44-61-160.

202. Plan of Correction.

When the Department cites a violation of this regulation, the EMS Agency, EMT-basic, AEMT, or Paramedic, Training Program, or EMT-basic, AEMT, or Paramedic Instructor shall submit an acceptable plan of correction in a format determined by the Department. The EMS Agency, EMT-basic, AEMT, or Paramedic, Training Program, or EMT-basic, AEMT, or Paramedic Instructor shall ensure:

A. The plan of correction is signed by the EMS Agency administrator or individual and returned by the date specified on the report of inspection or investigation.

B. The plan of correction describes: (II)

1. The actions taken to correct each cited deficiency;

2. The actions taken to prevent recurrences (actual and similar); and
3. The actual or expected completion dates of those actions.

203. Consultations.

Consultations may be provided by the Department as requested by the Licensee or Certificate holder, or as deemed appropriate by the Department.

~~SECTION 300. ENFORCING REGULATIONS~~
SECTION 300 – ENFORCEMENT ACTIONS

Section 301. General.

~~A. The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding an EMT, training facility, instructor, Medical Control Physician, or provider in order to enforce these regulations.~~

~~B. The Department reserves the right to make exceptions to these regulations where it is determined that the health and welfare of those being served would be compromised. The Department may suspend a License pending an investigation of an alleged violation or complaint. The Department may impose a civil monetary penalty up to five hundred dollars (\$500.00) per offense per day to a maximum of ten thousand dollars (\$10,000.00), revoke, or Suspend the License if the Department finds that an EMS Agency has:~~

1. Allowed uncertified personnel to perform Patient care;
2. Falsified forms or documentation as required by the Department;
3. Failed to maintain required equipment as evidenced by past compliance history;
4. Failed to maintain a Medical Control Physician;
5. Failed to maintain equipment in working order; or
6. Failed to respond to a call within the EMS Agency’s service area without providing for response by an alternate service provider.

Section 302. Inspections and Investigations.

~~A. An inspection shall be conducted prior to initial licensing of a provider and subsequent inspections conducted as deemed appropriate by the Department.~~

~~B. All providers, permitted vehicles, equipment used for rapid response by licensed agencies, EMTs, training facilities, and instructors are subject to inspection or investigation at any time without prior notice by individuals authorized by the Department.~~

~~C. Individuals authorized by the Department shall be granted access to all properties and areas, objects, equipment, and records, and have the authority to require that entity to make photo and/or electronic copies of those documents required in the course of inspections or investigations. These copies shall be used for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings.~~

Section 3032. Enforcement Actions against EMT-basics, AEMTs, and Paramedics.

~~When the Department determines that an EMT, provider, instructor, or training facility is in violation of any statutory provision, rule, or regulation relating to the duties therein, the Department may, upon proper notice to that entity, impose a monetary penalty and/or deny, suspend, and/or revoke its certification, license, or authorization or take other actions deemed appropriate by the Department. The schedule of fines and monetary penalties is noted in Section 1501.~~

A. General. When the Department determines that a Certificate holder is in violation of any statutory provision, rule, or regulation, the Department, upon proper notice to the Certificate holder, may deny, suspend, or revoke the Certificate or assess a monetary penalty in accordance with Section 305.A or both.

B. The Department may take enforcement action, including suspending or revoking a certification and/or assessing a monetary penalty, against the holder of a Certificate at any time it is determined that the certification holder:

1. No longer meets the prescribed qualifications set forth by the Department;

2. Has failed to provide to Patients emergency medical treatment of a quality deemed acceptable by the Department, including failure to meet generally accepted standards for provision of care; or

3. Is guilty of Misconduct. Misconduct, constituting grounds for an enforcement action by the Department, means that while holding a Certificate, the holder:

a. Used a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with the certification requirements or official documents required by the Department;

b. Was convicted of or currently under indictment for a felony or another crime involving Moral Turpitude, drugs, or gross immorality. The Certificate holder shall report in writing any arrest to the Department as soon as possible but not to exceed five (5) business days following the arrest or release from custody;

c. Is addicted to alcohol or drugs to such a degree as to render him or her unfit to perform as an EMT-basic, AEMT, or Paramedic;

d. Sustained a mental or physical disability that renders further practice by him or her dangerous to the public;

e. Obtained fees or assisted another in obtaining fees under dishonorable, false, or fraudulent circumstances;

f. Disregarded an appropriate order by a physician concerning emergency treatment, including protocol violations without appropriate justification;

g. At the scene of an accident or illness, refused to administer emergency care based on the age, sex, race, religion, creed, or national origin of the Patient;

h. After initiating care of a Patient at the scene of an accident or illness, discontinued care or Abandoned the Patient without the Patient's consent or without providing for the further administration of care by an equal or higher medical authority;

i. Revealed confidences entrusted to him or her in the course of medical attendance, unless this revelation was required by law or is necessary to protect the welfare of the individual or the community;

j. By action or omission and without mitigating circumstance, contributed to or furthered the injury or illness of a Patient under his or her care;

k. Was careless, reckless, or irresponsible in the operation of an emergency vehicle;

l. Performed skills above the level for which he or she was certified or endorsed or performed skills that he or she was not trained to do;

m. Observed the administration of substandard care by another EMT-basic, AEMT, Paramedic, or other medical provider without documenting the event and notifying a supervisor;

n. By his or her actions or inactions, created a substantial possibility that death or serious physical harm could result;

o. Did not take or complete remedial training or other courses of action as directed by the Department as a result of an investigation or inquiry;

p. Was found to be guilty of the falsification of documentation as required by the Department;

q. Breached a section of the Emergency Medical Services Act of South Carolina or a subsequent amendment of the Act or any rules or regulations published pursuant to the Act;

r. Has acted to disrespect, demean, disparage the Patient; has used profane, vulgar, or obscene language to or directed at the Patient; or has derogated from standard professional conduct; or

s. Was found guilty of a violent crime as defined in S.C. Code Section 16-1-60.

C. The Department may suspend a Certificate pending the investigation of any complaint or allegation regarding the commission of an offense including those listed in Section 302.B.

303. Investigative Review Committee.

The Department may convene, at its discretion, the Investigative Review Committee when the findings of an official investigation against an entity or an individual regulated by the Department may warrant Suspension or Revocation of a License or Certificate. This committee shall consist of the State Medical Control Physician, three (3) regional EMS office representatives, at least one (1) Paramedic, and at least one (1) emergency room physician who is also a Medical Control Physician.

Section-304. Violation Classifications.

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the persons being served, other employees, or the general public; or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. Each day such violation exists may be considered a subsequent violation.

B. Class II violations are those other than Class I violations the Department determines to have a negative impact on the health, safety or well-being of those being served, other employees, or the general public. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. Each day such violation exists may be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. A physical condition or one or more practices, means, methods, operations, or lack thereof may constitute such a violation. Each day such violation exists may be considered a subsequent violation.

D. Class IV violations are those that are specific to vehicle inspections. These violations may escalate based on the frequency and the point value accrued per deficiency identified in the vehicle inspections conducted by the Department.

E. The notations “(I)” or “(II)”, placed within sections of this regulation, indicate that those standards are considered Class I or II violations, if they are not met, respectively. Standards not so annotated are considered Class III violations. Class IV violations are specific to vehicle reinspection which may escalate to Class III violations.

F. In arriving at a decision to take enforcement actions, the Department shall consider the following factors: specific conditions and their impact or potential impact on the health, safety, or well-being of those being served, other employees and the general public, efforts by the EMT-basic, AEMT, Paramedic, provider EMS Agency, training facility program or EMT-basic, AEMT, or Paramedic instructor to correct cited violations; behavior of the entity in violation that reflects negatively on that entity’s character, such as illegal or illicit activities; overall conditions; history of compliance; and any other pertinent factors that may be applicable to current statutes and regulations.

~~G. A schedule of all monetary penalties is delineated in Section 1501.~~

~~H. Any enforcement action taken by the Department may be appealed pursuant to the Administrative Procedures Act beginning with S.C. Code Section 1-23-310.~~

305. Monetary Penalties.

A. When imposing a monetary penalty against an EMS Agency, EMT-basic, AEMT, or Paramedic the Department may utilize the following schedule to determine the dollar amount:

<u>FREQUENCY OF VIOLATION</u>	<u>CLASS I</u>	<u>CLASS II</u>	<u>CLASS III</u>
<u>1st</u>	<u>\$300 - 500</u>	<u>\$100 - 300</u>	<u>\$50 – 100</u>
<u>2nd</u>	<u>\$500 - 1,500</u>	<u>\$300 - 500</u>	<u>\$100 – 300</u>
<u>3rd</u>	<u>\$1,000 - 3,000</u>	<u>\$500 - 1,500</u>	<u>\$300 – 800</u>
<u>4th</u>	<u>\$2,000 - 5,000</u>	<u>\$1,000 - 3,000</u>	<u>\$500 -1,500</u>
<u>5th</u>	<u>\$5,000 - 7,500</u>	<u>\$2,000 - 5,000</u>	<u>\$1,000 - 3,000</u>
<u>6th or more</u>	<u>\$10,000</u>	<u>\$7,500</u>	<u>\$2,000 - 5,000</u>

B. When a licensed Agency fails a vehicle reinspection, a Class IV penalty may be levied upon the agency. Pursuant to S.C. Code Section 44-61-70, the following Class IV penalty schedule shall be used when a permitted Ambulance or licensed Emergency Medical Responder Agency loses points upon reinspection:

<u>FREQUENCY OF VIOLATION</u>	<u>CLASS IV Points</u>	<u>Penalty</u>
<u>1st</u>	<u>0-24</u>	<u>\$25-50</u>
<u>2nd</u>	<u>25-50</u>	<u>\$50-100</u>
<u>3rd</u>	<u>51-100</u>	<u>\$100-300</u>
<u>4th</u>	<u>101-500</u>	<u>\$300-500</u>
<u>5th</u>	<u>501-1,000</u>	<u>\$500-1,500</u>
<u>6th or more</u>	<u>Over 1,000</u>	<u>\$1,000-3,000</u>

SECTION 400. LICENSING PROCEDURES
SECTION 400 – POLICIES AND PROCEDURES (II)

Section 401. Application.

A. Application for license shall be made to the Department by private firms, public entities, volunteer groups or non federal governmental agencies. The application shall be made upon forms in accordance with procedures established by the Department and shall contain the following:

1. The name and address of the owner of the licensed provider or proposed licensed provider;
2. The name under which the applicant is doing business or proposes to do business;
3. A copy of the licensed provider or proposed licensed provider's business license (if applicable) for the location of the service;
4. A description of each ambulance, and/or rapid response vehicle, including the make, Vehicle Identification Number (VIN), model, year of manufacture or other distinguishing characteristics to be used to designate applicant's vehicle;
5. The location and description of the place or places from which the licensed provider is intended to operate. The Department shall be notified within five (5) working days of any expansion or contraction of the service, level of care (upgrade or downgrade), or if the headquarters, director or any substation locations are changed;
6. Personnel roster representing all employees, volunteers, and affiliates associated with the service including but not limited to EMTs, non-certified drivers (if applicable), pilots, RNs, certification numbers and expiration dates of their South Carolina and NREMT credentials (if applicable);
7. Type of license applied for;
8. Name, email address, and phone number of Medical Control Physician;
9. Name, email address, and phone number of the following, if applicable;
 - a. EMS Director;
 - b. EMS Assistant Director;
 - c. Training Officer;
 - d. Data Manager; and

e. Infection Control Officer.

~~10. Number of vehicles and level of service provided from each fixed station location;~~

~~11. Insurance information, to include name of insurance company, agent, phone number and type of coverage. A copy of insurance policy(ies) shall be furnished to the Department upon request. The minimum limits of coverage shall be six hundred thousand dollars (\$600,000) liability and three hundred thousand dollars (\$300,000) malpractice per occurrence.~~

~~12. A copy of the EMS Non-dispensing Drug Permit from the South Carolina Board of Pharmacy. If out of state provider, the respective home state equivalent;~~

~~13. A copy of the agency's current Drug Enforcement Agency license (both South Carolina and federal), when applicable. If out of state provider, the respective home state equivalent;~~

~~14. A copy of the agency's Clinical Laboratory Improvement Act (CLIA) waiver from the Centers for Medicare & Medicaid Services (CMS) if agency is providing field laboratory testing such as blood glucose readings or cardiac markers; and~~

~~15. Such other information as the Department shall deem reasonable and necessary to make a determination of compliance with this regulation.~~

~~B. The Department shall issue a license valid for a period of two (2) years when it is determined that all the requirements of this regulation have been met. If disapproved, the applicant may appeal in a manner pursuant to the Administrative Procedures Act beginning with S.C. Code Section 1-23-310.~~

~~C. Subsequent to issuance of any license, the Department shall cause to be inspected each licensed provider (vehicles, equipment, personnel, records, premises, and operational procedures) whenever that service is initially licensed. Thereafter, services will be inspected by the Department on a random basis. These random inspections may be conducted dependent upon past compliance history. The schedule of fines and monetary penalties is noted in Section 1501.~~

~~D. The Department is herein authorized pursuant to S.C. Code Section 44-61-70, to suspend or revoke a license so issued at any time it determines that the holder no longer meets the requirements prescribed for operating as a licensed provider.~~

~~E. Renewal of any license issued under the provision of this Act shall require conformance with all the requirements of this Act as upon original licensing.~~

~~F. The Department shall be notified within five (5) working days when changes of ownership of a licensed provider are impending or occur so that a new license may be issued.~~

~~G. Conditions which have not been covered in these regulations shall be handled in accordance with the standard practices as interpreted by the Department.~~

Section 402. Medical Control Physician. (f)

~~Each licensed provider that provides patient care shall retain a Medical Control Physician to maintain quality control of the care provided, whose functions include the following:~~

~~A. Quality assurance (QA) of patient care including development of protocols, standing orders, training, policies, and procedures; and approval of medications and techniques permitted for field use by direct observation, field instruction, in-service training (IST) or other means including, but not limited to:~~

- ~~1. Patient care report review;~~
- ~~2. Review of field communications recordings;~~
- ~~3. Post-run interviews and case conferences; and~~
- ~~4. Investigation of complaints or incident reports.~~

~~B. The Medical Control Physician shall serve as medical authority for the licensed provider, to perform in liaison with the medical community, medical facilities, and governmental entities.~~

~~C. The Medical Control Physician shall have independent authority sufficient to oversee the quality of patient care for the agency.~~

~~D. Providers shall register their Medical Control Physician with the Department and provide a copy of their current standing orders and authorized medication list signed and dated by Medical Control Physician.~~

~~E. The Department must be notified of any change in Medical Control Physician, drug list, or standing orders within ten (10) days of the change.~~

~~F. The Medical Control Physician may withdraw at his or her discretion, the authorization for personnel to perform any or all patient care procedure(s) or responsibilities.~~

~~G. All initial Medical Control Physicians must attend a Medical Control Physician Workshop conducted by the Department within twelve (12) months of being designated Medical Control Physician. Failure to attend the above mentioned workshop will result in immediate dismissal from that position.~~

~~H. Medical Control Physicians shall complete Department mandated continuing education updates to maintain their status.~~

~~I. Medical Control Physicians may respond to scene calls to render care, function as medical providers, provide medical direction, and/or exercise their medical oversight authority.~~

~~J. Providers may have multiple Medical Control Physicians especially if they have multiple regional locations.~~

Section 403. Non-Credentialed Ambulance Operator or Driver. (H)

~~A. An ambulance driver shall:~~

- ~~1. Be at least eighteen (18) years old;~~
 - ~~2. Be physically able to drive;~~
 - ~~3. Possess a valid (non-disqualified) driver's license from South Carolina or home state of provider.~~
- ~~In the event of suspension or revocation of the driver's license, the individual shall notify their agency and the agency must notify the Department;~~

4. Have a criminal background check required on initial hire and thereafter every four (4) years which meets the same requirements as certified EMS personnel as noted in Section 902.B; and

5. Display a picture ID in a manner visible to the public all times while on duty.

~~B. An ambulance driver shall complete a nationally accredited safety driving course, such as Certified Emergency Vehicle Operator (CEVO), specific to emergency vehicles within the first six (6) months of hire.~~

~~C. In emergencies that may require a third crew member, such as multiple casualty incidents (MCIs), disasters, or where immediate local EMS resources are taxed, an ambulance may, out of necessity, be driven to the hospital by a member of a fire department, law enforcement agency, or rescue squad. These out of necessity drivers are exempt from Section 403.A and B in this limited context.~~

~~D. Each EMS agency shall maintain its EMS drivers' records and submit those credentials upon its initial agency license application and bi-annual agency license renewal.~~

Section 404. Criteria for License Category Basic Life Support (Ambulance). (II)

(Minimum Standard):

~~A. Shall have ambulances that are permitted pursuant to these regulations.~~

~~B. Shall have no less than five (5) currently credentialed South Carolina EMTs associated with the provider.~~

~~C. Shall have staffing patterns, policy and procedure, and if necessary, mutual aid agreements to ensure that an ambulance is en route with at least one (1) EMT and one (1) driver onboard to all emergent responses within five (5) minutes or the next closest staffed ambulance must be dispatched, excluding prearranged transports. Volunteer Services (services not utilizing paid personnel) without onsite personnel must have staffing patterns, policy and procedures, and if necessary, mutual aid agreements to ensure that an ambulance is en route with at least one (1) EMT and one (1) driver onboard to all emergent calls within ten (10) minutes or have the closest staffed ambulance dispatched.~~

~~D. Vehicle operators or attendants shall not utilize emergency lights and sirens unless the service is responding to a patient with a condition requiring emergency response, as defined in Section 200.G. Vehicle operators or attendants shall not utilize emergency lights and sirens from a call unless the service is conducting an emergency transport, as defined in Section 200.L.~~

~~E. The provider must demonstrate sufficient equipping and staffing capability to ensure that basic life support consisting of at least automatic defibrillation (AED), basic airway management, obstetrical care, and basic trauma care are onboard the ambulance.~~

~~F. The Department will, upon request, be furnished with staffing patterns, policy and procedure, and mutual aid agreements that ensures compliance with the en route times noted in Section 404.C.~~

~~G. Industries that provide ambulance service or rapid medical response for their employees may exempt the minimum number of EMTs noted in Section 404.B, as long as they meet en route times and staffing requirements of the regulations.~~

~~H. The provider maintains accurate records that include, but are not limited to, approved patient care reports, employee / member rosters, time sheets, CIS rosters, call rosters, training records and dispatch logs that show at least the time call was received, the type of call, and the time the unit was en route. Such records shall be available for inspection by the Department with copies furnished upon request.~~

Section 405. Criteria for License Category—Intermediate Life Support: (Ambulance). (H)

~~A. To be categorized as an intermediate life support (ILS) provider, the provider must meet all criteria established for basic life support (BLS), minimum standard. Additionally, the provider must demonstrate sufficient equipping to ensure that life support consisting of at least IV therapy, blind insertion airway devices (BIADs), and defibrillation capability (either manual or by AED) are onboard the ambulance. The minimum staffing of an ILS ambulance shall consist of two (2) EMTs, one (1) of which must be an EMT I, AEMT or Paramedic, at least ninety five percent (95%) of the time.~~

~~B. An ILS licensed provider may elect to participate in a tiered response system. The provider must have a process in place to identify the acuity of the incoming EMS request in order to properly triage the response and dispatch the appropriate level unit(s). Triage calls may take place with assets such as Emergency Medical Dispatching (EMD) or other means that identifies whether the request is classified as an “ILS” or “BLS” level of response. BLS personnel may operate on an ILS equipped ambulance in the case where an ILS credentialed responder may intercept the unit. In the case where an ILS responder intercepts a BLS unit with a Quick Response Vehicle (QRV), all equipment needed to raise the level of permitting to ILS must be transferred to the BLS unit prior to commencing patient transport.~~

Section 406. Criteria for License Category—Advanced Life Support: (Ambulance). (H)

~~A. To be categorized as an advanced life support (ALS) provider, the provider must meet all criteria established for basic life support, minimum standard. Additionally, the provider must demonstrate sufficient equipping to ensure that life support consisting of IV therapy, advanced airway care, cardiac monitoring, defibrillation capability and drug therapy, approved by the Department and the unit Medical Control Physician, are onboard the ambulance. The minimum staffing of an ALS ambulance shall consist of a minimum of two (2) EMTs, one (1) of which must be a Paramedic at least ninety five percent (95%) of the time.~~

~~B. An ALS licensed provider may elect to participate in a tiered response system. The provider must have a process in place to identify the acuity of the incoming EMS request in order to properly triage the response and dispatch the appropriate level unit(s). Triage calls may take place with assets such as Emergency Medical Dispatching (EMD) or other means that identifies whether the request is classified as an “ALS” or “BLS” level of response. BLS personnel may operate on an ALS equipped ambulance in the case where an ALS credentialed responder may intercept the unit. In the case where an ALS responder intercepts a BLS unit with a QRV, all equipment needed to raise the level of permitting to ALS must be transferred to the BLS unit prior to commencing patient transport.~~

Section 407. Criteria for License Category—Special Purpose Ambulance Provider: (Ambulance). (H)

~~A. Have an approved vehicle that is in compliance with Section 200.R.1 and meets minimum equipment requirements, as delineated in Section 704.~~

~~B. Have a Medical Control Physician as delineated in Section 402.~~

~~C. Provide the Department with copies of policy and procedures for the operation of the special purpose ambulance.~~

~~D. Provide a list, approved by the Medical Control Physician, of special purpose equipment carried on the special purpose ambulance for review and approval by the Department.~~

~~E. Provide other license information delineated in Section 401.~~

~~F. Except during extenuating circumstances, special purpose ambulances shall be used for interfacility transports only.~~

Section 408. Advanced Life Support Information. (H)

~~A. Ambulance service providers professing to provide ALS level of care, whether licensed at the ALS level or not, must at all times transport an ALS patient in an ambulance which is fully equipped as an ALS unit, per these regulations, with a Paramedic, physician or RN, as delineated in these regulations, in the patient compartment.~~

~~B. The minimum staffing for any transport above the BLS level (for BLS licensed providers), shall be two (2) certified EMTs, one (1) of which must be an EMT I, an AEMT, or a Paramedic one hundred percent (100%) of the time. A BLS licensed agency may only deviate from this staffing pattern when responding to a mutual aid call for service. At that time, the units must be staffed with two (2) EMTs, one (1) of which must be a Paramedic ninety five percent (95%) of the time for ALS responses.~~

Section 409. Advertising Level of Care. (H)

~~Ambulance service providers may not advertise that they provide a level of life support above the category for which they are licensed.~~

Section 410. Criteria for License Category—EMT Rapid Responder. (H)

~~A. Personnel assigned to Rapid Responder duty must be currently certified EMTs with no less than five (5) EMTs associated with the provider. The certification level of the responder must coincide with the agency's level of licensure. If the Rapid Responder agency is requested to respond, an EMT must respond on calls for an EMT licensed agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time.~~

~~B. Must have staffing patterns, policy and procedures, to ensure that a Rapid Responder unit is en route with at least one (1) EMT to all emergent calls within five (5) minutes. Volunteer units (services not utilizing paid personnel) without onsite personnel must have staffing patterns, policy and procedures to ensure that a Rapid Responder unit is en route with at least one (1) EMT to all emergent calls within ten (10) minutes.~~

~~C. The Department will, upon request, be furnished with staffing patterns, policy and procedures to ensure compliance with the en route times noted in Section 410.B.~~

~~D. The provider maintains records that include, but are not limited to, approved patient care report forms, employee/member rosters, time sheets, call rosters, training records and dispatch logs that show at least time call received, type call and time unit is en route. Such records are to be available for inspection by the Department with copies furnished upon request.~~

Section 411. Special Exemptions for Volunteer EMS Providers Squads.

~~A. A volunteer EMS provider must have an EMT or higher, attending to the patient at the scene and in the ambulance while transporting the patient to the hospital.~~

~~B. If a volunteer EMS provider has a written response policy in place in which an EMT is allowed to respond directly to the scene from home or work, the ambulance may respond to the scene of the emergency even if an EMT is not on board. If the EMT does not arrive at the scene and another service is immediately available with appropriate staffing, the patient shall be transported by that service. If no other service is immediately available, the patient shall not be transported without at least one (1) EMT on board. Continual and repeated failure of a service to ensure an EMT arrives at the scene to provide care and transport may result in the Department taking disciplinary action against the agency.~~

~~C. If only one (1) EMT is available to staff the ambulance crew, that EMT must be the patient care provider and/or supervise the patient care being provided. The EMT may not be the driver of the ambulance when a patient is being transported.~~

~~D. An ambulance shall not respond to the scene of an emergency if it is known in advance that an EMT is not available. All ambulance services shall preplan for the lack of staffing by written mutual aid agreements with neighboring agencies and by alerting the local Public Safety Answering Point (PSAP) as early as possible when you know that EMT level staffing is not available. Careful preplanning, mutual aid agreements, and continual recruitment programs are necessary to ensure sufficient EMT staffing.~~

~~E. In all cases where the level of care is either EMT I, AEMT, or Paramedic, the transporting unit shall be fully equipped to perform at that level of care.~~

A. The EMS Agency shall implement and be in full compliance with its policies and procedures.

B. The EMS Agency shall maintain written policies and procedures to include at least:

1. Staffing patterns to ensure compliance with en route times pursuant to Sections 504.B.2 and 505.A.2;

2. If electing to participate in a tiered response system, policies and procedures and, if necessary, mutual aid agreements in place to identify the acuity of the incoming EMS requests in order to properly triage the response and dispatch the appropriate level of Ambulance;

3. Continuing Patient transport if a vehicle becomes disabled;

4. Employee records retention and conducting background checks for credentialed and non-credentialed personnel;

5. Governing the identification of EMS Personnel while providing care or while responding that includes level of certification;

6. Reporting and investigating Adverse Incidents pursuant to Section 601;

7. Infection control and prevention;

8. Addressing the clean appearance of the EMT-basics, AEMTs, Paramedics, and Drivers;

9. Ensuring all EMS Personnel receive annual blood-borne pathogen training and maintain documentation of the training;

10. Smoking Policy, including prohibiting the use of tobacco products or tobacco-like products (such as electronic cigarettes) in the Patient compartment, the operator compartment of Ambulances, or within twenty (20) feet of the Ambulance or any other apparatus in which oxygen is carried;

11. Recognizing out-of-service vehicles, which includes a highly visible mechanism at the Driver's position;

12. Defining, implementing, and reviewing Quality Assurance and/or process improvement practices with regard to medical care provided by its EMS Personnel;

13. Medication Management to include written Protocols for storage and maintenance of controlled substances; periodic inspection and inventory of maintained controlled substances by the EMS Agency Director, EMS Agency Assistant Director, Medical Control Physician and/or Assistant Medical Control Physician; and

14. Maintaining service in the event of the sudden or unexpected loss of the primary Medical Control Physician.

C. The EMS Agency shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the EMS Agency director. The EMS Agency shall ensure all policies and procedures are accessible to the EMS Agency personnel, printed or electronically, at all times.

SECTION 500. PERMITS, AMBULANCE (I) SECTION 500 – PERSONNEL REQUIREMENTS

Section 501. Vehicle and Equipment.

~~A. Before a permit may be issued for a vehicle to be operated as an ambulance, its registered owner must apply to the Department for an ambulance permit. Prior to issuing an original or renewal permit for an ambulance, the Department shall determine that the vehicle for which the permit is issued meets all requirements as to design, medical equipment, supplies and sanitation as set forth in these regulations of the Department. Prior to issuance of the original permit, if the ambulance does not meet all minimum requirements and loses points during the inspection, no permit will be issued.~~

~~B. Permits will be issued for specific ambulances and will be displayed on the upper left hand interior corner of the windshield of the ambulance or in the aircraft portfolio, whichever is applicable.~~

~~C. No official entry made upon a permit may be defaced, altered, removed or obliterated.~~

~~D. Permits may be issued or suspended by the Department.~~

~~E. Permits must be returned to the Department within ten (10) business days when the ambulance or chassis is sold, removed from service, or when the windshield is replaced due to damage.~~

~~F. The Department must be notified within seventy two (72) hours of any collision (including pedestrians) involving any licensed provider's vehicle or aircraft used to provide emergency medical services including rapid response, that results in any degree of injury to personnel, patients, passengers, observers, students, or other persons. The licensed agency must submit to the Department the vehicle's issued permit (if applicable) if the damage renders the permitted vehicle out of service for more than two (2) weeks. The investigating law enforcement agency's accident report shall also be forwarded to the~~

~~Department when received by the agency when the above situations occur and the incident is reportable to the Department.~~

~~G. Licensed transport agencies may utilize Quick Response Vehicles (QRVs) which are non-permitted, first response type vehicles. A QRV will be staffed with a minimum of one (1) provider that is credentialed at a level determined by the local Medical Control Physician (BLS, ILS, ALS) and equipped with locally adopted and Medical Control Physician authorized equipment, also in accordance with the level of credentialing as determined by the Medical Control Physician. For the purpose of this regulation, associated special event vehicles such as motorcycles, watercraft, all-terrain vehicles (ATVs), and bicycles fall under the QRV umbrella.~~

~~H. The Department shall not issue a vehicle or aircraft permit to an EMS provider that is unlicensed in South Carolina.~~

~~Section 502. Temporary Assets.~~

~~A. In cases where a short-term solution to an ambulance resource is needed (temporary rentals or loaner ground or air transport units), the Department may issue a temporary permit to a short-term asset. These temporary assets shall meet all initial equipment requirements for classification as specified in this regulation for the level of intended service.~~

~~B. Temporary permits shall be issued for a period not to exceed ninety (90) days and may only be renewed for extraordinary circumstances on a case-by-case basis.~~

~~C. Minimum exterior markings.~~

~~1. Illumination devices shall meet Section 601.F.1 and F.2.~~

~~2. Emblems and markings shall meet or exceed Section 601.B.1 and B.2 and may be affixed on vehicle with temporary markings.~~

~~3. The name of the service as stated in the provider's license shall be of lettering not less than three (3) inches in height and may be affixed with temporary markings.~~

~~4. Temporary permitted air transport units are exempt from the minimal exterior markings requirements.~~

501. General. (I)

A. The EMS Agency shall ensure an EMT-basic, AEMT, or Paramedic is in the Patient compartment at all times during Patient transport.

B. The EMS Agency may utilize registered nurses and physicians from a transferring or receiving medical facility as Ambulance Attendants to assist EMTs in the performance of their duties during transport when any of the following requirements are met:

1. The required medical care of the Patient is beyond the scope of practice for the certification level of the EMT; or

2. The responsible physician, transferring or receiving, assumes responsibility of the Patient or provides appropriate written orders to the registered nurse for Patient care.

502. Medical Control Physician. (I)

A. The EMS Agency shall retain a Medical Control Physician, who shall have independent authority to execute his or her duties and responsibilities, to:

1. Provide oversight to ensure that all EMT-basics, AEMTs, and Paramedics for which he or she provides direction are properly educated and certified pursuant to this regulation;

2. Provide oversight to ensure that an effective method of quality assurance and improvement, with assistance of the EMS Agency Director, Data Manager, and other EMS Personnel, is integrated into the emergency medical provider services for which he or she provides Medical Control; and

3. Provide off-line Medical Control by Protocols.

B. The EMS Agency shall ensure that Protocols and authorized medication lists updated by the Medical Control Physician are submitted to the Department within five (5) business days of the updates in a manner prescribed by the Department.

C. The EMS Agency's primary Medical Control Physician may designate medical oversight authority to assistant or associate Medical Control Physicians. The EMS Agency's Medical Control Physician may withdraw, at his or her discretion, the authorization for EMS Personnel to perform any or all Patient care procedure(s) or responsibilities. The EMS Agency shall notify the Department when the Medical Control Physician withdraws the authorization to perform any or all Patient care procedure(s) or responsibilities within three (3) calendar days. The EMS Agency's Medical Control Physician may respond to scene calls to render care, function as medical providers, provide medical direction, and/or exercise their medical oversight authority.

D. The EMS Agency shall ensure all initial Medical Control Physicians attend a Medical Control Physician Workshop conducted by the Department within twelve (12) months of being designated as Medical Control Physician and complete all Department mandated continuing education updates.

E. The EMS Agency shall not engage in EMS response without a Medical Control Physician.

503. Driver. (II)

A. The EMS Agency shall:

1. Ensure each Ambulance Driver is at least eighteen (18) years of age;

2. Ensure each Ambulance Driver has in their possession at the time of vehicle operation a valid driver's license issued by the South Carolina Department of Motor Vehicles or from the state of his or her residence;

3. Conduct a state criminal background check from the South Carolina Law Enforcement Division (SLED) prior to the date of hire on each Ambulance Driver;

4. Secure and review a certified copy of each Ambulance Driver's three (3)-year driving record;

5. Not employ an Ambulance Driver who is registered or required to be registered as a sex offender with the South Carolina Law Enforcement Division (SLED) or any national registry of sex offenders;

6. Ensure each Ambulance Driver has documentation of completion of a nationally accredited driving safety course specific to Ambulances, which includes practical skill evolutions, within six (6) months of hire; and

7. Ensure each Ambulance Driver has a current Department-approved CPR credential and First Aid training.

B. The EMS Agency shall maintain documentation to ensure the EMS Agency meets the requirements pursuant to Section 503.A and submits to the Department upon request.

C. The EMS Agency shall ensure all Patients are transported with certified EMS Personnel in addition to the Driver.

D. In emergencies that may require a third crew member, such as multiple casualty incidents (MCIs), disasters, or where immediate local EMS resources are taxed, an Ambulance may, out of necessity, be driven to the hospital by a member of a fire department, law enforcement agency, or rescue squad. These out-of-necessity Drivers are exempt from Section 503.A, B, and C.

504. Emergency Medical Responder Agency. (II)

A. The Emergency Medical Responder Agency shall ensure the Emergency Medical Responder vehicles are not used for the transportation of Patients.

B. Personnel. The Emergency Medical Responder Agency shall ensure and document in its employee records that each of its EMT-basics, AEMTs, and Paramedics holds a current Certificate from the Department. The Emergency Medical Responder Agency shall:

1. Ensure that vehicles are staffed in accordance with Section 504.B.2 and en route to all emergent calls within two (2) minutes from the time the call is dispatched and en route within ten (10) minutes for non-emergency calls. If the Emergency Medical Responder Agency is requested to respond, an EMT-basic must respond on calls for a BLS Agency and a Paramedic must respond for an ALS Agency eighty percent (80%) of the time.

2. Meet the staffing required for each response level as follows:(I)

a. BLS, at least one (1) EMT-basic or higher; and

b. ALS, at least one (1) Paramedic.

3. Documentation. The Emergency Medical Responder Agency shall maintain the following documentation available as requested by the Department:

a. Staffing patterns to ensure compliance with en route times;

b. Approved Patient care report forms, employee and member rosters, time sheets, call rosters, training records; and

c. Dispatch logs that show at least the time the call was received, the type of call, and en route times.

505. Ambulance Service Agency. (II)

A. Personnel. The EMS Agency shall ensure all Ambulance Attendants have a valid EMT-basic, AEMT, or Paramedic Certificate. The EMS Agency shall maintain documentation that each of its EMT-basics, AEMTs, and Paramedics holds a current certification from the Department. The Ambulance Service Agency shall:

1. Ensure that vehicles are staffed in accordance with Section 505.A.2 and en route to all emergent calls within two (2) minutes from the time the call is dispatched and en route within ten (10) minutes for non-emergency calls.

2. Have equipment and staff on all Ambulances to ensure the level of trained and qualified personnel coincide with the requirements for its vehicle classification:(I)

a. BLS level service shall provide care and transport with at least one (1) EMT and one (1) Driver.

b. ALS level service shall provide care and transport with at least one (1) EMT and one (1) Paramedic. The EMS Agency shall ensure Ambulances transporting Patients requiring ALS level service are fully equipped as an ALS unit with a Paramedic, physician, or RN in the Patient compartment at all times.

3. If the Ambulance Service Agency only has one (1) EMT available to staff the Ambulance, the Ambulance Service Agency shall ensure that the EMT is the Patient care provider and supervise the care being provided.

B. The EMS Agency shall maintain documentation that demonstrates compliance with all en route requirements and make it available to the Department upon request.

506. Special Response Vehicle (SRV).

The EMS Agency may utilize a non-permitted Special Response Vehicle (SRV) as a first response vehicle. The EMS Agency shall ensure each SRV is staffed with a minimum of one (1) EMT that is credentialed at the BLS or ALS level as determined by the Medical Control Physician. The EMS Agency shall ensure the SRV is equipped as authorized by the Medical Control Physician.

507. Tiered Response System. (II)

A. An EMS Agency utilizing a tiered response system shall have a dispatch process in place to specifically and reliably identify the acuity of the incoming EMS request to properly triage the response and dispatch the appropriate level of care.

B. The EMS Agency may operate an ALS level-equipped Ambulance with BLS level personnel provided an ALS credentialed responder intercepts the Ambulance.

C. If an ALS responder intercepts a BLS Ambulance, the EMS Agency shall ensure equipment and personnel needed to provide ALS care is transferred and onboard the Ambulance prior to commencing Patient transport.

508. Volunteer EMS Agencies.

A. A Volunteer EMS Agency shall have an EMT-basic, AEMT, or Paramedic attending to the Patient at the scene and in the Ambulance while transporting the Patient to the hospital.

B. Volunteer Emergency Medical Responder Agencies without onsite EMT-basics, AEMTs, or Paramedics shall be en route with at least one (1) EMT to all emergent calls within ten (10) minutes from the time the call is dispatched.

C. If the Volunteer EMS Agency service has a written response policy in place in which an EMT is allowed to respond directly to the scene from home or work, the EMS Agency may respond to the scene of the Emergency even if an EMT is not on board the Ambulance. The EMS Agency shall make the response policy available for inspection by the Department upon request.

D. If the Volunteer EMS Agency's EMT responding directly to the scene is delayed and another EMS Agency is immediately available with the required EMS Personnel, the Patient shall be transported by that Agency. If no other service is immediately available, the volunteer EMS Agency shall not transport a Patient without at least one (1) EMT on board.

E. If only one (1) EMT is available to staff the Ambulance crew, the Volunteer EMS Agency shall ensure that the EMT is the Patient care provider and/or supervises the Patient care being provided. The volunteer EMS Agency shall ensure a sole EMT is not the Driver of the Ambulance when a Patient is being transported.

F. The Volunteer EMS Agency shall preplan for the lack of staffing by written mutual aid agreements with neighboring agencies and by alerting the local Public Safety Answering Point (PSAP) as early as possible when it is known that EMT level staffing is not available. The Volunteer EMS Agency shall ensure sufficient staffing through preplanning, mutual aid agreements, and continual recruitment programs.

G. The Volunteer EMS Agency shall ensure in all cases where the level of care is either EMT-basic, AEMT, or Paramedic, the transporting unit is fully equipped to perform at that level of care.

SECTION 600. STANDARDS FOR AMBULANCE PERMIT SECTION 600 – REPORTING

Section 601. Ambulance Design and Equipment.

~~The following designs are hereby established as the minimum criteria for ambulances utilized in South Carolina and are effective with the publication of these regulations. Any ambulance purchased after publication of these requirements must meet the following minimum criteria:~~

~~A. Based Unit: Chassis shall not be less than three quarter ton. In the case of modular or other type body units, the chassis shall be proportionate to the body unit, weight and size; power train shall be compatible and matched to meet the performance criteria listed in the Federal KKK-A-1822 Specification, NFPA 1917, or similar specification standards accepted by the Department; maximum effective sized tires; power steering; power brakes; heavy duty cooling system; heavy duty brakes; mirrors; heavy duty front and rear shock absorbers; seventy (70) amp battery; one hundred (100) amp alternator; front end stabilizer; driver and passenger seat belts; padded dash; collapsible steering wheel; door locks for all doors; inside mirror; inside control handles on rear and side doors; all applicable safety related upgrades on timetables to be determined by the Department after release by the appropriate federal authority.~~

~~B. Emblems and Markings: All items in this section shall be of reflective quality and in contrasting color to the exterior painted surface of the ambulance.~~

~~1. There shall be a continuous stripe, of not less than three (3) inches on cab and six (6) inches on patient compartment, to encircle the entire ambulance with the exclusion of the hood panel.~~

2. Emblems and markings shall be of the type, size and location as follows:

a. Side: Each side of the patient compartment shall have the "Star of Life" not less than twelve (12) inches in height. The word "AMBULANCE", not less than six (6) inches in height, shall be under or beside each star. The name of the licensee as stated on their provider's license shall be of lettering not less than three (3) inches in height.

b. Rear: The word "AMBULANCE", not less than six (6) inches in height, and two (2) "Star of Life" emblems of not less than twelve (12) inches in height.

c. Out of state licensed ground transport units shall meet the same markings and standards as in state licensed units, unless specifically forbidden by the unit's home state of licensure.

3. Prior to private sale of ambulance vehicles to the public, all emblems and markings in Section 601.B must be removed.

C. Interior Patient Compartment Dimensions:

1. Length: The compartment length shall provide a minimum of twenty five (25) inches clear space at the head and fifteen (15) inches at the foot of a seventy six (76) inch cot. Minimum inside length will be one hundred sixteen (116) inches.

2. Width: Minimum inside width is sixty nine (69) inches.

3. Height: Inside height of patient compartment shall be a minimum dimension of sixty (60) inches from floor to ceiling.

D. Access to Vehicle:

1. Driver Compartment.

a. Driver's seat will have an adjustment to accommodate the 5th percentile to 95th percentile adult male.*

*Note: This means that the driver's area will accommodate the male drivers who are ninety percent (90%) of the smallest and largest in stature, which includes weight and size.

b. There shall be a door on each side of the vehicle in the driver's compartment.

c. Separation from the patient area is essential to afford privacy for radio communication and to protect the driver from an unruly patient. Provision for both verbal and visual communication between driver and attendant will be provided by a sliding shatterproof material partition or door. The bulkhead must be strong enough to support an attendant's seat in the patient area at the top of the patient's head and to withstand deceleration forces of the attendant in case of accident.

2. Patient Compartment:

a. There shall be a door on the right side of the patient compartment near the patient's head area of the compartment. The side door must permit a technician to position himself at the patient's head and quickly remove him from the side of the vehicle should the rear door become jammed.

b. Rear doors shall swing clear of the opening to permit full access to the patient's compartment.

e. All patient compartment doors shall incorporate a holding device to prevent the door closing unintentionally from wind or vibration. When doors are open the holding device shall not protrude into the access area. Special purpose ambulances are exempt as long as access/egress is not obstructed due to wheelchair ramps or other specialized equipment.

d. Spare tire, if carried, shall be positioned such that the tire can be removed without disturbing the patient.

E. Interior Lighting:

1. Driver Compartment: Lighting must be available for both the driver and an attendant, if riding in the driving compartment, to read maps, records, or other. There must be shielding of the driver's area from the lights in the patient compartment.

2. Patient Compartment: Illumination must be adequate throughout the compartment and provide an intensity of forty foot (40 foot) candles at the level of the patient for adequate observation of vital signs, such as skin color and pupillary reflex, and for care in transit. Lights shall be controllable from the entrance door, the head of the patient, and the driver's compartment. Reduced lighting level may be provided by rheostat control of the compartment lighting or by a second system of low intensity lights.

F. Illumination Devices:

1. Illumination Devices: Flood and load lights. There shall be at least one (1) flood light mounted not less than seventy five (75) inches above the ground and unobstructed by open doors located on each side of the vehicle. A minimum of one (1) flood light, with a minimum of fifteen (15) foot candles, shall be mounted above the rear doors of the vehicle.

2. Warning lights. At a minimum alternating flashing red lights must be on the corners of the ambulance so as to provide three hundred sixty (360) degrees conspicuity.

G. Seats:

1. A seat for both driver and attendant will be provided in the driver's compartment. Each seat shall have armrests on each side of driver's compartment.

2. Technician (Patient Compartment): Two (2) fixed seats, padded, eighteen (18) inches wide by eighteen (18) inches high; to head of patient behind the driver, the other one may be square bench type located on curb (right) side of the vehicle. Space under the seats may be designed as storage compartments.

H. Safety Factors for Patient Compartment:

1. Cot Fasteners: Crash stable fasteners must be provided to secure a primary cot and secondary stretcher.

2. Cot Restraint: If the cot is floor supported on its own support wheels, a means shall be provided to secure it in position under all conditions. These restraints shall permit quick attachment and detachment for quick transfer of patient. All newly manufactured ambulances purchased for use in South Carolina after

July 1, 2017, shall meet all seating and eot restraint mandates outlined in the Federal KKK A 1822F, all change notices included.

~~3. Patient Restraint: A restraining device shall be provided to prevent longitudinal or transverse dislodgement of the patient during transit, or to restrain an unruly patient to prevent further injury or aggravation to the existing injury.~~

~~4. Safety Belts for Drivers and Attendants:~~

~~a. Quick release safety belts will be provided for the driver, the attendants, and all seated patients (squad bench). These safety belts will be retractable and self-adjustable.~~

~~5. Mirrors:~~

~~a. There shall be two (2) exterior rear view mirrors, one mounted on the left side of the vehicle and one (1) mounted on the right side. Location of mounting must be such as to provide maximum rear vision from the driver's seated position.~~

~~b. There shall be an interior rear view mirror or rear view camera to provide the driver with a view of occurrences in the patient compartment.~~

~~6. Windshield Wipers and Washers:~~

~~a. Vehicle is to be equipped with two (2) electrical windshield wipers and washers in addition to defrosting and defogging systems.~~

~~7. Sun Visors:~~

~~a. There shall be a sun visor for both driver and attendant.~~

~~I. Environmental Equipment: Driver/Patient Compartment.~~

~~1. Heating: Shall be capable of heating the compartment to a temperature of seventy five (75) degrees Fahrenheit within a reasonable period while driving in an ambient temperature of zero degrees Fahrenheit. It must be designed to recirculate inside air, also be capable of introducing twenty percent (20%) of outside air with minimum effect on inside temperature. Fresh air intake shall be located in the most practical contaminant free air space on the vehicle.~~

~~2. Heating Control: Heating shall be thermostatically or manually controlled. The heater blower motors must be at least a three (3) speed design. Separate switches will be installed in patient compartment.~~

~~3. Air Conditioning: Air Conditioning shall have a capacity sufficient to lower the temperature in the driver's and patient's compartment to seventy five (75) degrees Fahrenheit within a reasonable period and maintain that temperature while operating in an ambient temperature of ninety five (95) degrees Fahrenheit. The unit must be designed to deliver twenty percent (20%) of fresh outside air of ninety five (95) degrees Fahrenheit ambient temperature while holding the inside temperature specified. All parts, equipment, workmanship, shall be in keeping with accepted air conditioning practices.~~

~~4. Air Conditioning Controls: The unit air delivery control may be manual or thermostatic. The reheat type system is not required in the driver's compartment unit. Switches or other controls must be within easy reach of the driver in his normal driving position. Air delivery fan motor shall be at least a three (3) speed~~

~~design. Switches and other control components must exceed in capacity the amperage and resistance requirements of the motors.~~

~~5. Environmental Control and Medications: The temperature in the patient compartment or anywhere medications are stored (QRVs, fire apparatus, rapid response vehicles, carry in bags, and other) shall be monitored for temperature extremes to prevent drug adulteration. Medications (excluding oxygen) and IV fluids will be removed and discarded if the temperatures reach or exceed one hundred (100) degrees Fahrenheit (thirty eight (38) degrees Celsius). Medications and IV fluids shall also be removed and discarded if temperatures in the drug storage area drop below twenty (20) degrees Fahrenheit (negative seven (-7) degrees Celsius).~~

~~6. Insulation: The entire body, side, ends, roof, floor, and patient compartment doors shall be insulated to minimize conduction of heat, cold, or external noise entering the vehicle interior. The insulation shall be vermin and mildew proof, fireproof, non hygroscopic, non setting type. Plywood floor when undercoated will be considered sufficient insulation for the floor area.~~

~~J. Storage Cabinets: All cabinets must meet the criteria as stated in the most current edition of the Federal KKK A 1822 Specification, NFPA 1917, or similar specification standards accepted by the Department as to types of surfaces, design and storage. Cabinets must be of sufficient size and configuration to store all necessary equipment. All equipment in interior cabinets must be accessible to attendant at all times.~~

~~K. Two Way Radio Mobile: Two way radio mobile equipment shall be included which will provide a reliable system operating range of at least a twenty (20) mile radius from the base station antenna. The mobile installation shall provide microphones for transmitting to at least medical control and receiving agencies, at both the driver's position and in the patient's compartment. Selectable speaker outputs, singly and in combination, shall be provided at the driver's position, in the patient's compartment, and through the PA system.~~

~~1. All radio frequencies utilized by a licensed service will be provided to the Department.~~

~~2. In the event technological advancements render the above components obsolete, the Department shall make determinations as to the efficacy of proposed technology on an individual basis prior to allowing their use.~~

~~L. Siren Public Address: Siren and public address systems shall be provided. If a combined electronic siren and public address system is provided, in siren operation, the power output shall be minimum one hundred (100) watts. In voice operation the power output shall be at least forty five (45) watts through two (2) exterior mounted speakers. The public address amplifier shall be independent of the mobile radio unit.~~

~~M. Antenna: Mounted with coaxial or other appropriate cable.~~

~~N. Glass Windows: All windows, windshield and door glass must be shatterproof.~~

~~O. Smoking Policy: Use of tobacco products or tobacco like products (such as electronic cigarettes) is prohibited in the patient compartment and in the operator compartment of ambulances by all occupants.~~

~~P. The EMS provider shall establish a means to immediately identify that a vehicle is out of service for any operator who might have reason to use the vehicle. Any vehicle that is "out of service" whether for mechanical or staffing issues must be readily identifiable to the public and the Department. Out of service apparatus shall be identified by one (1) of the following means:~~

~~1. Sign on outside of the driver's door near the door handle, minimum eight and one half inches by eleven inches (8.5" × 11") and red in color;~~

~~2. Special bag that covers the steering wheel, red in color, and labeled "Out of Service;"~~

~~3. Large sign on the driver's window, red in color, reading "Out of Service," laminated, or a permanent, commercially manufactured type, minimum eight and one half inches by eleven inches (8.5" × 11"). If the unit is being driven and is out of service, the sign may be placed in the far right hand corner of the front window so as to not obstruct the driver's vision but so as to be visible from the exterior of the vehicle; or~~

~~4. Highly visible mechanism at the driver's position on the vehicle that all members of the EMS provider recognize as an out of service indicator and is identified by a provider policy or standard operating procedure.~~

601. Adverse Incident Reporting. (I)

A. The EMS Agency shall maintain a record of each Adverse Incident. The EMS Agency shall retain all documented Adverse Incidents reported pursuant to this section two (2) years after the Patient contact or transport.

B. The EMS Agency shall report Adverse Incidents to the Department via the Department's electronic reporting system or other format as determined by the Department as soon as possible, but not to exceed twenty-four (24) hours from becoming aware of the Adverse Incident. Adverse Incidents requiring reporting include, but are not limited to:

1. Confirmed or suspected Abuse, Neglect, or Exploitation against a Patient by EMS Personnel;

2. Crimes committed against Patients by any EMS Personnel;

3. Unexpected or unexplained death of a Patient while under the care of the EMS Agency;

4. Any suspected overdose reversal administered to on duty EMS Personnel;

5. Elopement of Patient;

6. Any injury caused by EMS Personnel, including injuries involving the use of physical and/or chemical restraints;

7. Medication error with adverse effects or that would cause potential harm to the Patient;

8. Suicide and/or attempted suicide while under the EMS Agency's care;

9. Any Patient that is dropped or falls while under the care of an EMS Agency, including where no injury occurs, to include stretcher drops due to malfunction or operator error; and

10. Any suspected or confirmed use of illicit or un-prescribed medications or alcohol by a crew member while on duty, to include providing Patient care and/or the operation of an EMS Agency vehicle.

C. The EMS Agency shall submit a separate written investigation report within five (5) calendar days of every Incident required to be immediately reported to the Department pursuant to Section 601.B via the Department's electronic reporting system or in a format as determined by the Department. The EMS Agency's report of investigation to the Department shall include the following information:

1. EMS Agency name, License number, type of Adverse Incident, the date the accident and/or Adverse Incident occurred;

2. Number of Patients, staff, or by-standers directly injured or affected;

3. ePCR number, if applicable;

4. Patient name, age, and gender;

5. Witness(es) name(s); and

6. Identified cause of the Adverse Incident, internal investigation results if cause unknown, a brief description of the Adverse Incident including location where occurred, treatment of injuries, and cause of errors or omission in Patient care rendered, if applicable.

602. Collisions.

The EMS Agency shall notify the Department within seventy-two (72) hours of any collision involving any EMS Agency's vehicle or aircraft used to provide emergency medical services that results in any degree of injury to personnel, pedestrians, Patients, passengers, observers, students, or other persons. The EMS Agency shall submit the Ambulance Permit, if applicable, to the Department if the damage renders the Ambulance out of service for more than two (2) weeks. The EMS Agency shall submit the investigating law enforcement agency's accident report regarding the collision to the Department upon the EMS Agency's receipt.

603. Administration Changes.

A. The EMS Agency shall notify the Department in writing within seventy-two (72) hours of any expansion or contraction of the service, level of care, upgrade or downgrade, or if the physical locations are changed.

B. The EMS Agency shall notify the Department in writing or a means as otherwise determined by the Department within seventy-two (72) hours of any change in status of the EMS Director or EMS Training Officer. The EMS Agency shall provide the Department in writing within ten (10) calendar days the name of the person(s) appointed or hired into those positions and the effective date of the appointment or hire.

C. The EMS Agency shall within twenty-four (24) hours notify the Department of any change in status to the Medical Control Physician. The EMS Agency shall notify the Department in writing or other means as determined by the Department the name of the newly appointed Medical Control Physician, the effective date, the authorized medication list, Protocols, and standing orders within ten (10) calendar days after the change.

604. Accounting of Controlled Substances. (I)

Any EMS Agency registered with the Department's Bureau of Drug Control and the United States Drug Enforcement Administration shall report any theft or loss of Controlled Substances to local law enforcement and to the Department's Bureau of Drug Control within seventy-two (72) hours of the discovery of the loss and/or theft. Any Agency permitted by the South Carolina Board of Pharmacy shall report the loss or theft of drugs or devices in accordance with S.C. Code Section 40-43-91.

605. Agency Closure.

A. Prior to the permanent closure of an EMS Agency, the Licensee shall notify the Department in writing of the intent to close and the effective closure date. Within ten (10) calendar days of the closure, the EMS Agency shall notify the Department of the provisions for the maintenance of all records including the custodian of the Patient care reports. On the date of closure, the EMS Agency shall return its License and all Ambulance Permits to the Department.

B. In instances where an EMS Agency temporarily closes, the Licensee shall notify the Department in writing within fifteen (15) calendar days prior to temporary closure. In the event of temporary closure due to an emergency, the EMS Agency shall notify the Department within twenty-four (24) hours of the closure via telephone or email. At a minimum, this notification shall include, but not be limited to, the reason for the temporary closure, the manner in which the records and Patient care reports are being stored, and the anticipated date for reopening.

C. If the EMS Agency is closed for a period longer than six (6) months and there is a desire to reopen, the EMS Agency shall reapply to the Department for licensure and shall be subject to all licensing requirements at the time of that application.

SECTION 700. EQUIPMENT (II)
SECTION 700 – PATIENT CARE

Section 701. Minimum Ambulance Medical Equipment.

The Joint Policy Statement on Equipment for Ground Ambulances (JPS) provides a recommended core list of supplies and equipment that shall be stocked on all ambulances to provide the accepted standards of patient care. For the purposes of this regulation, the following definitions from the JPS have been used:

Neonate: zero to twenty eight (0-28) days of age;

Infant: twenty nine (29) days to one (1) year; and

Child one (1) year old to eighteen (18), with delineations as follows:

Toddlers: one to two (1-2) years old;

Preschoolers: three to five (3-5) years old;

Middle childhood: six to eleven (6-11) years old; and

Adolescents: twelve to eighteen (12-18) years old.

Starting July 1, 2016, all ambulances shall be equipped with, but not limited to, all of the following:

A. Minimum of two (2) stretchers;

1. One (1) multilevel, elevating, wheeled cot with elevating back. Two (2) patient restraining straps (chest and thigh) minimum, at least two (2) inches wide shall be provided.

2. One (1) secondary patient transport stretcher, with a minimum of two (2) patient restraining straps. Minimum acceptable stretcher is vinyl covered, aluminum frame, folding stretcher.

~~B. Suction Devices;~~

- ~~1. An engine vacuum operated or electrically powered, complete suction aspiration system, shall be installed permanently on board to provide for the primary patient. It shall have wide bore tubing.~~
- ~~2. Portable suction device with regulator with at least a six (6) ounce reservoir.~~
- ~~3. Wide bore tubing, rigid pharyngeal curved suction tip; tonsil and flexible suction catheters, 6 Fr-16 Fr, are commercially available must have two (2) between 6F and 10F and two (2) between 12 Fr and 16 Fr.~~

~~C. Oxygen Equipment;~~

- ~~1. Portable Oxygen Equipment: Minimum “D” size (360 Liter) cylinder, two (2) required (one (1) in service and one (1) full and sealed). Liter flow gauges shall be non-gravity, dependent type. Additionally, when the vehicle is in motion, all oxygen cylinders shall be readily accessible and securely stored.~~
- ~~2. Permanent On Board Oxygen Equipment: The ambulance shall have a hospital grade piped oxygen system, capable of storing and supplying a minimum of 2400 liters of humidified medical oxygen.~~
- ~~3. Single use, individually wrapped, non-rebreather masks and cannulas in adult and pediatric sizes shall be provided (three (3) each).~~
- ~~4. A “No Smoking” sign shall be prominently displayed in the patient compartment.~~
- ~~5. Pulse oximeter with adult and pediatric capabilities. Special Purpose Ambulances shall also maintain infant pulse oximetry capabilities.~~

~~D. Bag Mask Ventilation (BVM) Units;~~

- ~~1. One (1) adult, one (1) pediatric, one (1) infant: hand operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering ninety to one hundred percent (90-100%) oxygen to the patient. BVMs must include safety pop-off mechanism with override capability. Three (3) additional masks sizes small adult, toddler, and neonate shall be carried.~~

~~E. Nonmetallic Oropharyngeal (OPA) (Berman type) and Nasopharyngeal Airways (NPA);~~

- ~~1. All airways shall be clean and individually wrapped.~~
- ~~2. “S” tube type airways may not be substituted for Berman type airways.~~
- ~~3. One each of the following sizes: NPA: 14 Fr-34 Fr and OPA sizes to accommodate neonate through large adult.~~

~~F. Bite sticks commercially made (clean and individually wrapped);~~

~~G. Eight (8) sterile dressings (minimum size five (5) inches by nine (9) inches);~~

~~H. Twenty four (24) sterile gauze pads four (4) inches by four (4) inches;~~

~~I. Ten (10) bandages, self-adhering type, minimum three (3) inches by five (5) yards. Bandages must be individually wrapped or in clean containers;~~

~~J. A minimum of two (2) commercial sterile occlusive dressings, four (4) inches by four (4) inches;~~

~~K. Adhesive Tape, hypoallergenic, one (1) inch, two (2) inch, and three (3) inches wide;~~

~~L. Burn sheets, two (2), sterile;~~

~~M. Splints;~~

~~1. Traction type, lower extremity, overall length of splint minimum of forty three (43) inches, with limb support slings, padded ankle hitch, traction device and heel stand. Either the Bi polar or Uni polar type is acceptable.~~

~~2. Padded type, two (2) each, three (3) feet long, of material comparable to four ply wood for coadaptation splinting of the lower extremities.~~

~~3. Padded wooden type, two (2) each, fifteen (15) inches by three (3) inches, for fractures of the upper extremity. Commercially available arm or leg splints may be substituted for items in Section 701.M.2 above, such as cardboard, metal, pneumatic, vacuum, or plastic.~~

~~N. Spinal immobilization devices;~~

~~1. Commercially available vest type KED, XP1 or other equivalent is acceptable.~~

~~2. Child backboard or pediatric board or any type commercially available spinal immobilization device sized for the pediatric patient.~~

~~3. Long spine board, at least sixteen (16) inches by seventy two (72) inches constructed of three quarter (3/4) inch impervious material and having at least three quarter (3/4) inch runners on each side for lifting with appropriate straps. If not equipped with runners, board must be designed so handholds are accessible with work gloves.~~

~~4. Cervical collars to accommodate the infant, child, adolescent, and adult sizes. Collars must be manufactured of semi-rigid or rigid material. Commercially available adjustable collars may be substituted, must carry two (2) of each child adjustable and adult adjustable.~~

~~5. Six (6) patient restraint straps or commercially available disposable straps to accommodate patients from large adult to child sizes.~~

~~6. Head immobilization device, commercially available or towel or blanket rolls.~~

~~O. Three (3) each triangular bandages;~~

~~P. Two (2) blankets;~~

~~Q. Bandage shears, large size or trauma shears;~~

~~R. Obstetrical kit, sterile. The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressings, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant;~~

- S. ~~Blood pressure manometer, cuff and stethoscope;~~
 - 1. ~~Blood pressure set, portable, both pediatric and adult.~~
 - 2. ~~Stethoscopes (adult and pediatric capable).~~
- T. ~~Emesis basin or commercially available emesis container;~~
- U. ~~Bedpan and urinal;~~
- V. ~~Two (2) functional battery operated, hand carried flashlights or electric lanterns, suitable for illuminating both a localized work area or a walkway. Penlights do not meet this requirement;~~
- W. ~~Minimum of one (1) fire extinguisher, CO2 or dry chemical, five (5) pound capacity, type ABC;~~
- X. ~~Working gloves, two (2) pair with leather palms and reflective vests that meet American National Standard (ANSI 201) for High Visibility Public Safety Vests for each crew member;~~
- Y. ~~Minimum of 1000 cc of sterile water or normal saline solution for irrigation;~~
- Z. ~~Protective head gear and eye protection devices (minimum two (2) each) must be carried on each ambulance. Standard fire helmet face shield is not acceptable;~~
- AA. ~~Latex free personal protective equipment including gloves, masks, gowns and eye shields;~~
- BB. ~~Automated External Defibrillator (AED) unless staffed by ALS personnel who are utilizing a manual monitor or defibrillator. Monitor may be utilized by BLS personnel if "AED Mode" is an available setting. The AED shall have pediatric capabilities, including child sized pads or a dose attenuator with adult pads;~~
- CC. ~~Flameless Flares: Three (3) red reflectorized (such as reflective triangles) or chemically induced illumination devices may be substituted for flares. Combustible type flares are not acceptable;~~
- DD. ~~One (1) set battery jumper cables, minimum 04 gauge copper, 600 amp rating;~~
- EE. ~~Glucometer with a minimum of five (5) test strips (Medical Control Option);~~
- FF. ~~One (1) commercially available arterial tourniquet device; and~~
- GG. ~~Five (5) adhesive bandages.~~

Section 702. Intermediate and Advanced Equipment.

Ambulances providing intermediate and advanced life support must, in addition to meeting all other requirements of Section 701 must have the following equipment:

- A. ~~Butterfly or scalp vein needles between nineteen (19) and twenty five (25) gauge, a total of four (4) (Medical Control Option);~~
- B. ~~Four (4) each fourteen (14), sixteen (16), eighteen (18), twenty (20), twenty two (22), and twenty four (24) gauge IV cannulae;~~

- C. Two (2) macro drip sets;
- D. Two (2) micro drip sets;
- E. Three (3) twenty one (21) or twenty three (23) and three (3) twenty five (25) gauge needles, total six (6) as an MCO;
- F. Three (3) intravenous (IV) tourniquets;
- G. Laryngoscope handle with batteries;
- H. Laryngoscope blades, adult, child, and infant sizes;
 - 1. 0-4 Miller.
 - 2. 1-4 Macintosh.
- I. One (1) each disposable endotracheal tubes sizes as well as intubation stylettes sized for each tube;
 - 1. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm cuffed or uncuffed.
 - 2. 6.0, 6.5, 7.0, 7.5, 8.0 mm.
- J. Equipment for drawing blood samples as an MCO;
- K. Syringes, two (2) each 1 ml, 3 ml, 10 ml, 20 ml, and one (1) greater than or equal to 50 ml;
- L. Twelve (12) alcohol and iodine preps for preparing IV injection sites;
- M. A minimum of four (4) liters of normal saline or other appropriate IV solution;
- N. Intraosseous devices;
 - 1. Pediatric—minimum of two (2) sizes.
 - 2. Adult—Minimum of one (1) size as an MCO.
- O. Ambulances providing advanced cardiac life support must be equipped with a battery powered (DC) portable monitor defibrillator unit, appropriate for both adult and pediatric patients with ECG printout and capable of transthoracic pacing. The monitor defibrillator equipment utilized by the service must have the capability of producing hard copy of patient's ECG, a 12 lead ECG, and performing continuous monitoring of end tidal carbon dioxide (EtCO₂) output. Portable EtCO₂ devices that meet the same criteria as above may be substituted;
- P. Such medications or fluids as may be approved by the Department for possession and administration by EMTs trained and certified in their use and authorized by the provider's Medical Control Physician, as documented to the Department;
- Q. Magill Forceps;

~~1. Adult.~~

~~2. Pediatric.~~

~~R. Blind Insertion Airway Devices (BIADs) such as dual lumen or LMA airways, age and weight appropriate;~~

~~S. Portable sharps container; and~~

~~T. Pediatric length based, weight based, or age based medication dose chart or tape.~~

Section 703. EMT Rapid Responder Equipment.

~~A. All licensed Rapid Responder agencies operating within the state shall carry equipment required in the following sections. Protocols submitted must indicate areas where Medical Control Option (MCO) equipment is being authorized.~~

~~B. The Rapid Responder agency's vehicle must be properly marked as to identify the vehicle as an emergency vehicle.~~

~~C. The Rapid Responder agency shall follow the exact equipment cleanliness guidelines as outlined for transporting providers in Section 800.~~

~~D. All Rapid Responder vehicles will be equipped with at least the following items from Section 701: B.2, B.3, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X, Y, Z, AA, BB.~~

~~E. Age and weight appropriate BIADs (Section 702.R) are an MCO for all Rapid Responder licenses.~~

~~F. Equipment in addition to Section 703.E to be carried by EMT I or AEMT Rapid Responders:~~

~~1. Four (4) each, fourteen (14), sixteen (16), eighteen (18), twenty (20), and twenty two (22) gauge IV cannulae;~~

~~2. Two (2) macro drip sets;~~

~~3. Two (2) micro drip sets;~~

~~4. One (1) sharps container;~~

~~5. A minimum of four (4) liters of normal saline or other appropriate IV solution;~~

~~6. Three (3) IV tourniquets;~~

~~7. Twelve (12) each, alcohol and iodine preps for preparing IV injection sites;~~

~~8. Five (5) adhesive bandages; and~~

~~9. Such medications or fluids as may be approved by the Department for possession and administration by EMTs trained and certified in their use and authorized by the provider's Medical Control Physician, as documented to the Department.~~

~~G. Equipment in addition to Section 703.F to be carried by Paramedic Rapid Responders:~~

~~1. Rapid Responders providing ALS must be equipped with a battery powered (DC) portable monitor defibrillator unit, appropriate for both adult and pediatric patients with ECG printout and capable of transcutaneous pacing. The monitor defibrillator equipment utilized by the service must have the capability of producing a hard copy of the patient's ECG and performing continuous monitoring of end tidal carbon dioxide (EtCO₂) output;~~

~~2. Such medications or fluids as may be approved by the Department for possession and administration by EMTs trained and certified in their use and authorized by the provider's Medical Control Physician, as documented to the Department;~~

~~3. As an MCO, ALS Rapid Responders may carry the following equipment from Section 702: G, H, I, P, S; and~~

~~4. ALS Rapid Responder agencies not providing laryngoscopic intubation must carry age and weight appropriate BIADs for airway management.~~

~~H. Any ALS agency not performing laryngoscopic intubations, and only providing BIADs for airway management, is not required to provide continuous monitoring of end tidal carbon dioxide (EtCO₂) output.~~

Section 704. Special Purpose Ambulance Equipment.

~~A. All special purpose ambulances shall be equipped with at least the following items from Section 701: A.1, B, C, D (appropriate size), E, F, T, U, V, W, X, AA, BB, CC in addition to the special purpose equipment that is documented to the Department as enumerated in Section 407. Section 407.A.1 can be replaced by a specialized patient transfer device so long as there is a provision to safely secure the device in the special purpose ambulance.~~

~~B. Special purpose equipment as documented to the Department as enumerated in Section 407 must be on the special purpose ambulance when it is in use and is subject to inventory and inspection by the Department as provided for in Section 407.~~

701. General.

A. The EMS Agency shall create and submit an ePCR for each Patient contact regardless of Patient transport decision.

B. The EMS Agency shall ensure the primary Attendant documents all ePCRs within twenty-four (24) hours of the completion of the call.

C. The EMS Agency shall submit all completed ePCRs into the Department's EMS data system within seventy-two (72) hours of the completion of the call.

D. The EMS Agency shall make available each ePCR to the receiving facility within sixty (60) minutes of the completion of the call. The EMS Agency may substitute a paper information sheet, provided the ePCR is made available to the receiving facility no later than twenty-four (24) hours from completion of the call. The EMS Agency may use a custom Preliminary Patient Transfer Form as long as the following minimum components are documented:

1. Incident type, date, location, and tracking number;

2. EMS Agency name;

3. Ambulance identifier;

4. EMS personnel name(s) and certification number(s);

5. Time of Dispatch, at-patient time, scene departure time, and destination arrival time;

6. Patient information to include Patient name, address, and date of birth;

7. Assessment and/or Treatment information to include the chief complaint; vital signs, including Rapid Artery Occlusion Evaluation (RACE), Glasgow Coma Score (GCS), and Revised Trauma Score (RTS) if applicable; signs, symptoms, procedures, and interventions with pertinent times; medications with times; and a brief narrative; and

8. Transfer of care information to include the receiving nurse, physician, or EMS Personnel with signature.

702. Data Manager.

The EMS Agency shall appoint a Data Manager to ensure accuracy, HIPAA compliance, security, and timely submission of ePCRs and to ensure the ePCRs reflect all the Attendants, including Drivers. The EMS Agency shall notify the Department of any change in the Data Manager within ten (10) calendar days.

703. Content.

A. The EMS Agency shall ensure each ePCR reflects services, treatment, and care provided directly to the Patient including information required to properly identify the Patient, a narrative description of the call from time of first Patient contact to final destination, all EMS Personnel and non-EMS responders on the call, and other information as determined by the Department.

B. The EMS Agency shall ensure all ePCRs are coherently written, authenticated by the author, and time stamped.

C. The EMS Agency shall ensure EMS Personnel complete ePCRs involving refusals that include the following: details of any assessment performed; information regarding the Patient's capacity to refuse; information regarding an informed refusal by the Patient; information regarding EMS Personnel's efforts to convince the Patient to accept care; and any efforts by the EMS Personnel to protect the Patient after the refusal if the Patient becomes incapacitated.

D. The EMS Agency shall ensure all data submissions from the ePCR software maintain a minimum quality score as determined by the Department. The EMS Agency shall have ninety (90) calendar days from the Department's notification to successfully correct data quality.

704. Report Maintenance.

A. The EMS Agency shall ensure data submissions from ePCR software into the Department's EMS data system meet the Department's requirements.

B. The EMS Agency shall provide accommodations and equipment for the protection, security, and storage of Patient care reports.

C. The EMS Agency shall maintain a copy of the original data, all attachments, and appended versions of each ePCR for no less than ten (10) years for all adult Patients and thirteen (13) years for minor Patients. The EMS Agency shall ensure attachments to ePCRs include EKGs, waveform capnography records, code summaries, short reports, and other forms of recorded media.

D. In the event of a change of ownership, the EMS Agency shall ensure Patient care reports are transferred to the new Licensee.

E. The EMS Agency shall ensure the ePCRs are made available only to individuals authorized by the Licensee and/or state and federal laws.

705. Do Not Resuscitate (DNR) Order. (II)

A. EMT-basics, AEMTs, and Paramedics shall not use any Resuscitative Treatment when called to render emergency medical services if the Patient has a DNR Order and the document is presented to the EMT, AEMT, or Paramedic upon their arrival or if the Patient is wearing a Bracelet.

B. EMT-basics, AEMTs, and Paramedics shall provide the degree of Palliative Care called for under the circumstances that exist at the time treatment is rendered.

C. EMT-basics, AEMTs, and Paramedics shall give full resuscitative measures as are medically indicated in all cases in the absence of a DNR Order or a Bracelet.

D. EMT-basics, AEMTs, and Paramedics shall follow the request of the Patient and shall not provide resuscitative measures when the Patient has a DNR Order or is wearing a Bracelet, except where the:

1. DNR Order is revoked pursuant to S.C. Code Section 44-78-60; or
2. Bracelet, when applicable, appears to have been tampered with or removed.

E. EMT-basics, AEMTs, and Paramedics who cannot honor the DNR Order or Bracelet shall immediately transfer care of the Patient pursuant to S.C. Code Section 44-78-45.

706. Physician Orders for Scope of Treatment (POST). (II)

A. EMT-basics, AEMTs, and Paramedics shall deem a POST form executed in South Carolina as provided in the POST Act or a similar form executed in another jurisdiction in compliance with the laws of that jurisdiction. EMT-basics, AEMTs, and Paramedics shall accept a completed, executed, and signed POST form deemed as valid expression of a Patient's wishes as to health care.

B. EMT-basics, AEMTs, and Paramedics may accept a properly executed POST form as a valid expression of whether the Patient consents to the provision of health care in accordance with Section 44-66-60 of the Adult Health Care Consent Act.

C. An EMT-basic, AEMT, or Paramedic who is unwilling to comply with an executed POST form based on policy, religious beliefs, or moral convictions shall contact the Patient's health care representative, health care agent, or the person authorized to make health care decisions for the Patient pursuant to Section 44-66-30 of the Adult Health Care Consent Act, and the EMT-basic, AEMT, or Paramedic shall allow the transfer of the Patient pursuant to S.C. Code Section 44-80-40.

SECTION 800. SANITATION STANDARDS FOR LICENSED PROVIDERS

Section 801. Exterior Surfaces.

- A. The exterior of the vehicle shall have a reasonably clean appearance.
- B. All exterior lighting shall be kept clear of foreign matter (insects, road grime, or other) to ensure adequate visibility.

Section 802. Interior Surfaces Patient Compartment Ambulance.

- A. Interior surfaces shall be of a nonporous material to allow ease of cleaning. Carpet type materials shall not be used on any surface of the patient compartment.
- B. Floors shall be free from sand, dirt and other residue that may have been tracked into the compartment.
- C. Wall, cabinet, and bench surfaces shall be kept free of dust, sand, grease, or any other accumulated surface matter.
- D. Interiors of cabinets and compartments shall be kept free from dust, moisture or other accumulated foreign matter.
- E. Bloodstains, vomitus, feces, urine and other similar matter must be cleaned from the unit and all equipment after each call, using an agent or sodium hypochlorite solution described in Section 802.H.
- F. Window glass and cabinet doors shall be clean and free from foreign matter.
- G. A receptacle shall be provided for the deposit of trash, litter, and all used items.
- H. An EPA recommended germicidal/virucidal agent or a hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach must be used to clean patient contact areas. For surfaces where such an EPA solution is not recommended, alcohol or sodium hypochlorite solution can be used.
- I. A container specifically for the deposit of contaminated needles or syringes and a second container for contaminated or infectious waste shall be provided and will be easily accessible from the patient compartment.
- J. All licensed providers must carry sufficient, appropriate cleaning supplies in their vehicles so that the crews are able to clean their unit between calls and be in compliance with Sections 802.A through G.

Section 803. Linen.

- A. Storage area for clean linens shall be provided in such configuration so that linens remain dry and clean. (Ambulance)
- B. Freshly laundered or disposable linens (minimum of six (6) sets) shall be used on cots and pillows, and shall be changed after each patient is transported. (Ambulance)
- C. Soiled linen is to be transported in a closed plastic bag or container and removed from the ambulance as soon as possible.

~~D. Blankets and towels shall be clean and stored in such a manner to ensure cleanliness.~~

~~1. Towels and sheets shall not be used more than once between laundering.~~

~~2. Blankets shall be laundered or cleaned as they become soiled. Blankets shall preferably be of a hypoallergenic material designed for easy maintenance.~~

Section 804. Oxygen Administration Apparatus. (II)

~~A. Oxygen administration devices such as masks, cannulas, and delivery tubing shall be disposable and once used shall be disposed of and not reused.~~

~~B. All masks and cannulas and tubing shall be individually wrapped and not opened until used on a patient.~~

~~C. Oxygen humidifiers shall be filled with distilled or sterile water upon use only. Reusable humidifiers must be cleaned after each use. Disposable, single-use humidifiers are acceptable in lieu of multiuse types.~~

~~D. All units that carry portable oxygen must have a non-sparking oxygen wrench for use with the oxygen tanks on that unit.~~

Section 805. Resuscitation Equipment. (II)

~~A. Bag mask assemblies and masks shall be free from dust, moisture, and other foreign matter and stored in the original container, jump kit, or a closed compartment to promote sanitation of the unit. Additional equipment needed to facilitate the use of a bag valve mask, such as a syringe, shall be stored with the bag mask assembly. Masks, valves, reservoirs, and other items or attachments for bag mask assemblies shall be clean. Manufacturer's recommendations on single-use equipment shall be followed where indicated.~~

~~B. An EPA recommended germicidal/virucidal agent or a sodium hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach must be used to clean equipment not specifically addressed as single-use. For surfaces where such an EPA solution is not recommended, alcohol or sodium hypochlorite solution shall be used.~~

Section 806. Suction Unit.

~~A. Suction hoses shall be clean and free from foreign matter. Manufacturer's recommendations on single-use equipment must be followed where indicated.~~

~~B. Suction reservoir shall be clean and dry.~~

~~C. Suction units shall be clean and free from dust, dirt or other foreign matter.~~

~~D. Tonsil tips and suction catheters shall be of the single-use, disposable type, stored in sealed, sterile packaging until used.~~

~~E. Suction units with attachments shall be cleaned and sanitized after each use. (See Section 805.B).~~

Section 807. Splints.

~~A. Padded splints shall be neatly covered with a non permeable material and clean. When the outside cover of the splint becomes soiled, they shall be thoroughly cleaned or replaced.~~

~~B. Pneumatic trousers, if used, shall be clean and free from dust, dirt or other foreign matter.~~

~~C. Commercial splints shall be free of dust, dirt or other foreign matter.~~

~~D. Traction splints with commercial supports shall be clean and free from accumulated material.~~

~~E. All splinting materials must be stored in such a manner as to promote and maintain cleanliness.~~

~~F. All splints must be in functional working order with the recommended manufacturer's attachments.~~

~~G. Manufacturer's recommendations on single use equipment must be followed where indicated.~~

Section 808. Stretchers and Spine Boards.

~~A. Pillows, mattresses and head immobilization devices (HIDs) shall be covered with a non permeable material and in good repair. (Single use items are exempt.)~~

~~B. Stretchers, cots, pillows, HIDs and spine boards shall be clean and free from foreign material.~~

~~C. Canvas or neoprene covers on portable type stretchers shall be in good repair.~~

~~D. All restraint straps and/or devices shall be kept clean and shall be washed immediately if soiled.~~

~~E. Spinal immobilization boards shall be manufactured from an appropriate material to facilitate cleaning.~~

~~F. All spinal immobilization boards shall be free from rough edges or areas that may cause injury.~~

Section 809. Bandages and Dressings. (II)

~~A. Bandages need not be sterile, but they must be clean. They shall be individually wrapped or stored in a closed container or cabinet to ensure cleanliness.~~

~~B. Dressings must be sterile, individually packaged and sealed, and stored in a closed container or compartment. If the seal is broken or wrap is torn, the dressing is to be discarded.~~

~~C. Dressings or burn sheets must be sterile and single use only.~~

~~D. Triangular bandages must be single use disposable type.~~

~~E. All bandages or dressings that have been exposed to moisture or otherwise have become soiled must be replaced.~~

Section 810. Obstetrical (OB) Kits. (II)

~~A. All OB kits must be sterile and wrapped with cellophane or plastic. If the wrapper is torn or the kit is opened but not used, the items in the kit that are not individually wrapped must be resterilized or discarded and replaced.~~

~~B. OB kits must be single use only.~~

~~C. Items that have an expiration date in OB kits may be replaced individually if other items are individually sealed and sterile.~~

Section 811. Oropharyngeal Appliances. (II)

~~Instruments inserted into a patient's mouth or nose that are single use only shall be individually wrapped and stored properly. All instruments inserted into a patient's mouth (such as laryngoscope blades) that are not intended for single use only must be cleaned and decontaminated following manufacturer's guidelines.~~

Section 812. Communicable Diseases. (II)

~~A. When an ambulance or transport vehicle has been contaminated in the transport of a patient known to have a blood borne or respiratory droplet borne pathogen, the vehicle must be taken out of service until cleaning and decontamination is completed.~~

~~B. Linen must be removed from the cot and properly disposed of, or immediately placed in a plastic bag or container and sealed until properly cleaned.~~

~~C. Patient contact areas, equipment and any surface soiled during the call, must be cleaned in accordance with Section 802.H of these guidelines.~~

Section 813. Miscellaneous Equipment.

~~Miscellaneous equipment such as scissors, stethoscopes, blood pressure cuffs and/or other items used for direct patient care shall be cleansed as they become soiled. Items shall be kept clean and free from foreign matter.~~

Section 814. Equipment and Materials Storage Areas.

~~Equipment not used in direct patient care shall be in storage spaces that prevent contamination or damage to direct patient care equipment or materials.~~

Section 815. Personnel.

~~A. All personnel functioning on the vehicle shall present themselves in a clean appearance at all times. This includes both the certified EMS attendants and the non-certified drivers if applicable.~~

~~B. Hands and forearms shall be thoroughly washed according to Standard 1910.1030 set forth by the Occupational Safety and Health Administration (OSHA).~~

~~C. Uniforms and clothing shall be clean or changed if they become soiled, contaminated, or exposed to vomitus, blood or other potentially infectious material (OPIM).~~

SECTION 900. EMERGENCY MEDICAL TECHNICIANS

Section 901. General.

~~A. All ambulance attendants shall have a valid Emergency Medical Technician (EMT, EMT I, AEMT, or Paramedic) certificate. No person shall provide patient care within the scope of an Emergency Medical Technician (EMT, EMT I, AEMT, or Paramedic) without having proper South Carolina certification from the Department. (I)~~

~~B. EMTs (EMT, EMT I, AEMT, or Paramedic) shall only engage in those practices for which they have been trained and are within the scope of their Department-issued certification. Students currently enrolled in a Department-approved EMT, AEMT, or Paramedic program under the supervision of an appropriately credentialed preceptor may practice advanced skills for which they have been authorized in their respective training program. (I)~~

~~C. EMTs (EMT, EMT I, AEMT, or Paramedic) shall perform procedures under the supervision of a physician licensed in South Carolina. The means of supervision shall be direct, by standing orders or by electronic or voice communications. (I)~~

~~D. All Department-certified EMTs (EMT, EMT I, Special Purpose EMT, AEMT, or Paramedic) shall maintain an up-to-date profile in the South Carolina Credentialing Information System (CIS). (III)~~

~~E. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of the EMT (EMT, EMT I, Special Purpose EMT, AEMT, or Paramedic) at all times that the EMT is on-duty or patient care is being rendered. (III)~~

~~F. Except in cases of a disaster or catastrophe, when licensed services in the locality are insufficient to render the required services and/or mutual aid is requested, a South Carolina EMT certification (all levels) is limited in its scope of practice to South Carolina. (III)~~

Section 902. Initial EMT, AEMT, and Paramedic Certification. (I)

~~A. Any person seeking certification as an EMT, AEMT, or Paramedic shall complete the appropriate Department-approved training program, pass the National Registry of Emergency Medical Technicians (NREMT) examination for the level of certification desired, possess a current NREMT credential, and meet the requirements established by the Department as provided by S.C. Code Section 44-61-80(C).~~

~~B. A person seeking certification as an EMT, AEMT, or Paramedic must undergo a state criminal history background check, supported by fingerprints by the South Carolina Law Enforcement Division (SLED), and a national criminal history background check, supported by fingerprints by the Federal Bureau of Investigation (FBI).~~

~~1. The results of these criminal history background checks are reported to the Department. SLED is authorized to retain the fingerprints for certification purposes and for notification to the Department regarding criminal charges.~~

~~2. The cost of the state criminal history background check is delineated in S.C. Code Section 44-61-80(D).~~

~~3. The state and national criminal history background checks are required for all EMTs when the EMT applies for certification or recertification. The results of these criminal history background checks are only valid for forty-five (45) days from the date the results are received by the Department from SLED and the FBI.~~

~~4. Applications for certification of individuals convicted of or under indictment for the following crimes shall be denied in all cases:~~

~~a. Felonies involving criminal sexual conduct;~~

~~b. Felonies involving the physical or sexual abuse of children, the elderly, or the infirm including, but not limited to, criminal sexual conduct with a minor, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on a vulnerable adult; or~~

~~c. Crimes against vulnerable populations (such as, but not limited to, children, patients, or residents of a healthcare facility) including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.~~

~~C. Applications from individuals convicted of, or under indictment for, other offenses not listed above will be reviewed by the Department on a case by case basis.~~

~~D. All Certifications are valid for a period not exceeding four (4) years from the date of issuance as provided in S.C. Code Section 44-61-80(E).~~

~~Section 903. Recertification of EMT, AEMT, and Paramedic Certification.~~

~~A. EMTs, AEMTs, and Paramedics shall recertify their Department issued certification by submitting the following to the Department a minimum of thirty (30) days prior to expiration of their certificate:~~

~~1. A properly completed and signed application for recertification;~~

~~2. Documentation of current NREMT credentials for the appropriate level of certification; and~~

~~3. Other credential(s) as required by the Department (state approved CPR credential and/or Advanced Cardiac Life Support (ACLS) credential).~~

~~4. An individual who was certified in this state before October 1, 2006, and has continuously maintained a South Carolina state EMT certification at any level without lapse, may continue to renew that certification without a NREMT credential.~~

~~5. An individual who has gained a NREMT credential on or after October 1, 2006, must maintain their NREMT credential to be certified, recertified, and maintain their South Carolina certification.~~

~~B. EMTs, AEMTs, and Paramedics seeking recertification shall undergo a state and national criminal history background check as provided for in S.C. Code Section 44-61-80(D).~~

~~Section 904. Special Purpose EMT.~~

~~A. A person seeking a South Carolina Special Purpose EMT credential shall meet all requirements established by the Department.~~

~~B. All South Carolina certified individuals shall maintain an up to date profile in the South Carolina Credentialing Information System (CIS).~~

~~C. A person seeking a certification or recertification as a Special Purpose EMT must undergo a state criminal history background check as provided in S.C. Code Section 44-61-80(D).~~

~~D. In order to be issued a valid Special Purpose EMT certificate, an individual must meet all of the following criteria:~~

~~1. The Special Purpose EMT must be a South Carolina licensed registered nurse (RN) or a Nurse Licensure Compact (NLC) State RN who works in a critical care hospital setting such as neonatology, pediatrics, or cardiac care;~~

~~2. The Special Purpose EMT must have completed an acceptable training program for delivery of the special area or possess experience in that special care area satisfactory to the Department;~~

~~3. The Special Purpose EMT must be employed by the medical service which utilizes the special purpose ambulance and recommended by the director of the medical service which utilizes the special purpose ambulance;~~

~~4. The medical service by which the Special Purpose EMT is employed must have operational procedures and medical protocols directing the daily operations of the Special Purpose EMT and special purpose ambulance. These medical protocols must be in written or electronic form, approved, and signed by the Medical Control Physician of the licensed EMS agency which operates the special purpose ambulance in order for the Special Purpose EMT to administer the special medical treatment required by these protocols;~~

~~5. A South Carolina Special Purpose EMT certificate shall be in force no more than four (4) years;~~

~~6. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of that Special Purpose EMT individual all times that the person is on-duty or patient care is being rendered; and~~

~~7. Special Purpose EMTs shall only engage in those practices for which they have been trained and have been approved by the Department.~~

~~E. Special purpose EMTs may be assisted by other healthcare professionals who are determined qualified and approved by the Department to assist in attendance of the patient during transportation in a special purpose ambulance.~~

Section 905. Reciprocity.

~~A. Candidates seeking reciprocity in South Carolina must hold either a NREMT credential or a current certification from another state for the level for which they are applying.~~

~~B. Candidates seeking reciprocity as an EMT, AEMT, or Paramedic must undergo the required criminal history background check in accordance with S.C. Code Section 44-61-80(D). The results of these criminal history background checks are only valid for forty five (45) days from the date the results are received by the Department from SLED and FBI.~~

~~C. Candidates not certified in South Carolina who hold a current and valid NREMT certification may apply for direct reciprocity at the level of the NREMT credential they hold by creating (and maintaining) an up-to-date profile in the South Carolina Credentialing Information System (CIS) and submitting the following:~~

~~1. A properly completed and signed reciprocity application;~~

~~2. A copy of their current NREMT certification for the level of reciprocity for which they are making application; and~~

~~3. All other requirements as established by the Department.~~

~~D. South Carolina EMT certificates for all levels of direct reciprocity shall expire four (4) years from the date the Department approves the candidate's application.~~

~~E. A pocket ID card shall be issued along with the South Carolina certificate. The original pocket card must be in the possession of that individual at all times that the EMT is on duty or patient care is being rendered.~~

~~F. EMT certifications (EMT, AEMT, and Paramedic) must maintain a NREMT credential to be certified, recertified, and maintain their current South Carolina certification.~~

~~G. Candidates not certified in South Carolina who hold a current and valid EMT certification from other states may apply for a one (1) year provisional reciprocity at the level of the certification they hold by creating (and maintaining) an up to date profile in the South Carolina Credentialing Information System (CIS) and submitting the following:~~

~~1. A properly completed and signed reciprocity application;~~

~~2. A properly completed out of state certification verification form;~~

~~3. A copy of their current state certification pocket card for the level of provisional reciprocity for which they are making application. The pocket card must show their out of state certification expiration date. All provisional reciprocity candidates must have a minimum of six (6) months remaining on their out of state certification by the time the Department receives all required documentation necessary for certification. Exceptions will be granted on a case-by-case basis; and~~

~~4. All other requirements as established by the Department.~~

~~H. South Carolina EMT certificates for all levels of provisional reciprocity will expire on the fifteenth (15th) of the month one (1) year from the date of issue. Provisional certifications are non-renewable and extensions are not permitted.~~

~~I. A pocket ID card will be issued along with the South Carolina certificate. The original pocket card must be in the possession of that individual all times that patient care is being rendered.~~

~~J. To convert a provisional certification to a regular South Carolina certification a reciprocity candidate must complete all requirements necessary to obtain a NREMT certification. All recertification requirements must meet all conditions stated in Section 903.~~

~~K. EMT certifications (EMT, AEMT, and Paramedic) must maintain a current NREMT credential to be certified, recertified, and maintain their current South Carolina certification.~~

Section 906. Certification Examinations.

~~A. Any candidate desiring EMT certification in South Carolina must successfully pass the NREMT examinations and obtain a NREMT certification.~~

~~B. The Department is responsible for the approval and location of all EMT psychomotor examination sites in South Carolina.~~

~~C. In accordance with NREMT guidelines, the psychomotor portion of the NREMT examinations for the EMT may be delegated to the approved training institutions to be conducted as part of the EMT course or may be conducted as a separate psychomotor examination approved by the Department. This psychomotor examination must be monitored by either a NREMT testing representative or a Department representative. The ability of a training institution to conduct an NREMT psychomotor examination may be revoked at any time should the Department discover such examinations are not being held in accordance with NREMT guidelines.~~

~~D. The AEMT and Paramedic psychomotor portion of the NREMT examination shall be conducted in accordance to the NREMT guidelines.~~

Section 907. Emergency Medical Technician Training Programs. (H)

~~A. These programs, which include initial and refresher EMT, AEMT, and Paramedic, are established by the Department and offered in approved technical colleges, other colleges and universities, vocational schools, and State Regional EMS training offices. The curricula for these training programs are the most current National EMS Education Standards (“Standards”) or any other curricula approved by the Department. Paramedic programs must be CAAHEP accredited or hold a CoAEMSP Letter of Review.~~

~~1. An application must be filed with the Department for a training institution to receive approval. No EMT, AEMT, or Paramedic training program may be conducted without approval by the Department.~~

~~2. All approved training institutions must designate one (1) person as the EMT program coordinator. This person shall be responsible to the Department for compliance with all applicable requirements pertaining to the training program.~~

~~3. Upon recommendation of the South Carolina EMS Training Committee and approval of the South Carolina EMS Advisory Council, a list of required equipment for the training programs will be maintained by the Department and updated as necessary.~~

~~4. Training institutions will be granted approval for no more than four (4) years at which time a re-approval may be granted to training institutions which have been compliant with all requirements and have actively conducted initial EMT training programs. An institution shall not conduct courses with expired institution credentials.~~

~~5. Department approved Training Centers in existence prior to the effective date of these regulations shall continue to provide EMT training in accordance with the provisions of this article.~~

~~6. All EMS training institutions must be granted approval by the Department prior to advertising or beginning any EMT course.~~

~~7. Any EMT course offered through an approved institution shall be an open course, with the exception of classes which are closed due to associated security concerns and/or requirements. Regardless of the location of the course, any candidate who satisfies the eligibility requirements shall be granted a seat in the course on a first come, first served basis until all seats have been filled.~~

~~8. EMT teaching institutions that instruct ALS shall retain a Medical Control Physician to provide medical oversight over their program.~~

~~B. Continuing Education Program or CE (formerly In-Service Training (IST) Program) — This program is established by the Department and is granted to approved South Carolina licensed EMS agencies for the sole purpose of recertification of South Carolina credentialed EMTs on their roster.~~

~~1. EMS agencies seeking approval for a CE program must file an application with the Department.~~

~~2. Upon recommendation of the South Carolina EMS Training Committee and approval of the South Carolina EMS Advisory Council, a list of required equipment for the CE programs will be maintained by the Department and updated as necessary.~~

~~3. CE programs will be granted approval for no more than four (4) years at which time reapproval may be granted to IST programs which have been compliant with all requirements.~~

~~4. All CE programs must meet or exceed all requirements established by the NREMT for recertification.~~

~~5. No South Carolina licensed EMS provider may begin a CE program prior to receiving approval by the Department.~~

~~6. CE programs may verify skills for currently credentialed state and NREMT personnel on their CIS roster. Provisional credentialed EMTs must have their NREMT skills verified at a Department approved NREMT testing site.~~

~~C. Continuing Education Units (CEUs) — The Department may approve additional CEUs on a case-by-case basis from medical schools, hospitals, simulation centers, Department credentialed teaching institutions, formal conventions, seminars, workshops, educational classes, and symposiums. All Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) approved courses are accepted by the Department for CE credit in accordance with NREMT standards.~~

~~1. Requests for state approved CEUs are made through the Department and must be received by the Department in writing at least thirty (30) days prior to the scheduled event.~~

~~2. Requests for state approved CEUs must include the following:~~

~~a. Date, times, and agenda of the event;~~

~~b. Topics covered;~~

~~e. List of speakers and their credentials; and~~

~~d. Any additional information which may be requested by the Department.~~

~~D. Pilot Programs — The Department may authorize providers to initiate pilot programs which provide training in new and innovative procedures that have potential for lifesaving care.~~

~~1. Under no circumstances shall pilot programs be initiated without prior approval by the Department.~~

~~2. Those who wish to initiate a pilot program must provide in writing to the Department a detailed proposal of the program and any supporting materials. Upon recommendation by the South Carolina Medical Control Committee and with approval by the South Carolina EMS Advisory Council, the Department may authorize the program.~~

~~3. The EMTs who participate in these programs are allowed to perform the pilot procedures, under Medical Control Physician oversight, during the period of the pilot program.~~

~~4. At the conclusion of the pilot program, a study must be submitted to the Department describing the outcome or results of the program. Research gained from the pilot programs may be used to revise and upgrade existing EMT programs and scope of practice.~~

~~E. All training programs shall be taught by Department-certified instructors. Instructors that meet all requirements and satisfactorily complete the Department's instructor orientation of the EMT Course Administration and Policy Guidelines shall be certified by the Department. Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.~~

~~F. To be certified as an EMT instructor, all new candidates must meet the following requirements:~~

~~1. Be twenty-one (21) years of age or older;~~

~~2. Possess high school diploma or GED;~~

~~3. Possess a current State and NREMT Paramedic credential;~~

~~4. Successfully completed a forty (40) hour state, National Association of EMS Educators (NAEMSE), International Fire Service Accreditation Congress (IFSAC), ProBoard or Department of Defense (DOD) fire instructor, or South Carolina Criminal Justice Academy instructor methodology course;~~

~~5. Possess a current and valid CPR instructor credential;~~

~~6. Must submit a properly completed and signed instructor application; and~~

~~7. Meet all other requirements for their level of instructor certification as required by the Department.~~

~~G. Instructor certificates may be renewed by submission of the following:~~

~~1. A properly completed and signed instructor recertification application;~~

~~2. A copy of a current South Carolina and NREMT Paramedic certification;~~

~~3. A copy of a current and valid CPR instructor credential;~~

~~4. Satisfaction of all teaching requirements as determined by the Department; and~~

~~5. Satisfaction of all other requirements as determined by the Department.~~

~~H. An EMT Instructor authorization may be suspended or revoked for any of the following reasons:~~

~~1. Any act of misconduct as outlined in Section 1100;~~

- ~~2. Suspension or revocation of the holder's South Carolina or NREMT certification;~~
- ~~3. Failure to maintain required credentials necessary for instructor designation;~~
- ~~4. Any act of proven sexual harassment toward another instructor or candidate;~~
- ~~5. Use of profane, obscene or vulgar language while in the presence of candidates or the EMT program coordinator during the context of class or related functions;~~
- ~~6. Conducting class without the minimum required equipment available and in working condition;~~
- ~~7. The use of any curricula not approved by the Department;~~
- ~~8. Gross or repeated violations of policy pertaining to the EMT training program;~~
- ~~9. Multiple instructor reprimands within a given period of time as established by the Department; or~~
- ~~10. Any other actions determined by the Department that compromises the integrity of the program. Those actions may include, but are not limited to the following:~~
 - ~~a. Unprofessional behavior in the classroom;~~
 - ~~b. Failure to notify the EMT program coordinator when classes must be cancelled or rescheduled;~~
 - ~~c. Consistently starting class late or dismissing class early;~~
 - ~~d. Conducting classes while under the influence of alcohol;~~
 - ~~e. Conducting classes while under the influence of drugs that negatively impair the ability to instruct (prescribed, non-prescribed, or illegal);~~
 - ~~f. Falsification of any documents pertaining to the course (such as attendance logs, equipment checklist); or~~
 - ~~g. Repeated class results on the written and/or practical portion(s) of candidate examinations reflecting a class pass rate on the NREMT cognitive or psychomotor examinations of less than fifty percent (50%) (first time pass rate) for two (2) consecutive same level classes or two (2) classes of the same level in three (3) years.~~

Section 908. Endorsement of Credentials.

~~A. The Department is tasked by S.C. Code Section 44-61-30(A) with developing standards and promulgating regulations for the improvement of emergency medical services.~~

~~B. There are areas of specialized practice in EMS which require further education, training, and clinical experience to receive credentials in those specialized areas of care and practice. The Department has an obligation to the public to recognize, endorse, and regulate these specialized practices to ensure a uniform scope of practice across the state.~~

~~C. The Department shall establish minimum educational and clinical guidelines for these endorsed credentials beyond a Paramedic certification.~~

~~D. The Department endorsed credential shall include, but is not limited to, the following areas of specialized training:~~

- ~~1. Community Paramedic;~~
- ~~2. Critical Care Paramedic; and~~
- ~~3. Tactical Paramedic.~~

~~E. Endorsement of South Carolina credentials shall only be granted by the Department to Paramedics that are currently certified by the Department and hold an unencumbered current South Carolina certification. If a Paramedic's South Carolina certification is expired, suspended, or revoked by the Department, the endorsement follows the same status as their certification.~~

~~F. The specially endorsed South Carolina Paramedics shall only practice their skills within the scope of practice of their Department approved agency, under a South Carolina licensed Medical Control Physician. Specially endorsed Paramedics are not independent healthcare practitioners.~~

~~G. The specially endorsed South Carolina Paramedics shall require additional specialty continuing education as determined by the Department.~~

~~H. The types of care rendered by the specially endorsed Paramedics shall include, but are not limited to, critical care interfacility services, prehospital services, preventative care, social service referrals, chronic care support, follow-up care and maintenance, and tactical medical support of law enforcement.~~

~~I. Licensed agencies using these specialized services shall have specific protocols by their Medical Control Physician and approved by the Department.~~

Section 909. Certification Patches.

~~A. An individual initially certified in South Carolina at any level shall receive a complimentary patch for the level which he or she received his or her certification.~~

~~B. Additional patches may be purchased for individuals for services which meet the following criteria:~~

- ~~1. The individual holds a current South Carolina certification; or~~
- ~~2. The individual is an EMS agency director, logistics officer, or training officer and is purchasing patches in bulk for his or her service.~~

SECTION 1000. PERSONNEL REQUIREMENTS (I)

~~A. During the transportation of patients, there shall be an EMT, EMT I, AEMT or Paramedic in the patient compartment at all times. The crew member with the highest level of certification shall determine which crew member will attend the patient during transport. If advanced life support procedures are in use, the responsible EMT I, AEMT or Paramedic shall attend the patient in the patient compartment during transport.~~

~~B. Exception: Transferring or receiving medical facilities' registered nurses and physicians are authorized as ground ambulance attendants when assisting EMTs in the performance of their duties when all of the following requirements are met:~~

~~1. The required medical care of the patient is beyond the scope of practice for the certification level of the EMT.~~

~~2. When the ambulance transport is between medical facilities or from medical facility to the patient's residence.~~

~~3. When the responsible physician, transferring or receiving, assumes responsibility of the patient and provides appropriate orders, written preferred, to the registered nurse for patient care.~~

~~4. The registered nurse is on duty with the appropriate medical facility during the ambulance transport.~~

~~C. No person under the age of eighteen (18) shall operate any emergency vehicle owned or operated by the licensed provider.~~

~~D. No person shall act or serve in the capacity of attending a patient while under felony indictment or with certain past felony convictions as listed in Section 902.B.4.~~

~~E. All licensed providers must notify the Department immediately should they become aware of a felony indictment or conviction of any person on their roster.~~

~~SECTION 1100. REVOCATION OR SUSPENSION OF CERTIFICATES OF EMERGENCY MEDICAL TECHNICIANS (1)~~

~~A. The Department shall, upon receiving a complaint of misconduct as herein defined, initiate an investigation to determine whether or not suitable cause exists to take action against the holder of an emergency medical technician certificate.~~

~~1. The initial complaint shall be in the form of a brief statement, dated and signed by the person making the complaint, which shall identify the person or service that is the subject of the complaint and contain a summary as to the nature of the complaint. The Department is also authorized to initiate an investigation based upon information acquired from other sources.~~

~~2. Information received by the Department through inspection, complaint or otherwise authorized under S.C. Code Sections 44-61-10 et seq. shall not be disclosed publicly except in a proceeding involving the question of licensing, certification or revocation of a license or certificate.~~

~~B. "Misconduct" constituting grounds for a revocation or suspension or other restriction of a certificate means while holding a certificate, the holder:~~

~~1. Used a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with any of the certification requirements or official documents required by the Department;~~

~~2. Was convicted of a felony or another crime involving moral turpitude, drugs, or gross immorality;~~

~~3. Was addicted to alcohol or drugs to such a degree as to render the holder unfit to perform as an EMT;~~

- ~~4. Sustained a physical or mental disability that renders further practice by him dangerous to the public;~~
- ~~5. Obtained fees or assisted in the obtaining of such fees under dishonorable, false or fraudulent circumstances;~~
- ~~6. Disregarded an appropriate order by a physician concerning emergency treatment and transportation;~~
- ~~7. At the scene of an accident or illness, refused to administer emergency care on the grounds of age, sex, race, religion, creed or national origin of the patient;~~
- ~~8. After initiating care of a patient at the scene of an accident or illness, discontinued such care or abandoned the patient without the patient's consent or without providing for the further administration of care by an equal or higher medical authority;~~
- ~~9. Revealed confidences entrusted to him in the course of medical attendance, unless such revelation is required by law or is necessary in order to protect the welfare of the individual or the community;~~
- ~~10. By action or omission and without mitigating circumstance, contributed to or furthered the injury or illness of a patient under his care;~~
- ~~11. Was careless, or reckless, or irresponsible in the operation of an emergency vehicle;~~
- ~~12. Performed skills above the level for which he was certified or performed skills that he was not trained to do;~~
- ~~13. Observed the administration of sub-standard care by another EMT or other medical provider without documenting the event and notifying a supervisor;~~
- ~~14. By his actions, or inactions created a substantial possibility that death or serious physical harm could result;~~
- ~~15. Did not take or complete remedial training or other courses of action as directed by the Department;~~
- ~~16. Was found guilty of the falsification of any documentation as required by the Department;~~
- ~~17. Breached a section of the Emergency Medical Services Act of South Carolina or a subsequent amendment of the Act or any rules or regulations published pursuant to the Act.~~
- ~~18. Failed to provide a patient emergency medical treatment of a quality deemed acceptable by the Department.~~

~~C. The Department may take enforcement action, including suspending or revoking certifications or assessing a monetary penalty against the holder of a certificate at any time it is determined that the holder no longer meets the prescribed qualifications for being a certified EMT as provided in this regulation and the EMS Act.~~

~~D. The suspension or revocation of the emergency medical technician certificate shall include all levels of certification.~~

~~E. Any adverse action or event related to credentialed personnel shall be reported as required to the National Practitioner Data Bank, in accordance with federal law. **SECTION 800 – [RESERVED]**~~

SECTION 900 – [RESERVED]

SECTION 1000 – [RESERVED]

SECTION 1100 – [RESERVED]

SECTION 1200. AIR AMBULANCES

SECTION 1200 – MEDICATIONS

Section 1201. Licensing. (I)

~~It shall be unlawful for any ambulance service provider, agent or broker to secure or arrange for air ambulance service originating in the State of South Carolina unless such ambulance service meets the provisions of South Carolina Emergency Medical Services Act and regulations.~~

~~A. Air Ambulance Licensing and Insurance Requirements:~~

~~1. Air ambulance licensing procedures must meet the requirements in Section 400. Air ambulance permit procedures are contained in Section 500. A Department issued permit is required for each aircraft;~~

~~2. As part of the licensing procedure, every air ambulance operator shall carry an air ambulance insurance policy. The coverage amounts shall ensure that;~~

~~a. Each aircraft shall be insured for the minimum amount of one million dollars (\$1,000,000) for injuries to, or death of, any one (1) person arising out of any one (1) incident or accident;~~

~~b. The minimum amount of three million dollars (\$3,000,000) for injuries to, or death of, more than one (1) person in any one (1) accident;~~

~~c. The minimum amount of five hundred thousand dollars (\$500,000) for damage to property from any one (1) accident;~~

~~d. Submit proof that the provider carries professional liability coverage in the minimum amount of five hundred thousand dollars (\$500,000) per occurrence, with a company license to do business in the aircraft's home assigned state; and~~

~~e. All listed insurance shall provide a thirty (30) day cancellation notice to the Department. In accordance with Section 303, an agency is subject to enforcement action including but not limited to revocation or fines for laps of coverage for any period of time. A schedule of fines is listed in Section 1501.~~

~~3. Submit a copy of current FAA operational certificate and include designation for air ambulance operations, Administration Air Taxi and Commercial Operator Certification, ACTO;~~

~~4. Submit a letter of agreement that all aircraft shall meet the specifications of all applicable subsections of Section 501, if the aircraft is leased from a pool;~~

~~5. Proof that the Medical Control Physician meets the qualifications of Section 402;~~

~~6. The operator or firm must conform to all Federal Aviation Regulations (FARs), which are rules prescribed by the Federal Aviation Administration (FAA) Part 135; and~~

~~7. Each aircraft must be inspected and issued a permit by the Department prior to use.~~

~~B. Out of State Air Ambulances.~~

~~1. Out of state air ambulances transporting patients from locations originating in South Carolina must obtain a license in South Carolina prior to engaging in operations and must have a current and valid license in their home state, if applicable, except where exempt pursuant S.C. Code Section 44-61-100(D).~~

~~2. Out of state air ambulances operating in a state where no license is available must obtain a license in South Carolina and meet all requirements in Section 1200.~~

~~3. Out of state air ambulances transporting patients initiating in South Carolina must have the patient care report submitted into the South Carolina PreMIS system within seventy two (72) hours of completing the transport.~~

~~C. Air Ambulance Categories:~~

~~1. Prehospital Transport Air Ambulance. Air ambulance services that transport patients in the prehospital setting will be permitted as either an advanced or basic life support service. In addition each prehospital service shall be required to meet the requirements and be licensed accordingly. Each such service shall contract with a Medical Control Physician.~~

~~2. Special Purpose Air Ambulance. The interfacility transportation of a critically injured or ill patient by an air ambulance (fixed wing or rotary wing aircraft) that includes the provision of medically necessary supplies and services, at a level of service beyond the normal scope of practice of a Paramedic. The Special Purpose air unit is necessary when a patient's condition requires ongoing care that must be furnished by one (1) or more healthcare professionals in an appropriate specialty area (such as neonate, critical care nursing, respiratory care, cardiovascular care), or a Paramedic with additional training approved by the Department. It is the responsibility of the provider's Medical Control Physician to ensure that the level of patient care required in any given transport is adequate for that patient's medical needs.~~

~~D. Air Ambulance Aircraft Requirements. The aircraft operator shall, in all operations, comply with all federal aviation regulations which are adopted by reference, FAA Part 135. The aircraft shall meet the following specifications:~~

~~1. Be configured in such a way that the medical attendants have adequate access for the provision of patient care within the cabin to give cardiopulmonary resuscitation and maintain patient's life support;~~

~~a. The aircraft or ambulance must have an entry that allows loading and unloading without excessive maneuvering (no more than forty five (45) degrees about the lateral axis and thirty (30) degrees about the longitudinal axis) of the patient.~~

~~b. The configuration does not compromise functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.~~

~~2. A minimum of one (1) stretcher or cot must be provided that can be carried to the patient and allow loading of a supine patient by two (2) attendants;~~

~~a. The maximum gross weight allowed on the stretcher or cot (inclusive of patient and equipment) as consistent with manufacturer's guidelines.~~

~~b. Aircraft stretchers, cots, and the means of securing it in flight must be consistent with national aviation regulations.~~

~~c. The stretcher or cot must be sturdy and rigid enough that it can support cardiopulmonary resuscitation.~~

~~d. The head of the cot is capable of being elevated at least thirty (30) degrees for patient care and comfort.~~

~~e. The patient placement must allow for safe medical personnel egress.~~

~~3. Have appropriate communication equipment to ensure both internal crew and air to ground exchange of information between individuals and agencies appropriate to the mission, including at least medical control, air traffic control, emergency services (EMS, law enforcement agencies, and fire), and navigational aids;~~

~~4. Be equipped with radio headsets that ensure internal crew communications and transmission to appropriate agencies;~~

~~5. Pilot is able to control and override radio transmissions from the cockpit in the event of an emergency situation;~~

~~6. Lighting. Supplemental lighting system shall be installed in the aircraft or ambulance in which standard lighting is insufficient for patient care;~~

~~a. A self-contained lighting system powered by a battery pack or a portable light with a battery source must be available.~~

~~b. There must be adequate lighting for patient care. Use of red lighting or low intensity lighting in the patient care area is acceptable if not able to isolate the patient care area from effects on the cockpit or on a pilot.~~

~~c. For those flights meeting the definition of "long range," additional policies must be in place to address how adequate cabin lighting will be provided during fueling and or technical stops to ensure proper patient assessment can be performed and adequate patient care provided.~~

~~7. Have hooks and/or appropriate devices for hanging intravenous fluid bags;~~

~~8. Helicopters must have an external landing light and tail rotor position light;~~

~~9. Design must not compromise patient stability in loading, unloading, or in-flight operations;~~

~~10. Temperature; and~~

~~a. The interior of the aircraft must be climate controlled to avoid adverse effects on patients and personnel on board.~~

~~b. Thermometer is to be mounted inside the cabin.~~

~~e. Cabin temperatures must be measured and documented every fifteen (15) minutes during a patient transport until temperatures are maintained within the range of fifty to ninety five (50 to 95) degrees Fahrenheit (ten to thirty five (10 to 35) degrees Celsius) for aircraft.~~

~~11. Electric power outlet. Must be provided with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft or ambulance equipment. Extra batteries are required for critical patient care equipment.~~

~~E. Aircraft Flight Crew Manning Requirements. The aircraft operator shall, in all operations, comply with all federal aviation regulations which are adopted by reference, FAA Part 135.~~

~~1. Rotorcraft Pilot:~~

~~a. The pilot must possess at least a commercial rotorcraft helicopter and instrument helicopter rating 05.07.02.~~

~~b. The pilot in command must possess two thousand (2000) total flight hours (or total flight hours of at least fifteen hundred (1500) hours and recent experience that exceeds the operator's pre-hire qualifications such as current air medical and/or search and rescue experience or Airline Transport Pilot, ATP, rated) prior to an assignment with a medical service with the following stipulations:~~

~~i. A minimum of twelve hundred (1200) helicopter flight hours;~~

~~ii. At least one thousand (1000) of those hours must be as Pilot in Charge (PIC) in rotorcraft;~~

~~iii. One hundred (100) hours unaided (if pilot is not assigned to a Night Vision Goggles (NVG) base or aircraft);~~

~~iv. One hundred (100) hours unaided or fifty (50) hours unaided as long as the pilot has one hundred (100) hours aided (if assigned to an NVG base or aircraft); and~~

~~v. A minimum of five hundred (500) hours of turbine time.~~

~~e. The pilot must be readily available within a defined call-up time to ensure an expeditious and timely response.~~

~~2. Rotorcraft mechanic:~~

~~a. The helicopter mechanic is vital to mission readiness and, as such, shall possess at least two (2) years of experience and must be a certified air frame and power plant mechanic.~~

~~b. The mechanic must be properly trained and FAA certified to maintain the aircraft designed by the flight service for its aeromedical program.~~

~~3. Fixed Wing Pilot:~~

~~a. A fixed wing pilot must possess two thousand (2000) airplane flight hours prior to assignment with a medical service with the following stipulations:~~

- ~~i. At least one thousand (1000) of those hours must be as Pilot in Charge (PIC) in an airplane;~~
 - ~~ii. At least five hundred (500) of those hours must be multi-engine airplane time as PIC. (Not required of single-engine turbine aircraft);~~
 - ~~iii. At least one hundred (100) of those hours must be night flight time as PIC; and~~
 - ~~iv. Both pilots in a two-pilot aircraft must be ATP-rated.~~
- ~~b. In aircraft that require two (2) pilots, both pilots must be type-rated for that make and model, and both pilots must hold first class medical certificates if the certificate holder operates internationally. Both pilots must have training on Crew Resource Management (CRM), or Multi-pilot Crew Coordination (MCC).~~

~~4. Fixed-Wing Mechanic:~~

- ~~a. The mechanic is vital to mission readiness and must be a certified air frame and power plant mechanic.~~
- ~~b. The mechanic must be properly trained and FAA certified to maintain the aircraft designated by the flight service for its aeromedical program.~~
- ~~e. The mechanic must obtain and maintain a current Airframe and Powerplant (A&P) certificate.~~

~~F. Off Line Medical Control Physician (Medical Director). The off-line Medical Control Physician of air ambulance services shall be responsible for:~~

- ~~1. Being knowledgeable of the capabilities and limitations of the aircraft used by his service;~~
- ~~2. Being knowledgeable of the medical staff's capability relative to the patient's needs;~~
- ~~3. Being knowledgeable of the routine and special medical equipment available to the service;~~
- ~~4. Ensuring that each patient is evaluated prior to a flight for the purpose of determining that appropriate aircraft, flight and medical crew and equipment are provided to meet the patient's needs;~~
- ~~5. Ensuring that all medical crew members are adequately trained to perform in-flight duties prior to functioning in an in-flight capacity; and~~
- ~~6. Must meet all requirements, duties and responsibilities listed in Section 402.~~

~~G. Aircraft Medical Crew Requirements:~~

- ~~1. Each basic life support air ambulance must be staffed with at least one (1) currently certified South Carolina EMT.~~
- ~~2. Each advanced life support air ambulance must be staffed with at least one (1) currently certified South Carolina Paramedic or South Carolina flight nurse as may be required by the patient's condition.~~
- ~~3. Each special purpose air ambulance must be staffed with at least one (1) Special Purpose EMT, Paramedic or RN with specialty training, as approved by the Department.~~

~~4. Each crew member must wear a flame retardant uniform with reflective striping.~~

~~5. Each crew member must display a legible photo identification with first name and certification level (for example, pilot, RN, or other) while patient care is anticipated to be rendered.~~

~~H. Orientation Program:~~

~~1. All medical flight crew members must complete a base level flight orientation program approved by the Department and supervised by the service's Medical Control Physician.~~

~~2. The flight orientation program shall be of sufficient duration and substance to cover all patient care procedures, including altitude physiology, and flight crew requirements.~~

~~Section 1202. Medical Supplies and Equipment. (H)~~

~~A. Local Medical Control Option (MCO) items are required equipment, unless the Medical Control Physician declines to carry suggested equipment. The MCO items must be stated in writing (such as incorporated into SOPs or Standing Orders) and submitted to the Department within ten (10) days of change.~~

~~B. Delivering Oxygen. Oxygen shall be installed according to national aviation regulations (FAA Part 135.91). Medical transport personnel can determine how oxygen is functioning by pressure gauges mounted in the patient care area.~~

~~1. Each gas outlet shall be clearly identified.~~

~~2. "No Smoking" sign shall be included.~~

~~3. Oxygen flow must be stoppable at or near the oxygen source from inside the aircraft or ambulance.~~

~~4. The following indicators shall be accessible to medical transport personnel while en route:~~

~~a. Quantity of oxygen remaining; and~~

~~b. Measurement of liter flow.~~

~~5. Adequate amounts of oxygen for anticipated liter flow and length of transport with an emergency reserve must be available for every mission.~~

~~6. When the vehicle is in motion, all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings.~~

~~C. Sanitation. The floor, sides, ceiling and equipment in the patient cabin of the aircraft or ambulance must be a nonporous surface capable of being cleaned and disinfected by the standards listed in Section 800.~~

~~D. Basic Life Support (BLS) Equipment. BLS Air Ambulances shall have all the following equipment on board:~~

~~1. Automatic External Defibrillator (AED);~~

a. An AED shall be secured and positioned for easy access to the medical attendant(s).

b. Adult and Pediatric paddles, pads, and cables shall be available.

2. Suction Device. A portable suction device, age and weight appropriate, with wide bore tubing and at least a six (6) ounce reservoir;

a. Wide bore, rigid pharyngeal curved suction tip: Minimum, two (2) each.

b. Sterile, single-use, flexible suction catheter between 6 Fr–16 Fr: Minimum, two (2):

i. One (1) must be between 6 Fr–10 Fr.

ii. One (1) must be between 12 Fr–16 Fr.

3. Airway Equipment;

a. Nasal Cannulas (NC): Adult and pediatric with adequate length tubing, two (2) each.

b. Non-Rebreather Mask (NRB): Adult and pediatric with adequate length tubing, two (2) each.

c. Nasopharyngeal airways (NPAs): 16 Fr–34 Fr adult and child sizes, one (1) each. All airways shall be stored in a manner to maintain cleanliness.

d. Nonmetallic oropharyngeal airways (OPAs): sizes 0–5, one (1) each. All airways shall be stored in a manner to maintain cleanliness.

e. Bag Valve Ventilation Units (BVMs):

i. One (1) adult, hand operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient.

ii. One (1) child, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient. The BVM must include safety pop-off mechanism with override capability.

iii. One (1) infant, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering ninety to one hundred (90 to 100) percent oxygen to the patient. The BVM must include safety pop-off mechanism with override capability.

iv. In conjunction with the ventilation units above, 0, 1, 2, 3, 4, 5 masks will be carried (either the disposable or non-disposable types, local MCO).

f. Adult and Pediatric Magill forceps, one (1) each (local MCO).

g. Blind Insertion Airway Device (BIAD): meet all age and weight size categories as defined by Food and Drug Administration (FDA). Syringe(s) needed to inflate bulbs shall be included in packaging, if not appropriate size(s) must be carried by provider (local MCO).

4. Bandage Material;

- a. ABD pad five (5) inches by nine (9) inches, or larger, two (2) minimum.
- b. Individually wrapped, sterile four (4) inches by four (4) inches gauze pad, fifteen (15) minimum.
- c. Gauze bandage rolls individually wrapped and sterile in three (3) varieties of sizes (for example, 4.5 inches × 4.1 yards, 3.4 inches × 3.6 yards), one (1) each.
- d. Commercial sterile occlusive dressing, minimum size four (4) inches by four (4) inches, two (2) each.
- e. Adhesive tape, hypoallergenic, one (1), two (2), and three (3) inches wide, one (1) each.
- f. Sterile burn sheet, one (1) each (local MCO).
- g. Triangular bandages, minimum two (2) each (local MCO).
- h. Large trauma bandage shears, one (1) each.
- i. Minimum of 250 mL of sterile water or normal saline for irrigation.

5. Splints;

- a. Traction type, lower extremity splint. Uni polar or bi polar type is acceptable (local MCO).
- b. Padded, wooden type splints, two (2) each, fifteen (15) inches by three (3) inches and thirty six (36) inches by three (3) inches, or other approved commercially available splints for arm or leg fractures (local MCO).

6. Spine Boards;

- a. One (1) Long Spine Board (at least sixteen (16) inches by seventy two (72) inches). The use of folding backboards is acceptable as a substitute for the long spine board (local MCO).
- b. Cervical collars for adult and pediatric adjustable or available in sizes of short, regular, or tall; minimum one (1) each. Each cervical collar shall be manufactured with rigid or semi rigid material (local MCO).
- c. Adult and Pediatric head immobilization device, commercially or premade: One (1) each (local MCO).
- d. Nine (9) foot straps, minimum three (3) each, or one set of 10 point spider straps (local MCO).

7. Obstetrical kit: The kit shall be sterile, latex free and contain the following: gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant (local MCO);

8. Assessment tools; and

- a. Adult and Pediatric blood pressure sphygmomanometer, cuff, bladder, and tubing must be clean and in good repair.

~~b. Stethoscope with membrane(s) and tubing in good repair.~~

~~c. Adult and Pediatric pulse oximeter with numeric reading.~~

~~d. Glucometer or blood glucose measuring device (local MCO).~~

~~9. Miscellaneous Equipment:~~

~~a. Eye protection or face shield, one (1) for each medical crew member (local MCO).~~

~~b. Non-sterile, latex free exam gloves in two (2) variations of size, labeled; minimum of five (5) pairs each.~~

~~c. Waterless hand cleanser, commercial antimicrobial.~~

~~d. EPA recommended germicidal/virucidal agent or a sodium hypochlorite solution of ninety nine (99) parts water and one (1) part bleach used for cleaning equipment.~~

~~e. A clearly marked sharps container (may be fixed or portable) with locking mechanism.~~

~~f. Emesis basin, one (1) (local MCO).~~

~~g. Bedpan and urinal, one (1) each (local MCO).~~

~~h. Two (2) dependable flashlights or electric lanterns.~~

~~i. One (1) fire extinguisher approved for aircraft use. Each shall be fully charged with valid inspection certification and capable of extinguishing type A, B, or C fires. At least one (1) hand fire extinguisher must be provided and conveniently located on the flight deck for use by the flight crew.~~

~~j. Additional equipment. Equipment not found in this regulation is subject to inspection and must be stored and operate to the manufacturer's recommendations. If any fault is found, the equipment must be immediately removed for repair and/or replacement.~~

~~E. Advanced Life Support (ALS) Equipment. Air ambulances providing ALS in the Prehospital or Special Purpose category must have all the following equipment and supplies on board in addition to Section 1202.D:~~

~~1. Cardiac monitor;~~

~~a. Must be secured and positioned so that displays are visible to the medical attendant(s) and;~~

~~b. Must have printable four (4) lead waveform, twelve (12) lead/EKG, SpO2 waveform with numeric reading, and invasive pressure monitor port(s) for adult and pediatric (including neonate, if applicable) and;~~

~~c. One (1) extra roll of printer paper;~~

~~d. Have an internal rechargeable battery pack(s);~~

- ~~e. Extra battery or AC adapter and cord available;~~
 - ~~f. Defibrillator, which may be integrated into cardiac monitor modular to include:

 - ~~i. Adult and Pediatric paddles and pads are available; and~~
 - ~~ii. Appropriate size pads and settings must be available for neonatal transports (if neonatal transports are conducted); and~~~~
 - ~~g. Adult and Pediatric capabilities to Transcutaneous Pace. Either stand alone unit or integrated in to cardiac monitor modular.~~
- ~~2. Advanced airway and ventilatory support equipment;~~
- ~~a. One (1) laryngoscope handle with extra set of batteries and bulbs, if applicable.~~
 - ~~b. Laryngoscope blades, adult, child, and infant sizes.

 - ~~i. 0-4 Miller.~~
 - ~~ii. 1-4 Macintosh.~~~~
 - ~~c. One (1) each disposable endotracheal tubes sizes as well as intubation stylettes sized for each tube.

 - ~~i. 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm cuffed or uncuffed.~~
 - ~~ii. 6.0, 6.5, 7.0, 7.5, 8.0 mm.~~
 - ~~iii. Other sizes (local MCO).~~~~
 - ~~d. Water soluble lubricating jelly, four (4) each.~~
 - ~~e. Adult and Pediatric Magill forceps, one (1) each.~~
 - ~~f. Blind Insertion Airway Device (BIAD) that meet all age and weight size categories as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not appropriate size(s) must be carried by provider.~~
 - ~~g. Age appropriate Positive End Expiratory Pressure (PEEP) valve (may be incorporated into BVMs).~~
 - ~~h. A mechanical ventilator and circuit appropriate to age/weight, including neonate (if applicable) which must include measurement of:

 - ~~i. Fraction of inspired oxygen (FiO₂);~~
 - ~~ii. Tidal volume (V_t);~~
 - ~~iii. Respiratory rate (RR) or frequency; and~~~~

~~iv. Positive End Expiratory Pressure (PEEP).~~

~~i. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator; appropriate settings and attachments (such as face masks) for adults and pediatric patients, and neonate patients (if applicable).~~

~~j. Bi-level Positive Airway Pressure (BiPAP), which may be incorporated within the mechanical ventilator; appropriate settings and attachments for adults and pediatric; neonate (if applicable).~~

~~k. Printable waveform End tidal CO₂ continuous monitoring capabilities, which may be incorporated within cardiac monitor modular.~~

~~3. Venous Access;~~

~~a. Intravenous catheters 14g-20g, two (2) of each.~~

~~i. 22g-24g, two (2) each required if pediatric or neonate transports are conducted.~~

~~b. Intraosseous needles.~~

~~i. Adult and Pediatric needles.~~

~~ii. Neonate size required if applicable.~~

~~e. Minimum of two (2) macro drip sets, 10-20gtts/mL.~~

~~d. Minimum of two (2) independent multi-channel infusion pump that allows fluid and medications to be administered at different rates, sequentially. IV pump, at minimum, must:~~

~~i. Have an internal rechargeable battery pack;~~

~~ii. Have a AC adapter and cord; and~~

~~iii. Display the infusion rate, volume infused, and volume remaining.~~

~~e. Two (2) sets of IV pump tubing.~~

~~f. 18g-25g needles at least one and one half inch length, minimum of four (4):~~

~~i. Two (2) must be 18g-20g.~~

~~ii. Two (2) must be 23g-25g.~~

~~g. Syringes.~~

~~i. 1mL, two (2) each.~~

~~ii. 3-5mL, two (2) each.~~

~~iii. 10-20mL, four (4) each.~~

~~h. Minimum of three (3) IV start kits containing:~~

~~i. Latex free tourniquet.~~

~~ii. Antiseptic solution.~~

~~iii. Latex free IV catheter dressing.~~

~~iv. Intravenous arm boards for pediatric patients, two (2) each (local MCO).~~

~~4. Intravenous Fluids;~~

~~a. A total of 2000mL of intravenous fluids onboard, may be a combination of:~~

~~i. Sizes (such as 100mL-1000mL).~~

~~ii. Variety (such as Lactated Ringers, Normal Saline, D5W).~~

~~iii. Must have the capability to administer warm fluids.~~

~~5. Miscellaneous Equipment; and~~

~~a. A current color coded Pediatric weight and length based drug dose chart.~~

~~b. Alcohol or iodine prep pads for preparing IM injections, minimum six (6).~~

~~6. Additional equipment: equipment not found in this regulation is subject to inspection and must be stored and operate to the manufacture recommendations. If any fault is found, the equipment must be immediately removed for repair and/or replacement.~~

~~Section 1203. Special Purpose Air Ambulances. (H)~~

~~All special purpose air ambulances must be equipped with at least the following items from Section 1202: A, B, C, D, and E.~~

~~Section 1204. Medication and Fluids for Advanced Life Support Air Ambulances. (H)~~

~~Such medications and fluids approved by the Board for possession and administration by EMTs, and specified by the Medical Control Physician, will be carried on the air ambulance. Medications not included on the approved medication list for Paramedics may be carried on board the air ambulance so long as there is a written protocol which is signed and dated by the Medical Control Physician, for the use of the medications, fluid, or blood product and delineates administration only by a registered nurse or physician.~~

~~A. Medications must be easily accessible.~~

~~B. Controlled substances are in a double locked system and kept in a manner consistent with state and federal Drug Enforcement Agency (DEA) regulations.~~

~~C. Storage of medications allows for protection from extreme temperature changes within the U.S. Pharmacopeia guidelines as listed in Section 601.I.5, if environment deems it necessary.~~

~~D. If there is a refrigerator on the vehicle for medications, a temperature monitoring and tracking policy is required, and the refrigerator is used and labeled “for medication use only.”~~

~~Section 1205. Rescue Exception. (H)~~

~~An aircraft without a permit may be used for occasional non routine missions, such as the rescue and transportation of victim/patients, who may or may not be ill or injured, from structures, depressions, water, cliffs, swamps or isolated scenes, when in the opinion of the rescuers or EMS provider present at the scene, such is the preferred method of rescue and transportation incident thereto due to the nature of the entrapment, condition of the victim, existence of an immediate life threatening condition, roughness of terrain, time element and other pertinent factors:~~

~~A. Provided that after the initial rescue, an EMT or higher level EMS technician accompanies the victim patient en route with the necessary and appropriate EMS supplies needed for the en route care of the specific injuries or illness involved.~~

~~B. Provided the aircraft is of adequate size and configuration to effectively make the rescue and to accommodate the victim patient, attendant(s) and equipment.~~

~~C. Provided reasonable space is available inside the aircraft for continued victim patient comfort and care.~~

~~D. Provided a permitted aircraft is not available within a reasonable distance response time; and~~

~~E. Provided the victim patient is transferred to a higher level of EMS ground transportation for stabilization and transport if such ground unit is available at a reasonably safe landing area.~~

1201. General. (I)

The EMS Agency shall manage medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid, in accordance with federal, state, and local laws and regulations. The EMS Agency shall ensure such medication management includes securing, storing, administering, and disposal of discontinued or expired drugs, including controlled substances.

1202. Medication Orders. (I)

A. The EMS Agency shall ensure medications are administered to Patients only upon orders of a physician. All verbal and written orders for controlled substances shall be signed and dated by a physician no later than fourteen (14) days after the order is given. A physician’s signature shall be present on all controlled substance administrations or if an electronic record is utilized the controlled medication section must have a separate and distinct approval utilizing electronic digital signatures, separate from the ePCR content.

B. The EMS Agency shall ensure all orders for controlled substances are documented, signed, and dated by the approving physician. EMS Agencies employing electronic signatures or computer-generated signature codes shall ensure orders for controlled substances are authenticated by the prescribing Physician. The EMS Agency shall ensure each ePCR includes either the emergency room physician or local Medical Control Physician approval using electronic digital signatures. The EMS Agency shall not utilize a phrase such as “Per Protocol” in lieu of the approving physician’s signature.

1203. Administering Medication and/or Treatments. (I)

The EMS Agency shall ensure doses of medication, including controlled substances, are administered by the same EMS Personnel who prepared them for administration. The EMS Agency shall maintain records of receipt, administration, and disposition of all medications, including controlled substances, to enable an accurate reconciliation including:

A. The first and last name of the EMS personnel who administered the medication using either of the following methods:

1. An electronic signature in a computerized recordkeeping system; or

2. A legible manual signature of a hard copy record.

B. The name of the EMS Agency;

C. The Patient name and run number;

D. The name and strength of the medication administered;

E. The date of administration;

F. The time of administration;

G. The amount of the dose administered in milliliters (ml);

H. The amount of waste; and

I. The name of physician ordering the medication.

1204. Medication Storage.

A. The EMS Agency shall ensure all medications are stored at the temperature range established by the manufacturer.

B. The EMS Agency shall store all medications in accordance with applicable state and federal laws. The EMS Agency shall maintain an inventory of the stock and distribution of all controlled substances in a manner that the disposition of any particular item is readily traced and pursuant to Regulation 61-4, Controlled Substances.

C. The EMS Agency shall ensure controlled substances listed in Schedules II, III, IV, and V shall be stored in a double locked system and kept in a manner consistent with Regulation 61-4 and federal Drug Enforcement Administration (DEA) regulations. The EMS Agency shall ensure medications are monitored and attended to prevent access by unauthorized individuals. The EMS Agency shall ensure expired or discontinued medications are not to be stored with current medications.

1205. Disposition of Controlled Substances.

A. The EMS Agency shall dispose and destroy Controlled Substance in accordance with requirements of the federal Drug Enforcement Administration.

B. The EMS Agency shall upon closure notify the federal Drug Enforcement Administration and the Department's Bureau of Drug Control and surrender controlled substances registrations.

SECTION 1300. PATIENT CARE REPORTS (III)

Section 1301. Patient Care Reports.

~~A. Each licensed provider must create and submit an electronic patient care report (ePCR) for each patient contact regardless of patient transport decision.~~

~~B. The primary care attendant is responsible for documenting all patient contact, care, and transport decision within the ePCR. All required documentation must be completed within twenty four (24) hours of the conclusion of call.~~

~~C. Each licensed provider must submit its ePCRs into PreMIS within seventy two (72) hours of the conclusion of call.~~

~~D. When transporting to an emergency room (ER), patient ePCR shall be submitted to the ER within thirty (30) minutes of the completion of the call. In lieu of that, a paper pre-run information sheet may be substituted until the ePCR is sent. ePCR information shall be sent no later than twenty four (24) hours from completion of the call.~~

Section 1302. Data Manager.

~~A. Each licensed provider that provides patient care shall appoint a Data Manager to ensure accuracy, HIPAA compliance, security, and provide timely submission of ePCRs into PreMIS.~~

~~B. The Department must be notified of any change in the Data Manager within ten (10) days.~~

~~C. The Data Manager shall ensure that each ePCR submitted reflects all the attendants on the incident including non-certified drivers (if applicable).~~

Section 1303. Content.

~~A. Patient care reports shall reflect services, treatment, and care provided directly to the patient by the provider including, but not limited to, information required to properly identify the patient, a narrative description of the call from time of first patient contact to final destination, all providers on the call, and other information as determined by the Department.~~

~~B. All patient care reports shall be coherently written, authenticated by the author, and time stamped.~~

~~C. Patient care reports involving refusals shall include, but not be limited to the following: details of any assessment performed; information regarding the patient's capacity to refuse; information regarding an informed refusal by the patient; information regarding provider's efforts to convince the patient to accept care; and any efforts by the provider to protect the patient after the refusal if the patient becomes incapacitated.~~

~~D. Data submissions from ePCR software shall maintain a quality score no higher than fifty percent (50%) of the average state data quality score, as provided by the Department's vendor. Licensed providers shall have ninety (90) calendar days from the Department's notification to successfully correct data quality. For example, if the average state data quality score is five (5), then the licensed providers must have a quality score of seven and one half (7.5) or lower to meet this requirement.~~

~~Section 1304. Report Maintenance.~~

~~A. South Carolina utilizes PreMIS, an electronic patient care reporting system that is compliant with the current version of the National EMS Information System (NEMSIS). Data submissions from ePCR software into the state system must meet the Department's requirements as outlined in the South Carolina EMS Data Manager's program manual.~~

~~B. The licensed provider shall provide accommodations and equipment adequate for the protection, security, and storage of patient care reports.~~

~~C. The Department maintains an electronic data stream of the ePCR with the state required data elements from the original report. Licensed providers must maintain their copy of the original data, all attachments and appended versions of each ePCR for no less than ten (10) years on all adult patients and thirteen (13) years for minor patients as stated in S.C. Code Section 44-115-120. Attachments to ePCRs include, but are not limited to, EKGs, waveform capnography records, code summaries, short reports, and other forms of recorded media.~~

~~D. Prior to closure of business, the licensed provider must arrange for preservation of ePCRs to ensure compliance with these regulations. The provider must notify the Department, in writing, describing these arrangements within ten (10) days of closure.~~

~~E. In the event of a change of ownership, all patient care reports shall be transferred to the new owner(s).~~

~~F. The patient care report is confidential. Reports containing protected or confidential health information shall be made available only to authorized individuals in accordance with state and federal laws.~~

~~G. When patient care is transferred, the receiving agency shall receive the copy of the patient care report within a reasonable amount of time, preferably at the time of transfer, to ensure continuity in quality care.~~

~~H. Pursuant to S.C. Code Section 44-61-160, a person who intentionally fails to comply with reporting, confidentiality, or disclosure of requirements in this section is subject to a civil penalty of not more than one hundred dollars (\$100) for a violation of the first time a person fails to comply and not more than five thousand dollars (\$5000) for a subsequent violation.~~

~~SECTION 1400. DO NOT RESUSCITATE ORDER~~

~~1401. Purpose and Authority of Emergency Medical Services Do Not Resuscitate Order.~~

~~A. Title 44, Chapter 78 of the 1976 S.C. Code directs the Department to promulgate regulations necessary to provide directions to emergency medical personnel in identifying and honoring the wishes of patients who have executed a Do Not Resuscitate Order for Emergency Services. The Do Not Resuscitate Order for Emergency Services is commonly referred to as the EMS DNR law.~~

~~B. The EMS DNR law is applicable only to resuscitative attempts by EMS providers in the pre-hospital setting such as the declarant's home, a long term care facility, during transport to or from a health care facility and in other locations outside of acute care hospitals.~~

~~C. Specific statutory authority is found in S.C. Code Section 44-78-65.~~

~~Section 1402. Definitions.~~

~~A. The definitions contained in S.C. Code Section 44-78-15 are hereby incorporated by reference.~~

~~B. Agent or Surrogate means a person appointed by the declarant under a Health Care Power of Attorney, executed or made in accordance with the provisions of S.C. Code Sections 62-5-504 and/or 44-77-10.~~

~~C. Cardiac Arrest means the cessation of a functional heartbeat.~~

~~D. Cardiopulmonary Resuscitation or CPR means the use of artificial respirations to support restoration of functional breathing combined with closed chest massage to support restoration of a functional heart beat following cardiac arrest.~~

~~E. Department means the South Carolina Department of Health and Environmental Control.~~

~~F. Respiratory Arrest (Pulmonary Arrest) means cessation of functional breathing.~~

~~G. Do Not Resuscitate Order for Emergency Medical Services marker is a bracelet or necklace that is engraved with the patient's name, the health care provider's name and telephone number and the words "Do Not Resuscitate" or the letters DNR.~~

Section 1403. General Provisions.

~~A. The EMS DNR Form. The document which is purporting to be a "Do Not Resuscitate Order" for EMS purposes must shall be in substantially the following form:~~

~~A document purporting to be a "do not resuscitate order" for EMS purposes must be in substantially the following form~~

~~NOTICE TO EMS PERSONNEL~~

~~This notice is to inform all emergency medical personnel who may be called to render assistance to~~

~~_____~~

~~(Name of patient)~~

~~that he/she has a terminal condition which has been diagnosed by me and has specifically requested that no resuscitative efforts including artificial stimulation of the cardiopulmonary system by electrical, mechanical, or manual means be made in the event of cardio-pulmonary arrest.~~

~~REVOCATION PROCEDURE~~

~~THIS FORM MAY BE REVOKED BY AN ORAL STATEMENT BY THE PATIENT TO EMS PERSONNEL, OR BY MUTILATING, OBLITERATING, OR DESTROYING THE DOCUMENT IN ANY MANNER.~~

~~Date: _____~~

~~_____~~

~~Patient's Signature (or Surrogate or Agent)~~

Physician's Signature

Physician's Address

Physician's Telephone Number

~~B. Distribution of the EMS DNR Form. The EMS DNR form, along with instructions for execution and a patient information sheet shall be distributed by the Department to health care providers. Informational pamphlets shall be prepared by the Department and made available to other interested parties upon request.~~

~~C. Location of the Executed EMS DNR Form. The executed EMS DNR Form shall be placed in a location where the document is easily observed and recognized by EMS personnel. The form shall be displayed in such a manner that it will be visible and protected at all times.~~

~~D. EMS DNR Marker. The DNR marker shall be a bracelet or necklace as approved by the Department. The marker may be worn upon the execution of the EMS DNR Document. Wearing of the marker shall not be mandatory but is encouraged. The marker will alert EMS personnel of the probable existence of the EMS DNR document. The marker shall be of metallic construction and shall be unique and easily recognizable. The marker shall contain the patient's name, the health care provider's name and telephone number and the words "Do Not Resuscitate" or the letters DNR.~~

~~E. No person under the age of eighteen (18) may request or receive a "Do Not Resuscitate Order for Emergency Medical Services" as noted in S.C. Code Section 44-78-50(B).~~

Section 1404. Revocation of EMS DNR Order.

~~The EMS DNR Order may be revoked at any time by the oral expression of the patient to EMS personnel or by the mutilation, obliteration or destruction of the document in any manner. If the order is revoked, EMS personnel shall perform full resuscitation and treatment of the patient.~~

Section 1405. Patient's Assessment and Intervention. (H)

~~When EMS Personnel report to a scene, they shall do a patient assessment. If an EMS DNR bracelet or necklace is found during the assessment, EMS personnel shall make a reasonable effort to determine that an EMS DNR form exists and to ensure that the EMS DNR form applies to the person on which the assessment is being made. If no DNR form is found, resuscitative measure will be initiated. If after starting resuscitative measures an EMS DNR form is later found, resuscitative measure must be stopped.~~

Section 1406. Resuscitative Measures to be Withheld or Withdrawn. (H)

~~In the event that the patient has a valid EMS DNR order, the following procedures shall be withheld or withdrawn:~~

~~A. CPR;~~

- ~~B. Endotracheal intubation and other advanced airway management;~~
- ~~C. Artificial ventilation;~~
- ~~D. Defibrillation;~~
- ~~E. Cardiac resuscitation medication; and~~
- ~~F. Cardiac diagnostic monitoring (ONLY withheld in the face of cardiac arrest).~~

Section 1407. Procedures to Provide Palliative Treatment. (II)

The following treatment may be provided as appropriate to patients who have executed a valid EMS DNR order:

- ~~A. Suctioning;~~
- ~~B. Oxygen;~~
- ~~C. Pain medication;~~
- ~~D. Non-cardiac resuscitation medications;~~
- ~~E. Assistance in the maintenance of an open airway as long as such assistance does not include intubation or advanced airway management;~~
- ~~F. Control of bleeding;~~
- ~~G. Comfort care; and~~
- ~~H. Support to patient and family.~~

Section 1408. DNR Information for the Patient, the Patient's Family, the Health Care Provider and EMS Personnel. (II)

- ~~A. Responsibilities of the patient or his or her Surrogate or agent.~~

The patient and his or her surrogate or agent shall:

- ~~1. Make all care givers aware of the location of the EMS DNR Form and ensure that the form is displayed in such a manner that it will be visible and available to EMS personnel.~~
- ~~2. Be aware of the consequences of refusing resuscitative measures.~~
- ~~3. Be aware that if the form is altered in any manner resuscitative measures will be initiated.~~
- ~~4. Understand that in all cases, supportive care will be provided to the patient.~~

- ~~B. Responsibilities of the Health Care Provider (Physician) The patient's physician:~~

- ~~1. Has determined that the patient has a terminal condition.~~

~~2. Has completed the patient's EMS DNR Form.~~

~~3. Has explained to the patient and family the consequences of withholding resuscitative care; the medical procedures that will be withheld and the palliative and supportive care that will be administered to the patient.~~

~~C. Responsibilities of EMS Personnel.~~

~~EMS personnel:~~

~~1. Will confirm the presence of the EMS DNR Form and the identity of the patient.~~

~~2. Upon finding an unaltered EMS DNR Form, will withhold or withdraw resuscitative measures such as CPR, endotracheal intubation or other advanced airway management, artificial ventilation, defibrillation, cardiac resuscitation medication and related procedures.~~

~~3. Will provide palliative and supportive treatment such as suctioning the airway, administration of oxygen, control of bleeding, provision of pain and non cardiac medications, provide comfort care and provide emotional support for the patient and the patient's family.~~

~~4. Must have in his possession either the original or a copy of the DNR Order during transport of the patient.~~

~~SECTION 1500. FINES AND MONETARY PENALTIES~~

~~Section 1501. Fines and Monetary Penalties.~~

~~A. When a decision is made to impose monetary penalties, the following schedule shall be used as a guide to determine the dollar amount:~~

MONETARY PENALTY RANGES			
FREQUENCY	CLASS I	CLASS II	CLASS III
1st	\$300-500	\$100-300	\$50-100
2nd	\$500-1,500	\$300-500	\$100-300
3rd	\$1,000-3,000	\$500-1,500	\$300-800
4th	\$2,000-5,000	\$1,000-3,000	\$500-1,500
5th	\$5,000-7,500	\$2,000-5,000	\$1,000-3,000
6th or more	\$10,000	\$7,500	\$2,000-5,000

~~B. When a licensed agency fails a vehicle reinspection, a Class IV penalty may be levied upon the agency. Pursuant to S.C. Code Section 44-61-70, the following Class IV fine schedule shall be used when a permitted ambulance or licensed rapid responder service loses points upon reinspection:~~

~~Frequency of violation of standard within a thirty-six (36) month period:~~

MONETARY PENALTY RANGES		
FREQUENCY	CLASS IV Points/Penalty	
1st	0-24	\$25-50

2nd	25-50	\$50-100
3rd	51-100	\$100-300
4th	101-500	\$300-500
5th	501-1000	\$500-1500
6th or more	Over 1000	\$1000-3000

C. There may be multiple occurrences of a violation (Class I, II, and III) within a one (1) day period that would constitute multiple fineable occurrences. (For example, in allowing uncertified personnel to render patient care, each patient treated is an “occurrence” and thus a separate fineable offense.)

SECTION 1600. SEVERABILITY

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect, as if such invalid portions were not originally a part of these regulations.

SECTION 1300 – [RESERVED]

SECTION 1400 – [RESERVED]

SECTION 1500 – [RESERVED]

SECTION 1600 – [RESERVED]

SECTION 1700. GENERAL

SECTION 1700 – SANITATION AND INFECTION CONTROL

Conditions that have not been addressed in these regulations shall be managed in accordance with best practices as interpreted by the Department.

1701. General.

A. The EMS Agency shall maintain and implement personnel practices that promote conditions that prevent the spread of infectious, contagious, or communicable diseases, including but not limited to standard precautions, transmission-based precautions, contact precautions, airborne precautions, and isolation techniques. The EMS Agency shall ensure proper disposal of toxic and hazardous substances. The EMS Agency shall ensure the preventive measures and practices are in compliance with applicable guidelines of the Bloodborne Pathogens Standard of the Occupational Safety and Health Act of 1970; the Centers for Disease Control and Prevention; R.61-105, Infectious Waste Management; and other applicable federal, state, and local laws and regulations.

B. The EMS Agency shall ensure the practice of hand hygiene to prevent the hand transfer of pathogens, and the use of barrier precautions such as gloves in accordance with established guidelines.

1702. Exterior Ambulance Surfaces.

A. The EMS Agency shall ensure the exterior of the vehicle has a reasonably clean appearance.

B. The EMS Agency shall ensure exterior lighting is kept clear of foreign matter (insects, road grime, or other) to ensure adequate visibility.

1703. Interior Ambulance Surfaces Patient Compartment.

A. The EMS Agency shall ensure interior surfaces of each Ambulance are of a nonporous material to allow ease of cleaning and that carpet-type materials are not used on any surface of the patient compartment.

B. The EMS Agency shall ensure:

1. The floors of each Ambulance are free from sand, dirt, and other residue that may have been tracked into the compartment;

2. The wall, cabinet, and bench surfaces of each Ambulance are kept free of dust, sand, grease, or any other accumulated surface matter;

3. The interiors of cabinets and compartments of each Ambulance are kept free from dust, moisture, or other accumulated foreign matter;

4. Bloodstains, vomitus, feces, urine, and other similar matter are cleaned from each Ambulance and all equipment after each call, using an agent or sodium hypochlorite solution described in Section 1703.C;

5. Window glass and cabinet doors of each Ambulance are clean and free from foreign matter;

6. Each Ambulance is equipped with a receptacle provided for the deposit of trash, litter, and all used items; and

7. A container specifically designed for the safe deposit and secure retainment of contaminated needles or syringes and a second container for contaminated or infectious waste is provided on each Ambulance that is easily accessible from the Patient compartment.

C. The EMS Agency shall utilize an Environmental Protection Agency-recommended germicidal and viricidal agent or a hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach to clean Patient contact areas. The agency shall utilize alcohol or sodium hypochlorite solution for surfaces where such an EPA solution is recommended; however, alcohol should not be used for disinfection of large surfaces. The EMS Agency shall ensure the contact time for the hypochlorite solution is in accordance with the respective EPA registration for the select pathogen.

D. EMS Agencies shall clean all vehicles after each call.

1704. Linen.

A. The EMS Agency shall ensure that each Ambulance stores and maintains dry, clean linen.

B. The EMS Agency shall ensure each Ambulance is equipped with at least six (6) sets of freshly laundered or disposable linens to be used on cots and pillows and changed after each Patient is transported.

C. The EMS Agency shall ensure soiled linen is transported on the Ambulance in a closed plastic bag or container and removed from the Ambulance as soon as possible.

D. The EMS Agency shall ensure each Ambulance maintains blankets and towels that are intact, in good repair, and cleaned or laundered after each Patient use. The EMS Agency shall ensure that the blankets are a hypoallergenic material designed for easy maintenance.

1705. Oxygen Administration Apparatus. (II)

A. The EMS Agency shall ensure oxygen administration devices such as masks, cannulas, and delivery tubing are disposable and only used once.

B. The EMS Agency shall ensure all masks, cannulas, and delivery tubing are individually wrapped and unopened until used on a Patient.

C. The EMS Agency shall ensure oxygen humidifiers are only filled with distilled or sterile water upon use and cleaned after each use. The EMS Agency may utilize disposable single-use oxygen humidifiers in lieu of multi-use types.

D. The EMS Agency shall ensure each Ambulance that carries portable oxygen tanks maintains a non-sparking oxygen wrench for use with the oxygen tanks.

1706. Resuscitation Equipment. (II)

A. The EMS Agency shall ensure bag mask assemblies and masks are free from dust, moisture, and other foreign matter and stored in the original container, jump kit, or a closed compartment on the Ambulance. The EMS Agency shall ensure each Ambulance maintains additional equipment needed to facilitate the use of a bag valve mask, such as a syringe, stored with the bag mask assembly. The EMS Agency shall ensure all masks, valves, reservoirs, and other items or attachments for bag mask assemblies are clean and manufacturer's recommendations on single-use equipment are followed where indicated.

B. The EMS Agency shall utilize an EPA-recommended germicidal and viricidal agent or a sodium hypochlorite solution of ninety-nine (99) parts water and one (1) part bleach to clean resuscitation equipment not specifically addressed as single-use. The EMS Agency shall utilize alcohol or sodium hypochlorite solution to clean resuscitation equipment surfaces where such an EPA solution is recommended.

1707. Suction Unit. (II)

A. The EMS Agency shall ensure suction hoses are clean and free from foreign matter and manufacturers' recommendations on single-use equipment are followed where indicated.

B. The EMS Agency shall ensure the suction reservoir of each suction unit is clean and dry.

C. The EMS Agency shall ensure suction units are clean and free from dust, dirt, or other foreign matter.

D. The EMS Agency shall ensure tonsil tips and suction catheters are of the single-use disposable type and stored in sealed sterile packaging until used.

E. The EMS Agency shall ensure suction units with attachments are cleaned and sanitized after each use.

1708. Splints. (II)

The EMS Agency shall ensure:

A. Padded splints are neatly covered with a non-permeable material and clean, and when the outside cover of the splint becomes soiled, they are thoroughly cleaned or replaced;

B. Commercial splints are free of dust, dirt, or other foreign matter;

C. Traction splints with commercial supports are clean and free from accumulated material;

D. All splinting materials are stored in such a manner as to promote and maintain cleanliness;

E. Splints are in functional working order with the recommended manufacturer's attachments; and

F. Manufacturer's recommendations on single-use splint equipment are followed where indicated.

1709. Spinal Motion Restriction Device. (II)

A. The EMS Agency shall ensure all pillows, mattresses, and spinal motion restriction devices (SMRDs) that are not single-use items are covered with a non-permeable material and in good repair. The EMS Agency shall remove any compromised stretcher or spine board from service.

B. The EMS Agency shall ensure

1. All stretchers, cots, pillows, SMRDs, and spine boards are clean and free from foreign material;

2. Canvas or neoprene covers on portable-type stretchers are in good repair;

3. All restraint straps and/or devices are kept clean and washed immediately if soiled;

4. Spinal motion restriction devices are manufactured from an appropriate material to facilitate cleaning; and

5. All spinal motion restriction devices are free from rough edges or areas that may cause injury.

1710. Bandages and Dressings. (II)

A. The EMS Agency shall ensure all bandages are clean and individually wrapped or stored in a closed container or cabinet. The EMS Agency shall ensure triangular bandages are single-use disposable type.

B. The EMS Agency shall ensure dressings are sterile, individually packaged and sealed, stored in a closed container or compartment, and if the seal is broken or wrap is torn, the dressing is discarded.

C. The EMS Agency shall ensure burn sheets are sterile and single-use only.

D. The EMS Agency shall ensure all bandages or dressings that have been exposed to moisture or soiled are replaced.

1711. Obstetrical (OB) Kits. (II)

A. The EMS Agency shall ensure all OB kits are sterile and wrapped with cellophane or plastic, and if the wrapper is torn or the kit is opened but not used, the items in the kit that are not individually wrapped are discarded and replaced.

B. The EMS Agency shall ensure all OB kits are single-use only.

C. The EMS Agency shall ensure all items in each OB kit past the expiration date are replaced individually if other items are individually sealed and sterile.

1712. Oropharyngeal Appliances. (II)

The EMS Agency shall ensure single-use instruments inserted into a Patient's mouth or nose are individually wrapped and stored properly. The EMS Agency shall ensure all instruments inserted into a Patient's mouth that are not intended for single-use only are cleaned and decontaminated following manufacturer's guidelines.

1713. Communicable Diseases. (II)

A. The EMS Agency shall ensure that when an Ambulance has been contaminated with blood, body fluids, or other potentially infectious material (OPIM), to include potential contamination from respiratory droplets if transporting a Patient with signs or symptoms consistent with a respiratory illness of an infectious cause, the vehicle is taken out of service until decontamination is completed.

B. The EMS Agency shall ensure all linen used during any transport is removed from the cot and properly disposed of, or immediately placed in a designated, leak-proof bag or container and sealed until cleaned. The EMS agency shall ensure all used linen is treated as contaminated and handled as per standard precautions.

C. The EMS Agency shall ensure all Patient contact areas, equipment, and any surface soiled during the call is cleaned and disinfected pursuant to Section 1703.C.

1714. Equipment.

The EMS Agency shall ensure all reusable equipment used for direct Patient care is in good repair and cleaned as it becomes soiled, and kept free from foreign matter.

1715. Equipment and Materials Storage Areas.

The EMS Agency shall ensure all equipment not used in direct Patient care is in storage spaces or compartments to prevent contamination or damage to direct Patient care equipment or materials.

1716. Personnel.

The EMS Agency shall ensure uniforms and clothing are clean or changed if they become soiled, contaminated, or exposed to vomitus, blood, or other potentially infectious material (OPIM).

SECTION 1800 – AMBULANCE PERMITS. (I)

1801. General.

A. The EMS Agency shall ensure that each Ambulance for which the Permit is issued meets all requirements as to design, medical equipment, supplies, and sanitation as set forth in this regulation. The EMS Agency shall have each Ambulance inspected by the Department prior to issuance of the initial permit.

B. The EMS Agency shall display the Permit decal for each specific Ambulance on the rear door or rear window of the Ambulance or aircraft portfolio, as applicable.

C. The EMS Agency shall not make an entry on, deface, alter, remove, or obliterate an Ambulance Permit.

D. The EMS Agency shall return an Ambulance Permit to the Department within ten (10) business days when the vehicle chassis is sold, removed from service, or when the window is replaced due to damage.

1802. Temporary Ambulance Permit.

A. The EMS Agency may request in writing, and the Department grant at its discretion, a temporary Permit in cases where a temporary asset or short-term solution to an Ambulance is needed. The EMS Agency shall ensure these temporary assets meet all Ambulance permitting and equipment requirements for the level of service of its intended use.

B. The EMS Agency shall be issued a temporary Ambulance Permit for a period not to exceed ninety (90) calendar days and may only be extended in extenuating circumstances at the Department's discretion.

C. The EMS Agency shall ensure each Ambulance with a temporary Permit, twith the exception of Air Ambulances, has the following minimum exterior markings:

1. Illumination devices pursuant to Sections 1901.G;

2. Emblems and markings pursuant to Section 1901.B affixed on vehicles with temporary markings;
and

3. The name on the face of the EMS Agency's License affixed with temporary lettering not less than three (3) inches in height.

SECTION 1900 – AMBULANCES. (II)

1901. Ambulance Design.

A. The EMS Agency shall ensure all Ambulances meet the design requirements established by the Department for Ambulances permitted and utilized in South Carolina and are effective with the publication of this regulation. The EMS Agency shall ensure all equipment, lighting, interior and exterior doors, and environmental equipment operates as designediered at all times when the Ambulance is in service.

B. Base Unit. The EMS Agency shall ensure the chassis of each Ambulance is at least three-quarter ton. In the case of modular or other type body units, the EMS Agency shall ensure the Ambulance chassis is proportionate to the body unit, weight, and size; power train is compatible and matched to meet the performance criteria listed in the Federal KKK-A-1822 F Specification, NFPA 1917 or Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances version 2.0. After updates are released to the Federal KKK-A- 1822 F Specification, NFPA 1917 or Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances version 2.0, the EMS Agency shall make applicable safety-related upgrades to each Ambulance on timetables as determined by the Department.

C. Emblems and Markings. The EMS Agency shall ensure all items in this section are of reflective quality and in contrasting color to the background on which it is applied. The EMS Agency shall ensure:

1. There is a continuous stripe, of not less than three (3) inches on cab and six (6) inches on Patient compartment, to encircle the entire Ambulance with the exclusion of the hood panel. The EMS Agency shall ensure reflective chevrons, Battenberg patterns, or other markings are at least six (6) inches in height and meet the requirements of this section; and

2. Emblems and markings are of the type, size and location as follows:

a. Side: Each side of the Patient compartment has the “Star of Life,” not less than twelve (12) inches in height, the word “AMBULANCE”, not less than six (6) inches in height, under or beside each star, and the name of the EMS Agency as stated on the EMS Agency’s License, of lettering not less than three (3) inches in height; and

b. Rear: The word “AMBULANCE”, not less than six (6) inches in height, two (2) “Star of Life” emblems of not less than twelve (12) inches in height, and the name of the EMS Agency as stated on the EMS Agency’s License, of lettering not less than three (3) inches in height.

D. The EMS Agency shall ensure that prior to private sale of Ambulances to the public, all emblems and markings in Section 1901.C are removed.

E. Interior Patient Compartment Dimensions. The EMS Agency shall ensure the interior Patient compartment has the following dimensions:

1. Length: A minimum of twenty-five (25) inches clear space at the head, ten (10) inches at the foot of a seventy-six (76) inch cot, and a minimum inside length of one hundred twenty-two (122) inches;

2. Width: A minimum inside width of sixty-nine (69) inches;

3. Height: A minimum dimension of sixty (60) inches from floor to ceiling; and

4. A minimum of twelve (12) inches of clear aisle walkway between the edge of the primary Patient cot and base of the nearest vertical feature measured along the floor.

F. Access to Ambulance.

1. Driver Compartment.

a. The EMS Agency shall ensure the Driver’s seat has an adjustment to accommodate the fifth (5th) percentile to ninety fifth (95th) percentile adult male.

b. The EMS Agency shall ensure there is a functional door on each side of the Ambulance in the Driver’s compartment.

c. The EMS Agency shall ensure each Ambulance provides separation between the Driver compartment and the Patient compartment to provide privacy for radio communication and to protect the Driver from an unruly Patient. The EMS Agency shall ensure provision for both verbal and visual communication between Driver and Attendant by a sliding shatter resistant material partition or door. The EMS Agency shall ensure the bulkhead of each Ambulance is strong enough to support an Attendant’s seat in the Patient area at the top of the Patient’s head and to withstand deceleration forces of the Attendant in case of accident.

2. Patient Compartment.

a. The EMS Agency shall ensure there is a functional door on the right side of the Patient compartment near the Patient's head area of the compartment. The EMS Agency shall ensure the side door allows EMT-basics, AEMTs, and Paramedics to position themselves at the Patient's head and quickly remove the Patient from the side of the vehicle if the rear door is jammed.

b. The EMS Agency shall ensure the rear doors of the Patient compartment swing clear of the opening to allow full access to the Patient's compartment.

c. The EMS Agency shall ensure the Patient compartment doors incorporate a holding device to prevent the door closing unintentionally from wind or vibration. The EMS Agency shall ensure that when Patient compartment doors are open, the holding device shall not protrude into the access area.

d. The EMS Agency shall ensure that Ambulances carrying spare tires position the spare tire to be removed without disturbing the Patient.

G. Interior Lighting.

1. Driver Compartment: The EMS Agency shall ensure lighting is available for both the Driver and an Attendant, if riding in the Driver compartment, to read maps, records, etc. The EMS Agency shall ensure there is shielding of the Driver's area from the lights in the Patient compartment.

2. Patient Compartment: The EMS Agency shall ensure illumination provides an intensity of forty (40)-foot candles at the level of the Patient. The EMS Agency shall ensure lights are controllable from the entrance door, the head of the Patient, and the Driver's compartment. The EMS Agency may utilize a rheostat control of the compartment lighting or by a second system of low intensity lights to reduced lighting levels.

H. Illumination Devices.

1. Flood and load lights. The EMS Agency shall ensure there is least one (1) flood light mounted not less than seventy-five (75) inches above the ground and unobstructed by open doors located on each side of the vehicle. The EMS Agency shall ensure a minimum of one (1) flood light, with a minimum of fifteen (15) foot candles, is mounted above the rear doors of the vehicle.

2. Warning Lights. The EMS Agency shall ensure the Ambulance emergency warning light system contains a minimum of twelve (12) fixed red lights, one (1) fixed clear light, and one (1) fixed amber light. The EMS Agency shall ensure the upper body warning lights are mounted at the extreme upper corner areas of the Ambulance body, below the horizontal roofline. The EMS Agency shall ensure the single clear light is centered between the two (2) front-facing, red, upper corner lights. The EMS Agency shall ensure doors or other ancillary equipment do not obstruct the standard warning lights. The EMS Agency shall ensure the amber light is symmetrically located between the two (2) rear-facing red lights. The EMS Agency shall ensure there are two (2) red grille lights. The EMS Agency shall ensure the lateral facing intersection lights are mounted as close as possible to the front upper edge of each front fender and may be angled forward a maximum of thirty degrees (30°).

I. Seats:

1. Driver Compartment. The EMS Agency shall ensure a seat for both Driver and Attendant is provided in the Driver's compartment and that each seat shall have armrests on each side of the Driver's compartment.

2. Patient Compartment. The EMS Agency shall ensure two (2) fixed seats that are padded, eighteen (18) inches wide by eighteen (18) inches high to head of Patient behind the Driver; the other seat may be a square-bench type located on the curb (right) side of the vehicle.

J. Safety Factors for Patient Compartment.

1. Cot Fasteners. The EMS Agency shall ensure crash-stable fasteners are provided to secure cot(s).

2. Cot Restraint. If the cot is floor-supported on its own support wheels, the EMS Agency shall provide a means to secure it in position under all conditions. The EMS Agency shall ensure all untitled Ambulances purchased for use in South Carolina after July 1, 2017, meet all seating and cot restraint mandates outlined in the Federal KKK-A-1822F, all change notices included.

3. Patient Restraint. The EMS Agency shall ensure a restraining device is provided to prevent longitudinal or transverse dislodgement of the Patient during transit or to restrain an unruly Patient to prevent further injury or aggravation to the existing injury.

4. Safety Belts for Drivers and Attendants. The EMS Agency shall ensure quick-release, retractable, and self-adjustable safety belts are provided for the Driver, the Attendants, and all seated Patients.

5. Mirrors.

a. The EMS Agency shall ensure there are two (2) exterior rear view mirrors, one (1) mounted on the left side of the vehicle and one (1) mounted on the right side. The EMS Agency shall ensure the location of mounting provides maximum rear vision from the Driver's seated position.

b. The EMS Agency shall ensure there is an interior rear view mirror or rear view camera to provide the Driver with a view of occurrences in the Patient compartment.

6. Windshield Wipers and Washers. The EMS Agency shall ensure each vehicle is equipped with two (2) electrical windshield wipers and washers in addition to defrosting and defogging systems.

7. Sun Visors. The EMS Agency shall ensure there is a sun visor for both Driver and Attendant.

8. Exterior Visual Lighting. The EMS Agency shall ensure there are operational headlights (high and low beam), taillights, brake lights, and turn signals that can be operated by the Driver of the vehicle.

K. Environmental Equipment: Driver/Patient Compartment.

1. Heating. The EMS Agency shall ensure each Ambulance has the capability to heat the Patient and Driver compartments to a temperature of seventy-five degrees Fahrenheit (75°F) within a reasonable period while driving in an ambient temperature of zero degrees Fahrenheit (0°F). The EMS Agency shall ensure the heating system is designed to recirculate inside air and is capable of introducing twenty percent (20%) of outside air with minimum effect on inside temperature. Fresh air intake shall be located in the most practical contaminant-free air space on the vehicle.

2. Heating Control. The EMS Agency shall ensure heating is thermostatically or manually controlled and the heater blower motors are at least a three (3) speed (high, medium, and low) design. The EMS Agency shall ensure separate switches are installed in the Patient compartment.

3. Air Conditioning. The EMS Agency shall ensure the air conditioning in each Ambulance has a sufficient capacity to lower the temperature in the Driver's and Patient's compartment to seventy-five degrees Fahrenheit (75°F) within a reasonable period and maintain that temperature while operating in an ambient temperature of ninety-five degrees Fahrenheit (95°F). The EMS Agency shall ensure each air conditioning unit is designed to deliver twenty percent (20%) of fresh outside air of ninety-five degrees Fahrenheit (95°F) ambient temperature while holding the inside temperature specified. The EMS Agency shall ensure all parts, equipment, and workmanship are in keeping with accepted air conditioning practices.

4. Air Conditioning Controls. The EMS Agency may utilize manual or thermostatic air delivery controls to operate the unit. The EMS Agency is not required to have a reheat type system in the Driver's compartment unit. The EMS Agency shall ensure switches or other controls are within easy reach of the Driver in his normal driving position. The EMS Agency shall ensure air delivery fan motors are at least a three (3) speed design. The EMS Agency shall ensure switches and other control components exceed in capacity the amperage and resistance requirements of the motors.

5. Environmental Control and Medications. The EMS Agency shall ensure the temperature in the Patient compartment or anywhere medications are stored (SRVs, fire apparatus, rapid response vehicles, carry-in bags, and other) is monitored for temperature extremes to prevent drug adulteration. The EMS Agency shall ensure medications (excluding oxygen) and IV fluids are removed and discarded if the temperatures reach or exceed one hundred degrees Fahrenheit (100°F), or thirty-eight degrees Celsius (38°C). The EMS Agency shall ensure medications and IV fluids are removed and discarded if temperatures in the drug storage area drop below twenty degrees Fahrenheit (20°F), or negative seven degrees Celsius (-7°C).

6. Insulation. The EMS Agency shall ensure the entire body, side, ends, roof, floor, and Patient compartment doors are insulated to minimize conduction of heat, cold, or external noise entering the vehicle's interior. The EMS Agency shall ensure the insulation is vermin- and mildew-resistant, fireproof, non-hygroscopic, non-setting type. The EMS Agency may consider plywood floor when undercoated sufficient insulation for the floor area.

L. Storage Cabinets. The EMS Agency shall ensure all cabinets meet the criteria as stated in the most current edition of the Federal KKK-A-1822 Specification, NFPA 1917, or similar specification standards accepted by the Department as to types of surfaces, design, and storage. The EMS Agency shall ensure cabinets are of a size and configuration to store all necessary equipment and all equipment in interior cabinets is accessible to Attendants at all times.

M. Two-Way Radio Mobile. The EMS Agency shall include on each vehicle two-way radio mobile equipment that will provide a reliable system operating range of at least a twenty (20) mile radius from the base station antenna. The EMS Agency shall ensure the mobile installation provides microphones for transmitting to at least Medical Control and receiving agencies, at both the Driver's position and in the Patient compartment. The EMS Agency shall ensure selectable speaker outputs, singly and in combination are provided at the Driver's position, in the Patient's compartment, and through the public address system.

1. The EMS Agency shall provide the Department with all radio frequencies utilized by the EMS Agency as requested by the Department.

2. In the event technological advancements render the above components obsolete, the Department may make determinations as to the efficacy of proposed technology on an individual basis prior to allowing its use. The EMS Agency may utilize cell phones with hand-held radios that are able to reach Medical Control, dispatch center, and receiving facilities as backup.

N. Siren-Public Address. The EMS Agency shall ensure all siren and public address systems provide a power output with a minimum one hundred (100) watts, and in voice operation the power output is at least forty-five (45) watts through two (2) exterior mounted speakers. The EMS Agency shall ensure the public address amplifier is independent of the mobile radio unit.

O. Antenna. The EMS Agency shall mount each antenna with coaxial or other cable if a radio system is installed.

P. Glass Windows. The EMS Agency shall ensure all windows, windshield, and door glass are shatter resistant.

Q. The EMS Agency shall establish a means to immediately identify that a vehicle is out of service for any operator who might have reason to use the vehicle. The EMS Agency shall ensure any vehicle that is “out of service”, whether for mechanical or staffing issues, is readily identifiable to the public and the Department. The EMS Agency shall identify out of service vehicles by one (1) of the following means:

1. A sign on the outside of the Driver’s door near the door handle, minimum eight and one half inches by eleven inches (8.5” × 11”) and red in color;

2. A special bag that covers the steering wheel, red in color, and labeled “Out of Service”; or

3. A large sign on the Driver’s window, red in color, reading “Out of Service,” laminated, or a permanent, commercially manufactured type, minimum eight and one half inches by eleven inches (8.5” × 11”). If the unit is being driven and is out of service, the sign may be placed in the far right hand corner of the front window so as to not obstruct the Driver’s vision but so as to be visible from the exterior of the vehicle.

1902. Ambulance Re-mounted Design and Equipment.

After July 1, 2022, EMS Agencies choosing to utilize Ambulance Re-mounts shall ensure these units are compliant with the Commission on Accreditation of Ambulance Services (CAAS) “Ground Vehicle Standards for Ambulances” or other nationally recognized standards as approved by the Department.

SECTION 2000 – [RESERVED]

SECTION 2100 – MEDICAL EQUIPMENT

A. The EMS Agency shall ensure the following equipment is maintained on all in-service vehicles in accordance with the response:

<u>Required (R); Medical Control Option (MCO); Not Applicable (N/A)</u>							
<u>Item, and Quantity</u>		<u>EMERGENCY RESPONSE</u>		<u>AMBULANCE</u>			
		<u>EMT-Basic</u>	<u>Paramedic</u>	<u>EMT-Basic</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air/Critical Care</u>
<u>Personal Protective Equipment</u>							
<u>1.</u>	<u>Eye protection or face shield for each medical crew member</u> <u>One (1)</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>

<u>2.</u>	<u>Labeled Non-sterile, latex-free exam gloves – two (2) sizes</u> Five (5) pairs each	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>3.</u>	<u>Mask/Face shield for each Crew Member</u> One (1) each	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>4.</u>	<u>Protective clothes covering</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
Automatic External Defibrillator (AED)							
<u>5.</u>	<u>AED: secured and positioned for easy access to Attendants</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>
<u>6.</u>	<u>Paddles or pads and cables, Adult and Pediatric, compatible with AED</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
Monitor/Defibrillator							
<u>7.</u>	<u>Four (4) lead wave form, twelve (12) lead/EKG, SpO2 waveform with numeric reading, waveform capnography, and invasive pressure ports for adult and pediatric, and neonate, if applicable. Printable and transmittable and secured and positioned so displays are visible to Attendants. All components are required, but not all on one device.</u> One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
<u>8.</u>	<u>ECG Electrodes</u> Twenty (20)	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>
<u>9.</u>	<u>Extra roll of compatible printer paper</u> One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>MCO</u>	<u>R</u>	<u>R</u>
<u>10.</u>	<u>Internal rechargeable battery pack</u> One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>MCO</u>	<u>R</u>	<u>R</u>
<u>11.</u>	<u>Extra battery or AC adapter and cord</u> One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>MCO</u>	<u>R</u>	<u>R</u>

<u>12.</u>	<u>Defibrillator: May be integrated into cardiac monitor module.</u> One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>MCO</u>	<u>R</u>	<u>R</u>
<u>13.</u>	<u>Pads – Pediatric and Adult (Neonatal sizes if transports are conducted)</u>	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
<u>14.</u>	<u>Transcutaneous Pace – Adult and Pediatric capabilities (stand-alone unit or integrated into cardiac monitor modular)</u>	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
<u>Oxygen Delivery</u>							
<u>15.</u>	<u>Nasal Cannulas – Adult</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>16.</u>	<u>Nasal Cannula- Pediatric</u> Two (2)	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>17.</u>	<u>Non-Rebreather Mask – Adult</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>18.</u>	<u>Non-Rebreather Mask – Infant</u> Two (2)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>
<u>19.</u>	<u>Non-Rebreather Mask – Pediatric</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>20.</u>	<u>Disposable Nebulizer</u> Two (2)	<u>MCO</u>	<u>R</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>21.</u>	<u>NPA 16 French through 34 French (12, 16, 20, 24, 28, 32, 36)</u> One (1) each	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>22.</u>	<u>Nonmetallic oropharyngeal airways (OPAs): sizes 0-5.</u> One (1) each	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>23.</u>	<u>Positive Pressure Airway device</u> One (1)	<u>MCO</u>	<u>R</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>24.</u>	<u>Individual use circuit for Positive pressure device compatible with the device</u> Two (2)	<u>MCO</u>	<u>R</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>25.</u>	<u>Portable Oxygen Cylinder (min 1000)</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>

	<u>PSI) with working regulator</u> One (1)						
26.	<u>Spare Portable Oxygen Cylinder</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
27.	<u>On-Board Oxygen Cylinder (min 2000L) With working regulator</u> One (1)	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>Bag Valve Mask Ventilation Units (BVM)</u>							
28.	<u>Adult BVM</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
29.	<u>Pediatric BVM</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
30.	<u>Neonate BVM</u> One (1)	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>Bandage Material</u>							
31.	<u>ABD pad at least five by nine inches (5" x 9")</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
32.	<u>Adhesive bandages</u> Five (5)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
33.	<u>Individually wrapped four by four inch (4" x 4") Sterile Gauze Pads</u> Fifteen (15)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
34.	<u>Individually wrapped Sterile Gauze bandage rolls two (2) different Sizes Required</u> One (1) each size	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
35.	<u>Four by four inch (4" x 4") Commercial Sterile Occlusive Dressing or Chest Seal</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
36.	<u>Hypoallergenic Adhesive Tape – One inch (1")</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
37.	<u>Hypoallergenic Adhesive Tape – Two Inch (2")</u> One (1)	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>
38.	<u>Hypoallergenic Adhesive Tape – Three Inch (3")</u> One (1)	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>

39.	<u>Large Trauma Bandage Shears</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
40.	<u>Sterile Water or Normal Saline for irrigation</u> Minimum of 250 ml.	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
41.	<u>Arterial Tourniquet</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
42.	<u>Hemostatic Agent or Bandage (non-granular)</u> Two (2)	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>
<u>Assessment Tools</u>							
43.	<u>Thermometer</u> One (1)	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
44.	<u>Sphygmomanometer, cuff, bladder, and tubing in sizes for each age and size (Minimum of 3 sizes)</u> One (1) each size	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
45.	<u>Adult Stethoscope</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
46.	<u>Pediatric Capable Stethoscope</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
47.	<u>Pulse Oximeter with numeric reading with Adult and Pediatric capabilities</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
48.	<u>Penlight</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>Miscellaneous</u>							
49.	<u>Commercial antimicrobial and waterless hand cleanser</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
50.	<u>EPA recommended Germicidal/viricidal agent or sodium hypochlorite solution - ninety-nine (99) parts water and one (1) part bleach for cleaning equipment.</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
51.	<u>Portable Suction</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
52.	<u>Wall Mounted Suction</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
53.	<u>Suction Tubing</u>	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
54.	<u>Rigid suction Tip</u>	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
55.	<u>Flexible Suction Tip</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>

	Four (4) sizes						
56.	<u>Naloxone Administration Kit</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>
57.	<u>Epinephrine Administration Kit</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>
58.	<u>Sharps container (fixed with locking mechanism)</u> One (1)	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
59.	<u>Portable Sharps Container</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
60.	<u>Current color-coded Pediatric weight and length-based drug dose chart</u> One (1)	<u>MCO</u>	<u>R</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>
61.	<u>Antiseptic pads for injection sites</u> Twenty-four (24)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
62.	<u>18-20g needles at least one and one-half inch (1 ½") length</u> Two (2) sets	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
63.	<u>23g-25g needles at least one and one-half inch (1 ½") length</u> Two (2) sets	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
64.	<u>1 ml Syringes</u> Two (2)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
65.	<u>3-5 ml Syringes</u> Two (2)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
66.	<u>10-20 ml Syringes</u> Four (4)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
67.	<u>Sterile burn sheet</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
68.	<u>Triangular Bandages</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
69.	<u>Traction-type, lower extremity splint (Bi-polar or Uni-polar type is acceptable)</u> One (1)	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>
70.	<u>Padded splints: 15" x 3" (or other approved commercially available splints for arm or leg fractures)</u> Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>

<u>71.</u>	<u>Padded Splints: 36" x 3" (or other approved commercially available splints for arm or leg fractures)</u> Two (2)	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>
<u>72.</u>	<u>Pelvic Splint</u> One (1)	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>
<u>73.</u>	<u>Long Spine Board: at least 16" x 72". (A folding backboard may be used as a substitute.)</u> One (1)	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>
<u>74.</u>	<u>Cervical collars: Adjustable or available in sizes of short, regular, or tall. Adult and Pediatric</u> Minimum of one (1) each	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>
<u>75.</u>	<u>Commercially or Premade Head Immobilization Device – Adult and Pediatric</u> One (1) each	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>
<u>76.</u>	<u>Nine (9) foot straps (one (1) set 10-point spider straps may be used)</u> Minimum of three (3) each	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>77.</u>	<u>Triage Tag (Compatible with the state system)</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>
<u>78.</u>	<u>Patient Restraints</u> one (1) set	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>79.</u>	<u>Obstetrical Kit: Sterile, latex free. (Contains the following: gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, perinatal pad, bulb syringe and a receiving blanket)</u> One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
<u>80.</u>	<u>Glucometer or Blood Glucose Measuring Device</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>

	One (1)						
81.	Emesis basin or bag One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
82.	Bedpan and urinal One (1) each	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
83.	ABC Fire Extinguisher (minimum of 5 LBS, properly mounted) One (1)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
84.	Battery Operated Flashlight (non-penlight) Two (2)	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>
85.	High Visibility vest or reflective clothing Two (2)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
86.	Protective Work Gloves 2 Pair	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>
87.	Protective Helmet Two (2)	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>MCO</u>	<u>R</u>
88.	Flameless Flare, Glow Sticks, Cones, or Reflective Triangles Three (3)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>MCO</u>
89.	Blankets/ Linen Three (3) each	<u>MCO</u>	<u>MCO</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
Advanced Airway and Ventilatory Support							
90.	Laryngoscope handle with extra set of batteries and bulbs (Compatible with Blades) One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
91.	Laryngoscope blades – 0-4 Miller, 1-4 Macintosh - Adult/ Pediatric/Neonate sizes (Compatible with handle) One (1) each	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
92.	Video Laryngoscope One (1)	<u>N/A</u>	<u>MCO</u>	<u>N/A</u>	<u>N/A</u>	<u>MCO</u>	<u>MCO</u>
93.	Disposable ET tube sizes 2.5 through 8mm with stylets sized for each tube One (1) each	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
94.	Bougie type device One (1)	<u>N/A</u>	<u>MCO</u>	<u>N/A</u>	<u>N/A</u>	<u>MCO</u>	<u>MCO</u>

95.	<u>ET Placement Detector</u> One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
96.	<u>Water soluble lubricating jelly</u> Four (4) each	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
97.	<u>Blind Insertion Airway Device (BIAD) – Age and weight sizes as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not, appropriate size(s) carried by provider.</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
98.	<u>Mucosal Atomizer Device</u> One (1)	<u>N/A</u>	<u>MCO</u>	<u>N/A</u>	<u>N/A</u>	<u>MCO</u>	<u>MCO</u>
99.	<u>Positive End-Expiratory Pressure (PEEP) valve (may be incorporated into BVMs) – age appropriate</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
100.	<u>Mechanical ventilator and circuit - age/weight appropriate, including neonate, if applicable, includes measurement of: Fraction of inspired oxygen (FiO2); Tidal volume (Vt); Respiratory rate (RR) or frequency; and PEEP.</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>MCO</u>	<u>R</u>
101.	<u>Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>MCO</u>	<u>MCO</u>	<u>R</u>
102.	<u>Bi-level Positive Airway Pressure (BiPap), able to be incorporated within the mechanical ventilator</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>MCO</u>	<u>MCO</u>

	<u>mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable</u>						
103.	<u>Chest Decompression Kit</u> One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
104.	<u>Printable waveform End-tidal CO2 continuous monitoring capabilities. May be incorporated within cardiac monitor modular</u>	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>R</u>	<u>R</u>
<u>Venous Access</u>							
105.	<u>Intravenous catheters 14g-20g</u> Two (2) each	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
106.	<u>Intravenous catheters 22g-24g for pediatric/neonate transport</u> Two (2) each	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
107.	<u>Intraosseous needles – 15mm, 25mm, 45mm</u> One (1) each	<u>N/A</u>	<u>MCO</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
108.	<u>Macro drip sets, 10-20 gtt/ml</u> Two (2)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
109.	<u>Micro drip set</u> One (1)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
110.	<u>IV start kits containing latex free tourniquet, antiseptic solution, and latex free catheter dressing.</u> Three (3)	<u>N/A</u>	<u>R</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
111.	<u>Intravenous fluids: may be combination of sizes 100mL-1000mL variety such as Lactated Ringers, Normal Saline, D5W. Capability to be administered warm.</u> 4000 ml total	<u>N/A</u>	<u>R</u> <u>(2000 ml total)</u>	<u>N/A</u>	<u>R</u>	<u>R</u>	<u>R</u>
112.	<u>IV Pressure Infuser</u> One (1)	<u>N/A</u>	<u>MCO</u>	<u>N/A</u>	<u>MCO</u>	<u>R</u>	<u>R</u>

B. The EMS Agency shall maintain the equipment used in the provision of Patient care clean, in good repair, and operating condition, within the manufacturer expiration date, and in accordance with Occupational Safety and Health Administration (OSHA) Standard 1910.1030.

C. Local Medical Control Option (MCO). The EMS Agency shall ensure all local MCO medical equipment is incorporated into its Protocols pursuant to Section 502.B.

SECTION 2200 – AIR AMBULANCE

2201. Permitting. (I)

A. No EMS Agency, Ambulance service provider, agent or broker shall secure or arrange for Air Ambulance service originating in South Carolina unless the Air Ambulance service meets the provisions of S. C. Code Sections 44-61-10, et seq. and these regulations. The EMS Agency providing Air Ambulance services that transport Patients in the prehospital setting shall be permitted as Advanced Life Support. The EMS Agency shall have each Air Ambulance inspected prior to issuance of the initial Permit and inspected thereafter at a frequency as determined by the Department.

B. The EMS Agency shall submit an application to the Department, in a format as determined by the Department, prior to being issued an initial Air Ambulance Permit and Air Ambulance Permit renewals. The EMS Agency shall submit the following documentation with the application:

1. A copy of current FAA operational certificate including designation for Air Ambulance operations;
2. Proof of accreditation from the Commission on Accreditation of Medical Transport Systems (CAMTS). After updates are released to the CAMTS Air Ambulance Standards, the EMS Agency shall make applicable safety related upgrades to each Air Ambulance on timetables as determined by the Department; and
3. A letter of agreement verifying each aircraft meets the specifications of this regulation if the aircraft is leased from a pool.

C. The EMS Agency shall ensure that prior to issuance of an initial or renewal Air Ambulance Permit that the Air Ambulance for which the Permit is issued meets all requirements as set forth in this regulation. Each Permit shall be issued for a specific Air Ambulance and is not transferrable to another vehicle.

D. The EMS Agency shall ensure each Air Ambulance conforms to all federal and state laws and regulations, including Title 14 of the Code of Federal Regulations (14 CFR) part 135.

E. Out-of-State Air Ambulances.

1. EMS Agencies from out of state with Air Ambulances transporting Patients from locations originating in South Carolina shall obtain an EMS Agency License from the Department prior to engaging in operations and shall have applicable current and valid licenses and permits in their home state, except where exempt pursuant to S.C. Code Section 44-61-100(D).

2. EMS Agencies from out of state operating Air Ambulances in a state where no license and/or permit is available shall obtain a EMS Agency License in South Carolina and meet all requirements in Section 1200.

3. EMS Agencies from out of state with Air Ambulances transporting Patients from locations originating in South Carolina shall submit ePCRs to the Department within seventy-two (72) hours of completing the transport.

2202. Aircraft.

The EMS Agency shall ensure all operations comply with all federal aviation regulations which are adopted by reference, FAA Part 135. The EMS Agency shall ensure each aircraft meets the following specifications:

A. Configured in such a way that the medical Attendants have adequate access for the provision of Patient care within the cabin to give cardiopulmonary resuscitation and maintain the Patient's life support. The EMS Agency shall ensure:

1. The aircraft has an entry that allows loading and unloading without excessive maneuvering (no more than forty-five (45) degrees about the lateral axis and thirty (30) degrees about the longitudinal axis) of the Patient; and

2. The configuration does not compromise functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.

B. Has at least one (1) stretcher or cot that can be carried to the Patient and allow loading of a supine Patient by two (2) Attendants. The EMS Agency shall ensure:

1. The maximum gross weight allowed on the stretcher or cot (inclusive of Patient and equipment) as consistent with manufacturer's guidelines;

2. The aircraft stretchers and cots, and the means of securing them in-flight, are consistent with federal aviation regulations;

3. The stretcher or cot is sturdy and rigid enough that it can support cardiopulmonary resuscitation;

4. The head of the cot is capable of being elevated at least thirty (30) degrees for Patient care and comfort; and

5. The Patient placement allows for safe personnel egress.

C. Has appropriate communication equipment to ensure both internal crew and air to ground exchange of information between individuals and agencies appropriate to the mission, including at least Medical Control, air traffic control, emergency services (EMS, law enforcement agencies, and fire), and navigational aids;

D. Is equipped with radio headsets that ensure internal crew communications and transmission to appropriate agencies;

E. The pilot is able to control and override radio transmissions from the cockpit in the event of an Emergency situation;

F. Lighting. The EMS Agency shall ensure each Air Ambulance has a supplemental lighting system installed in the aircraft which includes standard lighting and is sufficient for Patient care; The EMS Agency shall ensure:

1. The lighting system includes a self-contained lighting system powered by a battery pack or a portable light with a battery source is available;

2. That red lighting or low intensity lighting may be used in the Patient care area if not able to isolate the Patient care area from effects on the cockpit or on a pilot; and

3. For those flights meeting the definition of “long range,” the EMS Agency shall have additional policies in place to address how cabin lighting will be provided during fueling and/or technical stops to ensure proper Patient assessment can be performed and adequate Patient care provided.

G. Has hooks and/or devices for hanging intravenous fluid bags;

H. Rotor Wing Aircraft must have an external landing light and tail-rotor position light;

I. Design does not compromise Patient stability in loading, unloading, or in-flight operations;

J. Temperature. The EMS Agency shall ensure:

1. The interior of the Air Ambulance is climate controlled to avoid adverse effects on Patients and personnel on board;

2. The thermometer is mounted inside the Air Ambulance cabin; and

3. The Air Ambulance cabin temperatures are measured and documented every fifteen (15) minutes during a Patient transport until temperatures are maintained within the range of fifty degrees Fahrenheit (50°F) to ninety-five degrees Fahrenheit (95°F), or ten degrees Celsius (10° C) to thirty-five degrees Celsius (35° C) for aircraft.

K. Electric power outlet. The EMS Agency shall ensure each Air Ambulance aircraft is equipped with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft or Ambulance equipment. The EMS Agency shall ensure each Air Ambulance maintains extra batteries onboard for critical Patient care equipment.

2203. Aircraft Flight Crew.

A. Rotorcraft Pilot. The EMS Agency shall ensure:

1. Each Rotorcraft pilot possess at least a commercial Rotorcraft-helicopter and instrument helicopter rating of 05.04.03;

2. Prior to an assignment with a medical service, the Rotorcraft pilot in command possesses two thousand (2,000) total flight hours, or total flight hours of at least fifteen hundred (1,500) hours, and recent experience that exceeds the operator’s pre-hire qualifications such as current air medical and/or search and rescue experience or Airline Transport Pilot (ATP) rated that include the following:

a. At least twelve hundred (1,200) helicopter flight hours;

b. At least one thousand (1,000) of those hours must be as Pilot-in-Charge (PIC) in Rotorcraft;

c. One hundred (100) hours unaided, if the pilot is not assigned to a Night Vision Goggles (NVG) base or aircraft;

d. Fifty (50) hours unaided as long as the pilot has one hundred (100) hours aided, if assigned to an NVG base or aircraft; and

e. A minimum of five hundred (500) hours of turbine time.

3. The pilot is readily available within a defined call-up time to ensure an expeditious and timely response; and

4. ATP certificate and instrument currency is strongly encouraged.

B. Rotorcraft Mechanic. The EMS Agency shall ensure:

1. The mechanic primarily assigned to a specific Air Ambulance is factory schooled or equivalent in an FAA approved program on the type of specific airframe, the power plant and all related systems. The EMS Agency shall ensure the primarily assigned mechanic provides direct (on-site during maintenance) supervision to other mechanics assisting with maintenance that may not have this level of experience or training;

2. All mechanics receive formal training on human factors and maintenance error reduction;

3. A policy is written that grants the mechanic permission without fear of reprisal to decline performing any maintenance critical to flight safety that he has not been appropriately trained for, until an appropriately trained mechanic is available to directly supervise or assist;

4. There is a documented annual review of infection control, medical systems, and installations on the aircraft, Patient loading and unloading procedures for all mechanics;

5. At least one (1) technician is available for each service with formal training on the aircraft electrical system and formal training on the autopilot system; and

6. Training related to the interior modification of the aircraft:

a. Prepares the mechanic for inspection of the installation as well as the removal and reinstallation of special medical equipment; and

b. Includes supplemental training on service and maintenance of medical oxygen systems and a policy as to who maintains responsibility for refilling the medical oxygen systems;

C. Fixed Wing Pilot. The EMS Agency shall ensure the pilot-in-command (PIC) possesses the following qualifications:

1. Possesses the following flight hours:

a. Prior to assignment with an EMS Agency and if the aircraft is to be operated using a single PIC, with no Second in Command (SIC):

<u>TYPE OR CLASS OF</u>	<u>TOTAL FLIGHT</u>	<u>MULTI-ENGINE HOURS</u>	<u>PIC HOURS</u>	<u>TYPE RATE HOURS</u>
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<u>AIRCRAFT</u>	<u>HOURS</u>			
<u>Single Engine Turbo-Prop</u>	<u>2500</u>	<u>N/A</u>	<u>1000</u>	<u>50</u>
<u>Multi-Engine Piston</u>	<u>2500</u>	<u>500</u>	<u>1000</u>	<u>50</u>
<u>Multi-Engine Turbo Prop</u>	<u>2500</u>	<u>500</u>	<u>1000</u>	<u>100</u>

b. If the aircraft is to be operated with two (2) fully trained and qualified pilots:

<u>TYPE OR CLASS OF AIRCRAFT</u>	<u>PIC TOTAL FLIGHT HOURS</u>	<u>MULTI-ENGINE HOURS</u>	<u>PIC HOURS</u>	<u>SIC TOTAL HOURS</u>
<u>Single Engine Turbo-Prop</u>	<u>2000</u>	<u>N/A</u>	<u>1000</u>	<u>500</u>
<u>Multi-Engine Piston</u>	<u>2000</u>	<u>500</u>	<u>1000</u>	<u>500</u>
<u>Multi-Engine Turbo Prop</u>	<u>2000</u>	<u>500</u>	<u>1000</u>	<u>800</u>
<u>Multi-Engine Turbo Prop</u>	<u>3000</u>	<u>500</u>	<u>1500</u>	<u>1000</u>

2. The PIC is Airline Transport Pilot (ATP) rated within five (5) years of hire;

3. In aircraft that requires two (2) pilots, both pilots shall be type-rated for the make and model, and both pilots shall hold first class medical Certificates if the Certificate holder operates internationally. Both pilots shall have training on Crew Resource Management (CRM) or Multi-pilot Crew Coordination (MCC); and

4. When operating an Air Ambulance with two (2) pilots, the EMS Agency shall maintain policies procedures that address avoidance of a “green on green” situation, where a lower experienced PIC is paired with a lower experienced SIC. The EMS Agency shall ensure the two (2) pilots combined have completed a minimum combined flight experience of two hundred fifty (250) hours in make and model.

D. Fixed-Wing Mechanic. The EMS Agency shall ensure:

1. The mechanic primarily assigned to a specific Air Ambulance possess a minimum of two (2) years of airplane experience as a certified airframe and power plant mechanic prior to assignment, or, in the case of a repair station, the Maintenance Repair Organization (MRO) shall hold a FAA issued Certificate under FAA 14 CFR Part 145, or the national equivalent, and hold the ratings and/or limitations within its Operations Specifications for the make/model upon which it is performing scheduled maintenance;

2. The primary mechanic performing scheduled maintenance to a specific Air Ambulance is factory-schooled or equivalent in an approved program on the type-specific airframe, the power plant, and all related systems within eighteen (18) months of employment by the operator;

3. All mechanics must receive formal training on human factors and maintenance error reduction;

4. If not working for a maintenance organization certified under FAA 14CFR Part 145 or national equivalent, the EMS Agency implements a written policy that grants the mechanic permission, without fear

of reprisal, to decline from performing any maintenance critical to flight safety that he or she has not been appropriately trained for, until an appropriately trained mechanic is available to directly supervise;

5. There is an annual review of infection control, medical systems, and installations on the aircraft, Patient loading and unloading procedures for all mechanics;

6. There will be at least one (1) technician or MRO available for each service with formal training on the aircraft electrical system and formal training on avionics; and

7. Training related to the interior modifications of the aircraft:

a. Training must prepare the mechanic for inspection of the installation as well as the removal and reinstallation of special medical equipment; and

b. There is supplemental training on service and maintenance of medical oxygen systems and a policy as to who maintains responsibility for refilling the medical oxygen system.

E. The EMS Agency shall ensure that each Patient is evaluated prior to a flight for the purpose of determining that appropriate Air Ambulance, flight and medical crew, and equipment are provided to meet the Patient's needs.

F. The EMS Agency shall ensure that all medical crew members are adequately trained to perform in flight duties prior to functioning in an inflight capacity.

G. Aircraft Medical Crew. The EMS Agency shall ensure:

1. Each Advanced Life Support Air Ambulance is staffed with at least one (1) currently certified Paramedic or Flight Nurse as may be required by the Patient's condition;

2. Each crew member wears a flame retardant uniform with reflective striping; and

3. Each crew member displays, upon request, a legible photo identification with first name and certification level (for example, pilot, RN, or other) while Patient care is anticipated to be rendered.

H. Orientation Program. The EMS Agency shall ensure:

1. All medical flight crew members complete a base level flight orientation program supervised by the EMS Agency's Medical Control Physician; and

2. The flight orientation program is documented and of a duration and substance to cover all Patient care procedures, including altitude physiology, and flight crew requirements.

2204. Medical Supplies and Equipment. (II)

A. Delivering Oxygen. The EMS Agency shall ensure that oxygen is installed according to federal aviation regulations (FAA Part 135.91). The EMS Agency shall ensure that medical transport personnel determine how oxygen is functioning by use of pressure gauges mounted in the Patient care area. The EMS Agency shall ensure:

1. Each gas outlet shall be clearly identified;

2. “No Smoking” sign shall be included;

3. Oxygen flow must be stoppable at or near the oxygen source from inside the aircraft or Ambulance;

4. The following indicators shall be accessible to medical transport personnel while en route;

a. Quantity of oxygen remaining; and

b. Measurement of liter flow.

5. Adequate amounts of oxygen for anticipated liter flow and length of transport with an emergency reserve must be available for every mission; and

6. When the Air Ambulance is in motion, all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings.

B. Sanitation. The EMS Agency shall ensure that the floor, sides, ceiling, and equipment in the Patient cabin of the Air Ambulance are a nonporous surface capable of being cleaned and disinfected in accordance with Section 1700.

C. Each EMS Agency shall maintain on each Air Ambulance all medical equipment pursuant to Section 2100.

2205. Medication and Fluids for Advanced Life Support Air Ambulances. (II)

A. The EMS Agency shall ensure medications and fluids approved by the Department for possession and administration by Paramedics and specified by the Medical Control Physician are carried on the Air Ambulance. The EMS Agency shall ensure that medications not included on the approved medication list for Paramedics are only carried on board the Air Ambulance if the EMS Agency has a written Protocol that includes delineation of administration only by a registered nurse or physician.

B. The EMS Agency shall ensure on each Air Ambulance:

1. All Medications are easily accessible;

2. Controlled substances are in a double locked system and kept in a manner consistent with state and federal controlled substances laws and regulations;

3. Storage of medications allows for protection from extreme temperature changes within the U.S. Pharmacopeia guidelines, if environment deems it necessary; and

4. If there is a refrigerator on the Air Ambulance for medications, a temperature monitoring and tracking policy is established and implemented, and the refrigerator is used and labeled “for medication use only.”

2206. Rescue Exception. (II)

The EMS Agency may utilize an aircraft or SRV without a Permit for occasional non-routine missions, such as the rescue and transportation of victims or Patients who may or may not be ill or injured from structures, depressions, water, cliffs, swamps or isolated scenes when the rescuers or EMS Agency present at the scene determines the preferred method of rescue and transportation incident thereto due to the nature

of the entrapment, condition of the victim, existence of an immediate life threatening condition, roughness of terrain, time element and/or other pertinent factors. The EMS Agency shall ensure:

A. After the initial rescue, an EMT-basic, AEMT, or Paramedic accompanies the victim or Patient en route with the necessary and appropriate EMS supplies and equipment needed for the en route care of the specific injuries or illness involved;

B. The aircraft or SRV is of adequate size and configuration to effectively make the rescue and to accommodate the victim or Patient, Attendant(s), and equipment;

C. Reasonable space is available inside the aircraft or SRV for continued victim or Patient comfort and care;

D. A permitted Air Ambulance or Ambulance is not available within a reasonable distance response time; and

E. Provided the Patient is transferred to a higher level of EMS ground transportation for stabilization and transport if such ground unit is available at a reasonably safe landing area.

SECTION 2300 – [RESERVED]

SECTION 2400 – [RESERVED]

SECTION 2500 – [RESERVED]

SECTION 2600 – [RESERVED]

SECTION 2700 – SEVERABILITY

In the event that any portion of this regulation is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of this regulation, and they shall remain in effect as if such invalid portions were not originally a part of this regulation.

SECTION 2800 – GENERAL

Conditions that have not been addressed in this regulation shall be managed in accordance with the best practices as interpreted by the Department.

Fiscal Impact Statement:

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-7, Emergency Medical Services.

Purpose: The Department amends R.61-7 to update provisions in accordance with current practices and standards. Amendments incorporate and revise provisions and definitions to conform to statutory mandates and terminology widely used and understood within the provider community. The Department further revises for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation.

Legal Authority: 1976 S.C. Code Sections 44-61-10 et seq., 44-78-10 et seq., and 44-80-10 et seq.

Plan for Implementation: The amendments will take legal effect upon General Assembly approval and upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The amendments are necessary to update provisions in accordance with current practices and standards. The amendments include updated language for EMS agencies applying for licensure and certification of EMS personnel, and incorporate provisions delineating requirements for protocols, ambulance permitting, Emergency Medical Responder agencies, training programs, ambulance design and equipment, and medical equipment. The amendments revise and incorporate requirements regarding maintenance of policies and procedures, Department inspections and investigations, maintenance of accurate and current patient reports, and other requirements for licensure. The amendments also update the structure of the regulation throughout for consistency with other Department regulations.

DETERMINATION OF COSTS AND BENEFITS:

Implementation of these amendments will not require additional resources. There is no anticipated additional cost to the Department or state government due to any inherent requirements of these amendments. There are no anticipated additional costs to the regulated community.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The amendments to R.61-7 seek to support the Department's goals relating to the protection of public health through implementing updated requirements and current best practices for the emergency medical agencies and personnel. There are no anticipated effects on the environment.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. If the revision is not implemented, the regulation will be maintained in its current form and the benefits of the amendments herein will not be realized.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(h):

The Department amends R.61-7 to update provisions in accordance with current practices and standards. Amendments incorporate and revise provisions and definitions to conform to statutory mandates and terminology widely used and understood within the provider community. The Department revises requirements for Emergency Medical Technician (EMT) training programs, ambulance design and equipment, incident reporting, sanitation and infection control, monetary penalties, and other requirements for EMS agency licensure, ambulance permitting, and EMT certification.

ATTACHMENT B

SUMMARY OF PUBLIC COMMENTS AND DEPARTMENT RESPONSES

Document No. 5055
R. 61-7, *Emergency Medical Services*

As of the September 27, 2021, close of the Notice of Proposed Regulation comment period:

Name	Section
1. Francis Crosby Greenville County Fire Chief's Association	101
<p>Comment: Does there need be a definition for Volunteer Agencies in Section 508?</p> <p>Department Response: This definition is already in the NFR.</p>	
Name	Section
2. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101
<p>Comment: Does there need be a definition for Volunteer Agencies in Section 508?</p> <p>Department Response: This definition is already in the NFR.</p>	
Name	Section
3. Kim Corrigan AEMT	101
<p>Comment: The definition of an AEMT is also missing in the proposal.</p> <p>Department Response: This definiton is already in NFR.</p>	
Name	Section
4. Francis Crosby Greenville County Fire Chief's Association	101.A
<p>Comment: The wrong Section is referenced. Should read "for the purpose of Section 302.B.3.h"</p> <p>Department Response: Adopted.</p>	
Name	Section
5. Francis Crosby Greenville County Fire Chief's Association	101.A
<p>Comment:</p>	

Need to add safety as an allowable exception to abandonment. Emergency personnel respond to all hazard environments where immediate evacuation of providers may be necessary for the safety of themselves and their partners. EMS Educational standards teaches that your safety is paramount above all else, then the safety of your partner, and then that of your patient. Safety is continuous not just at the first contact of the patient and situations can change at any moment. Examples include domestic violence, active shooter, collapse, hazardous materials, and more. The definition does not provide exceptions for abandonment that could jeopardize the safety of emergency responders.

Department Response:

Not Adopted. Scene safety is one of the first things to be assessed at a scene, therefore, care shouldn't be stopped once initiated. Statutory requirement (SC Code 44-61-80(F)(8)).

Name	Section
6. Ryon Watkins Florence County EMS	101.A

Comment:

The definition of Abandoned is concerning. No provisions are made in the definition, or elsewhere in the draft, that protect EMTs in dealing with multiple patients at a single incident. Example: MVA with one critical patient and two patients with minor complaints. Based on this definition, the EMT is abandoning two walking wounded if he or she departs for the hospital with a traumatic arrest before another EMT arrives on scene. Please consider a different definition of abandoned that is more practical for a 911 EMS environment where a single incident may involve limited EMS resources and multiple patients whose condition may vary. This definition references Section 303.B.3.h. which does not appear to exist. Should it refer to Section 302.B.3.h.?

Department Response:

Partially Adopted. Reference was changed.

Name	Section
7. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101.A

Comment:

The wrong Section is referenced. Should read “for the purpose of Section 302.B.3.h”

Department Response:

Adopted. The reference was changed.

Name	Section
8. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101.A

Comment:

Need to add safety as an allowable exception to abandonment. Emergency personnel respond to all hazard environments where immediate evacuation of providers may be necessary for the safety of themselves and their partners. EMS Educational standards teaches that your safety is paramount above all else, then the safety of your partner, and then that of your patient. Safety is continuous not just at the first contact of the patient and situations can change at any moment. Examples include domestic violence, active shooter, collapse, hazardous materials, and more. The definition does not provide exceptions for abandonment that could jeopardize the safety of emergency responders.

Department Response: Not Adopted. Scene safety is one of the first things to be assessed at a scene, therefore, care shouldn't be stopped once initiated. Statutory requirement (SC Code 44-61-80(F)(8)).	
Name	Section
9. Joice Lynn EMS Coordinator Parker Fire Department	101.A
Comment: Many services have had to shut down or close units, this reduces the level of protection for a given community. Others have had to experiment with BLS units and/or tiered systems to make it through and still provide coverage for our citizens. Many services are looking to hire people from out of state and bring them in to staff units.	
Department Response: Acknowledged.	
Name	Section
10. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	101.A
Comment: The definition of Abandoned is concerning. No provisions are made in the definition, or elsewhere in the draft, that protect EMTs in dealing with multiple patients at a single incident. Example: MVA with one critical patient and two patients with minor complaints. Based on this definition, the EMT is abandoning two walking wounded if he or she departs for the hospital with a traumatic arrest before another EMT arrives on scene. Please consider a different definition of abandoned that is more practical for a 911 EMS environment where a single incident may involve limited EMS resources and multiple patients whose condition may vary. This definition references Section 303.B.3.h. which does not appear to exist. Should it refer to Section 302.B.3.h.?	
Department Response: Partially Adopted. The reference was changed.	
Name	Section
11. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	101.A
Comment: 101.Definitions: The wrong Section is referenced. Should read "for the purpose of Section 302"; Need to add safety as an allowable exception to abandonment. Emergency personnel respond to all hazard environments where immediate evacuation of providers may be necessary for the safety of themselves and their partners. EMS Educational standards teaches that your safety is paramount above all else, then the safety of your partner, and then that of your patient. Safety is continuous not just at the first contact of the patient and situations can change at any moment. Examples include domestic violence, active shooter, collapse, hazardous materials, and more. The definition does not provide exceptions for abandonment that could jeopardize the safety of emergency responders. Also, as a Fire Chief, I am responsible for the safety of everyone on an emergency scene. The safety of the first responders is	

FIRST and the Patients is second. From a different view, if I lose a first responder with training, the cost and trouble to replace them is much more than losing a patient. It is no different than Triage. Risk and gain principle.

Department Response:

Partially Adopted. The reference was changed.

Name	Section
12. Ryan C. Eubanks Fire Chief Croft Fire District	101.A

Comment:

The wrong Section is referenced. Should read “for the purpose of Section 302.B.3.h”; Need to add safety as an allowable exception to abandonment. Emergency personnel respond to all hazard environments where immediate evacuation of providers may be necessary for the safety of themselves and their partners. EMS Educational standards teaches that your safety is paramount above all else, then the safety of your partner, and then that of your patient. Safety is continuous not just at the first contact of the patient and situations can change at any moment. Examples include domestic violence, active shooter, collapse, hazardous materials, and more. The definition does not provide exceptions for abandonment that could jeopardize the safety of emergency responders.

Department Response:

Partially Adopted. The reference was changed.

Name	Section
13. Joice Lynn EMS Coordinator Parker Fire Department	101.B.1

Comment:

B.1: Physical Abuse: Suggest including, “also known as battery”

Department Response:

Not Adopted. Statutory definition (SC Code 43-35-10(8) and (10)).

Name	Section
14. Joice Lynn EMS Coordinator Parker Fire Department	101.B.2

Comment:

Psychological Abuse: Suggest including, “also known as assault”

Department Response:

Not Adopted. Statutory definition (SC Code 43-35-10(8) and (10)).

Name	Section
15. Ryan C. Eubanks Fire Chief Croft Fire District	101.B.1 and 2

Comment:

Believe these definitions to be outside the scope of DHEC. EMS professionals are mandated reporters for abuse and neglect which is reportable and enforced by SC DSS. Section 302 adequately covers the enforcement actions of DHEC.

Department Response:

Acknowledged. The defined terms are applicable to EMS Agencies.

Name	Section
16. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	101.B.2

Comment:

101.B.2 Psychological Abuse - this is codified in law and should not be in this regulation. it is too broad and expansive and this definition can be manipulated to any circumstance or condition. this should be removed

Department Response:

Not Adopted. Statutory definition (SC Code 43-35-10(10)).

Name	Section
17. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	101.C

Comment:

101.C "An advanced level medical emergency medical services.." Remove the first "medical", it is redundant.

Department Response:

Adopted.

Name	Section
18. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	101.E

Comment:

101.E This should be struck, this is too broad and can include anything. if it was to be better defined but this seems like a catchall and would overwhelm the department with notifications.

Department Response:

Not Adopted. Definition provides clarity and context to further sections.

Name	Section
19. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	101.F.1

Comment:

101.F.1 to allow it to take off, fly (add in and land)

Department Response:

Adopted.	
Name	Section
20. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	101.J
<p>Comment: 101.J Change verbiage so that it mirrors the ALS definition: "A basic level of prehospital, interhospital, and emergency service care, which includes Patient stabilization, airway clearance, .."</p> <p>Department Response: Adopted.</p>	
Name	Section
21. Ryon Watkins Florence County EMS	101.S
<p>Comment: The definition of Elopement is confusing and poorly drafted. As drafted, the definition does not allow for a patient to refuse transport by the EMS agency without “eloping”. As written, every patient that refuses transport (either after completing and signing a transport refusal form, or by verbally refusing services offered by EMS and failing to sign a refusal form) is “eloping” because a “receiving facility” never assumes care for the individual. Please consider revising the definition of Elopement. If the definition of Elopement is revised, please consider including language that does not require the EMS agency to notify DHEC of an Elopement any and every time a person refuses transport by EMS.</p> <p>Department Response: Acknowledged. Definition provides clarity in Section 600 and does not apply to patient care refusal.</p>	
Name	Section
22. Mark Self Executive Director Pee Dee Regional EMS, Inc.	101.S
<p>Comment: Change to accepted by the receiving facility</p> <p>Department Response: Not Adopted. Acceptance doesn’t indicate transfer or assuming of care.</p>	
Name	Section
23. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	101.S
<p>Comment: The definition of Elopement is confusing and poorly drafted. As drafted, the definition does not allow for a patient to refuse transport by the EMS agency without “eloping”. As written, every patient that refuses transport (either after completing and signing a transport refusal form, or by verbally refusing services offered by EMS and failing to sign a refusal form) is “eloping” because a “receiving facility” never assumes care for the individual. Please consider revising the definition of Elopement. If the</p>	

definition of Elopement is revised, please consider including language that does not require the EMS agency to notify DHEC of an Elopement any and every time a person refuses transport by EMS.

Department Response:

Acknowledged. The definition does not apply to patient care refusal.

Name	Section
24. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	101.S

Comment:

Change to accepted by the receiving facility

Department Response:

Not Adopted. Acceptance does not indicate transfer or assuming of care.

Name	Section
25. Francis Crosby Greenville County Fire Chief's Association	101.U

Comment:

recommending leaving this as Rapid Responder Agency instead of changing to Emergency Medical Responder Agency. The Emergency Medical Responder Agency is confusing with NREMT terminology regarding EMR. The names are almost identical which leads to confusion.

Department Response:

Not Adopted. Acceptance does not indicate transfer or assuming of care.

Name	Section
26. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101.U

Comment:

Recommending leaving this as Rapid Responder Agency instead of changing to Emergency Medical Responder Agency. The Emergency Medical Responder Agency is confusing with NREMT terminology regarding EMR. The names are almost identical which leads to confusion.

Department Response:

Not Adopted. Statutory definition (SC Code 44-61-20(10)).

Name	Section
27. Joice Lynn EMS Coordinator Parker Fire Department	101.U

Comment:

Suggest change the name back to Rapid Responder Agency since "Emergency Medical Responder" is a level of certification which DHEC doesn't regulate and therefore adds confusion.

Department Response:

Not Adopted. Statutory definition (SC Code 44-61-20(10)).

Name	Section
28. Ryan C. Eubanks Fire Chief Croft Fire District	101. U
<p>Comment: Wording throughout regulation references EMS agencies, does V need to be more specific on fire agencies?</p> <p>Department Response: Not applicable. Fire agencies may be licensed as EMS Agencies.</p>	
Name	Section
29. Ryan C. Eubanks Fire Chief Croft Fire District	101.V
<p>Comment: This definition is confusing and contradicts the separate definition for Emergency Medical Responder Agency definition above it. Definitions should be clearly defined as either an Emergency Medical Responder Agency or an Emergency Medical Service Agency, not both. Volunteer Agencies in Section 508 are not defined.</p> <p>Department Response: Not Adopted. An EMR agency is non-Transporting, whereas EMS Agencies are either/or.</p>	
Name	Section
30. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	101.Y
<p>Comment: 101.Y This is extremely limiting and prescriptive for no purpose - should be struck</p> <p>Department Response: Not Adopted. Definition is included to provide clarity to pertinent sections of the regulation.</p>	
Name	Section
31. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	101.Z
<p>Comment: There is no EMT Basic anymore in the national scope of practice. it should only refer to EMT</p> <p>Department Response: Acknowledged. This definition is included to provide clarity.</p>	
Name	Section
32. Ryon Watkins Florence County EMS	101.EE
<p>Comment:</p>	

Please consider replacing the words “may be” with the word “shall”. Additionally, please consider removing the phrase “in its discretion”. Review by the IRC should be a part of the process when investigating matters that “may warrant suspension or revocation of a license or certification.”

Department Response:

Not Adopted. This is a statutory defined term (SC Code 44-61-20(16)).

Name	Section
33. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	101.EE

Comment:

Please consider replacing the words “may be” with the word “shall”. Additionally, please consider removing the phrase “in its discretion”. Review by the IRC should be a part of the process when investigating matters that “may warrant suspension or revocation of a license or certification.”

Department Response:

Not Adopted. This is a statutory defined term (SC Code 44-61-20(16)).

Name	Section
34. Patrick McCaslin	101.MM

Comment:

It seems that under the examples set forth in the description you dramatically expanded the role of EMS with the responsibility of providing food clothing and shelter to our patient contacts. The examples have not traditionally been the base roles of EMS providers nor are these task directed by standards elsewhere in the regulation that I am aware. It would seem that by making these items specific examples of “Neglect “, you may be creating all new roles for EMS.

Department Response:

Adopted.

Name	Section
35. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	101.MM

Comment:

101.MM Second line, it is not the responsibility for a provider or service to provide food.

Department Response:

Adopted.

Name	Section
36. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	101.PP

Comment:

101.PP the definition should read a person how has successfully passed the National Certification exam for a Paramedic and is duly certified by the department at that level.

Department Response: Not Adopted. The term “duly” is not necessary for certification.	
Name	Section
37. Francis Crosby Greenville County Fire Chief's Association	101.QQ
<p>Comment: Definition is too broad. Recommendation to either leave the current definition in place or change to the below recommendation. A patient is an individual requesting, or potentially needing, medical evaluation or treatment. The patient-provider relationship is established via telephone, radio, or personal contact. It is the provider’s responsibility to ensure all potential patients, regardless of the size of the incident, are offered the opportunity for evaluation, treatment, and/or transport. A patient is any human being that: • Has a complaint suggestive of potential illness or injury • Requests evaluation for potential illness or injury • Has obvious evidence of illness or injury • Has experienced an acute event that would lead a reasonable EMS provider to believe there may be illness or injury • Is in a circumstance or situation that a reasonable EMS provider would believe could lead to, or could have resulted in illness or injury</p> <p>Department Response: Not Adopted. Statutory definition (SC Code 44-61-20(26)).</p>	
Name	Section
38. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	101.QQ
<p>Comment: Definition is too broad. Recommendation to either leave the current definition in place or change to the below recommendation. A patient is an individual requesting, or potentially needing, medical evaluation or treatment. The patient-provider relationship is established via telephone, radio, or personal contact. It is the provider’s responsibility to ensure all potential patients, regardless of the size of the incident, are offered the opportunity for evaluation, treatment, and/or transport. A patient is any human being that: • Has a complaint suggestive of potential illness or injury • Requests evaluation for potential illness or injury • Has obvious evidence of illness or injury • Has experienced an acute event that would lead a reasonable EMS provider to believe there may be illness or injury • Is in a circumstance or situation that a reasonable EMS provider would believe could lead to, or could have resulted in illness or injury</p> <p>Department Response: Not Adopted. Statutory definition (SC Code 44-61-20(26)).</p>	
Name	Section
39. Joice Lynn EMS Coordinator Parker Fire Department	101.QQ
<p>Comment: Suggest returning to the original definition including QQ 1-7.</p> <p>Department Response: Not Adopted. Statutory definition (SC Code 44-61-20(26)).</p>	

Name	Section
40. Ryan C. Eubanks Fire Chief Croft Fire District	101.QQ
<p>Comment: Definition is too broad and should incorporate language that a patient is someone that enters the healthcare system through the public activation of the emergency response system by 911 or direct contact.</p> <p>Department Response: Not Adopted. Statutory definition (SC Code 44-61-20(26)).</p>	
Name	Section
41. Joice Lynn EMS Coordinator Parker Fire Department	101.RR
<p>Comment: Suggest changing the verbiage from “EMS responding unit” (which would include a fire engine) to “EMS transporting unit”.</p> <p>Department Response: Not applicable to proposed amendments.</p>	
Name	Section
42. Ryan C. Eubanks Fire Chief Croft Fire District	101.VV
<p>Comment: DHEC does not regulate PSAP Centers. Not all PSAP facilities may operate as defined. Recommend removing “operated on a twenty-four (24) hour basis” from the definition to keep it broader.</p> <p>Department Response: Not Adopted. Statutory definition (SC Code 23-47-10(27)). Definition is included to provide clarity to regulatory requirement.</p>	
Name	Section
43. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	101.VV
<p>Comment: 101.VV the Department does not regulate PSAPs and therefore the definition is unnecessary.</p> <p>Department Response: Not Adopted. Statutory definition (SC Code 23-47-10(27)). Definition is included to provide clarity to regulatory requirement.</p>	
Name	Section
44. Katherine Smith Training Officer/ Chair	101.YY

Florence County EMS/ SC EMS Training Committee	
<p>Comment: 101.YY Asking for clarification purposes..Is an Emergency Room RN considered as part of the criteria for "critical care hospital setting"?</p> <p>Department Response: Acknowledged.</p>	
Name	Section
45. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	102.A
<p>Comment: 102.A Agency shall not operate or advertise that it provides a level of life support above the level for which it is licensed. Consider adding staffed in this as that still would be false and improper.</p> <p>Department Response: Not Adopted. Statutory requirement (SC Code 44-61-40(A)).</p>	
Name	Section
46. Ryan C. Eubanks Fire Chief Croft Fire District	103
<p>Comment: Need a section for EMR Agency and Volunteer Agency applications since each are listed as separate agencies in Section 504, 505, and 508. Also, see comment 3 on adding Volunteer EMS Agency to definitions Section 101.</p> <p>Department Response: Not Adopted. Transporting and non-transporting are both covered in the application.</p>	
Name	Section
47. Parker Shanks Medical Coordinator Charleston Fire Department	103.B.7
<p>Comment: 103.B.7 Clarify and expand on level qualifications. Does this mean ALS/BLS can be mixed within an agency? Sections 504/505 barely outline personnel & response requirements. In conjunction with sections 504/505 does this allow an emergency response agency to upgrade/downgrade units between BLS & ALS as staffing/equipment/system needs allow as long as "the Department" is notified or aware of the possible level capabilities in the application? Should have a basic requirement to qualify as a BLS agency. Expansion to ALS (for emergency response agencies) should be based on their specific systems needs, medical control, resources, etc. as long as they can provide BLS reliably. I.e. a large, fully BLS system should be able to upgrade individual units or stand up units as needed without converting their whole system ALS as the resources required to do that are extreme. Their default is BLS but if they have the resources, licensing, protocols, personnel, and need they can upgrade to meet their communities need especially when already imbedded in a transport agencies tiered response.</p>	

I don't think we need extremely stringent guidelines but some formalized guidelines in this regulation or the written ability to upgrade individual resources would be nice and remove a lot of the "interpretation" that happens down the line.

Department Response:

Acknowledged. Not applicable to this section

Name	Section
48. Joice Lynn EMS Coordinator Parker Fire Department	103.B.10

Comment:

Suggest adding "If applicable". (Fire doesn't transport and therefore records for each driver should not be required by DHEC but should be up to the individual department to regulate.

Department Response:

Not Adopted. Definition references only ambulance drivers.

Name	Section
49. Ryan C. Eubanks Fire Chief Croft Fire District	103.B.10

Comment:

See comment 6 and 3 about clear definitions. A Driver is listed in 503 as an Ambulance Driver, which means it is a driver of patient transport vehicle. EMR Agencies do not transport. Need to add "if applicable". This line is misleading.

Department Response:

Not Adopted. The term driver is defined per statute (SC Code 44-61-20(9)).

Name	Section
50. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	104.A

Comment:

104.A Remove basic from behind EMT in line 1 and all subsequent instances of the words EMT-basic in all sections of the regulation.

Department Response:

Not Adopted. Added to provide clarity.

Name	Section
51. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	104.B

Comment:

104.B No person shall provide Patient care within the scope of an Emergency Medical Technician (EMT-basic, AEMT, or Paramedic) without a current Certificate from the Department. The EMT shall
2. Perform procedures only under the direction and supervision of a Medical Control Physician
104 B. 2: Change supervision to "oversight". Supervision lends itself to mean direct observation

“Oversight” is best word to use because we use so many protocols

Department Response:

Adopted.

Name	Section
52. Francis Crosby Greenville County Fire Chief's Association	104.B.2

Comment:

Change supervision to “oversight”. Supervision lends itself to mean direct observation.

Department Response:

Adopted.

Name	Section
53. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	104.B.2

Comment:

Change supervision to “oversight”. Supervision lends itself to mean direct observation.

Department Response:

Adopted.

Name	Section
54. Joice Lynn EMS Coordinator Parker Fire Department	104.B.2

Comment:

Suggestion changing the verbiage to “oversight” vs “supervision” as supervision indications in-person direction.

Department Response:

Adopted.

Name	Section
55. Ryan C. Eubanks Fire Chief Croft Fire District	104.B.2

Comment:

Change supervision to “oversight”. Supervision lends itself to mean direct observation.

Department Response:

Adopted.

Name	Section
56. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	104.B.2

Comment:

104.B No person shall provide Patient care within the scope of an Emergency Medical Technician (EMT-basic, AEMT, or Paramedic) without a current Certificate from the Department. The EMT shall
 2. Perform procedures only under the direction and supervision of a Medical Control Physician
 104 B. 2: Change supervision to “oversight”. Supervision lends itself to mean direct observation
 “Oversight” is best word to use because we use so many protocols

Department Response:

Adopted.

Name	Section
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57. Ryan C. Eubanks
 Fire Chief
 Croft Fire District

105.A.1

Comment:
 “In lieu of NREMT credential” contradicts the definition of a Special Purpose EMT 101 YY that requires an RN to be an EMT certified by the Department. Replace “in lieu of” with “in addition”.

Department Response:

Not Adopted. An RN does not need an NREMT Certification to be a Special Purpose EMT.

Name	Section
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58. Katherine Smith
 Training Officer/ Chair
 Florence County EMS/ SC EMS Training
 Committee

106.B

Comment:
 106.B Capitalize Denial to keep consistent with the rest of the verbiage in the statement

Department Response:

Adopted.

Name	Section
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59. Joseph Campbell
 Clinical Manager
 Colleton County Fire-Rescue

109.B.1

Comment:
 109.B.1 We have never had to provide an out of state verification form for NREMT direct reciprocity. This needs to be removed, as it only delays the process and has no impact. For Non-NREMT providers that form is necessary but not NREMT certified providers.

Department Response:

Not Adopted. Out-of-state verification is still required to ensure that the license/certificate is in good standing.

Name	Section
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60. Mark Self
 Executive Director
 Pee Dee Regional EMS, Inc.

110

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Comment:

NREMT Exam: This may change within the next 24 months where NREMT plans to sunset the practical exam for all levels!

Department Response:

Not Adopted. The regulation as written allows for this change should it occur.

Name	Section
61. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	110

Comment:

NREMT Exam: This may change within the next 24 months where NREMT plans to sunset the practical exam for all levels!

Department Response:

Not Adopted. The regulation as written allows for this change should it occur.

Name	Section
62. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	110

Comment:

110 As the NREMT has been routinely changing their testing processes, change the verbiage of the second sentence to "After completion of the training program and prior to certification, the applicant shall successfully pass the NREMT and Department examination processes."

Department Response:

Not Adopted. These are the current NREMT requirements.

Name	Section
63. Paul Vecchio Vice President Strategic Initiatives North American Rescue	111

Comment:

Please see attached PDF containing our comments, entitled: Commercial Sector Inclusion in Reg 61-7 as Authorized EMS Education Provider, 20210922.

In summary, our comments appearing in the attachment include the following:

*A synopsis of events relevant to NAR's interests in the Regulation 61-7 proposed change process that have taken place since September 2020 to date.

*The key points made in NAR's 2020 white paper and public comments submitted during the previous Notice of Proposed Regulation changes for Regulation 61-7 process.

*A reaffirmation of NAR's position that the commercial sector be authorized to provide EMS education programs in SC.

Department Response:

Acknowledged.

Name	Section
64. Rob Wronski EMS Director Newberry County EMS	111
<p>Comment: While I have pondered and tried to see both sides of this issue, I still must disagree with the Departments decision to allow "any" organization that wishes to start an EMT education program without becoming one of the existing training institution types (see current reg). While there are great organizations, some of which have already been "waived" from the current regulation, there are many others out there that will dilute and decrease the level of education of our EMS pool by creating EMT puppy mills. We have empty seats in every class we hold across the state, we have no shortage of quality programs. Lastly, during previous regulation discussions the Division commented "We dont have the staff to monitor the programs we have now". Since that time the Bureau has shrunk to a Division and personnel that were the most familiar with the education programs (both Compliance and Training and Education Managers) have left DHEC> How does the Department plan to manage MORE programs with even LESS people? Please remove this from the new regulation.</p> <p>Department Response: Not Adopted. Per statute the Department cannot limit competition (SC Code 44-61-30 (B)(1)). All Training Programs are required to meet the standards set forth by the Department.</p>	
Name	Section
65. Mark Self Executive Director Pee Dee Regional EMS, Inc.	111.A
<p>Comment: Remove "other entity" from this line. Already in the comments and suggestions the Department has indicated that they intend to allow ANY EMS Service or "Joe Blow" off the street to teach EMS education courses. This is ridiculous when no one in the Division of EMS and Trauma has education experience yet wants to dictate that they will allow unqualified services and organizations to teach the extremely precise EMS curriculum. While I understand that regulation is not intended to restrain trade the opposite is also true. The organizations who have been teaching EMS courses for well over 40 years now have to compete with every every "Tom Dick and Harry" who wants to teach the curriculum which will further dilute the students and actually bring great harm to the quality of EMS education in this State. In short you are Raping the organizations who teach excellent EMS education now in order to cow tow to private industry and EMS organizations who should NOT be teaching a specialized and highly technical area of medicine such as EMS Education! EMS Education should be kept in the borders of SC because the approved skills for EMTs and other EMS personnel are specific to this State. In the SC EMS Association documentation of the training ability of the current schools teaching EMS education here is the State it was found that these schools have the capacity to take many more students than they already are teaching so the better questions is why not make the education cheaper for the students rather than expanding the numbers of organizations teaching!</p> <p>Department Response: Not Adopted. Per statute the Department cannot limit competition (SC Code 44-61-30 (B)(1)). All Training Programs are required to meet the standards set forth by the Department.</p>	

Name	Section
66. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	111.A
<p>Comment: Remove "other entity" from this line. Already in the comments and suggestions the Department has indicated that they intend to allow ANY EMS Service or "Joe Blow" off the street to teach EMS education courses. This is ridiculous when no one in the Division of EMS and Trauma has education experience yet wants to dictate that they will allow unqualified services and organizations to teach the extremely precise EMS curriculum. While I understand that regulation is not intended to restrain trade the opposite is also true. The organizations who have been teaching EMS courses for well over 40 years now have to compete with every every "Tom Dick and Harry" who wants to teach the curriculum which will further dilute the students and actually bring great harm to the quality of EMS education in this State. In short you are Raping the organizations who teach excellent EMS education now in order to cow tow to private industry and EMS organizations who should NOT be teaching a specialized and highly technical area of medicine such as EMS Education! EMS Education should be kept in the borders of SC because the approved skills for EMTs and other EMS personnel are specific to this State. In the SC EMS Association documentation of the training ability of the current schools teaching EMS education here is the State it was found that these schools have the capacity to take many more students than they already are teaching so the better questions is why not make the education cheaper for the students rather than expanding the numbers of organizations teaching!</p> <p>Department Response: Not Adopted. Per statute the Department cannot limit competition (SC Code 44-61-30 (B)(1)). All Training Programs are required to meet the standards set forth by the Department.</p>	
Name	Section
67. Mark Self Executive Director Pee Dee Regional EMS, Inc.	111.C
<p>Comment: Remove EMT-Basic and AEMT's from the instructors who can teach EMS courses. While there are some EMT-Basics and AEMT's who are very talented and experienced, they lack the needed Anatomy & Physiology as well as the Cardiac pathophysiology and pharmacology to teach levels where this is needed to teach the Airway, 12 lead monitoring, pharmacology and blind insertion airways which EMT's are expected to perform here in the State. Having EMT-Basics and AEMTs who are not current instructors added would have the effect of destabilizing the current instructor corps. The goal of EMS Education is to put qualified personnel on the street. This would further endanger the health and welfare of the citizens of the State. The Bureau of EMS and Trauma can barely keep up with the regulations and workload they currently have much less the addition of multiple other EMS Education facilities.</p> <p>Department Response: Not Adopted. Other public comments requested allowing instructors to teach at their certification level or below.</p>	

Name	Section
68. R. J. Cannon	111.C
<p>Comment: Is the requirements for being a EMT instructor part of the discussion because I believe if you hold the NREMT you should be able to teach the EMT Basic course. If you have been a EMT Basic for a few years you should be able to get certified to teach we Need more EMTs.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
69. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	111.C
<p>Comment: Remove EMT-Basic and AEMT's from the instructors who can teach EMS courses. While there are some EMT-Basics and AEMT's who are very talented and experienced, they lack the needed Anatomy & Physiology as well as the Cardiac pathophysiology and pharmacology to teach levels where this is needed to teach the Airway, 12 lead monitoring, pharmacology and blind insertion airways which EMT's are expected to perform here in the State. Having EMT-Basics and AEMTs who are not current instructors added would have the effect of destabilizing the current instructor corps. The goal of EMS Education is to put qualified personnel on the street. This would further endanger the health and welfare of the citizens of the State. The Bureau of EMS and Trauma can barely keep up with the regulations and workload they currently have much less the addition of multiple other EMS Education facilities.</p> <p>Department Response: Not Adopted. Other public comments requested allowing instructors to teach at their certification level or below.</p>	
Name	Section
70. Kim Corrigan AEMT	111.E
<p>Comment: I am very disappointed that the proposed regulations allow for an EMS Program pass rate of 60%. The state has been running at an abysmal 67% average so we want to lower the bar and allow the same or even poorer results to continue? The absolute minimum that should be accepted is 70%. In Ohio, to become an instructor, I had to pass my course at 80% or fail. In Michigan, to become an EMT, WEMT and subsequent AEMT, I had to pass at 80% or above. Why does SC expect so little of their students? Why not expect more and teach appropriately? I'll be happy to help build a better instructor base that expects more from their students. If you or a loved one were in a car accident and needed to be assessed, treated and transported by an EMT, would you be content knowing that they squeaked by with a 70% in their training?</p> <p>Department Response: Adopted.</p>	

Name	Section
71. Ryan C. Eubanks Fire Chief Croft Fire District	111.E
<p>Comment: Remove psychomotor portions from the calculation as this is too difficult to obtain for all levels of certification. EMT psychomotor exams are overseen at the state level, but AEMT and NRP psychomotor exams are overseen by NREMT. The sixty percent should be on cognitive alone.</p> <p>Department Response: Not Adopted. The psychomotor exam is a prerequisite for taking the cognitive exam.</p>	
Name	Section
72. Francis Crosby Greenville County Fire Chief's Association	112
<p>Comment: We are in support of the change to allow instructors to teach at their certification level or below.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
73. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	112
<p>Comment: We are in support of the change to allow instructors to teach at their certification level or below.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
74. Ryan C. Eubanks Fire Chief Croft Fire District	112
<p>Comment: We support the change to allow instructors to teach at their certification level or below.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
75. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	112
<p>Comment: 112. Remove the "s" from EMT-basics, AEMTs, and Paramedics as you also have instructor plural. It should read "All EMT-basic, AEMT, and Paramedic instructors shall.."</p>	

Department Response: Adopted.	
Name	Section
76. Mark Self Executive Director Pee Dee Regional EMS, Inc.	112.A.5
Comment: Remove the SC Criminal Justice Academy from the list of courses which qualify EMS educators to teach. The SCCJA has no relevance to EMS education within the State!	
Department Response: Not Adopted. This refers to basic instructor education. It's not content specific.	
Name	Section
77. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	112.A.5
Comment: Remove the SC Criminal Justice Academy from the list of courses which qualify EMS educators to teach. The SCCJA has no relevance to EMS education within the State!	
Department Response: Not Adopted. This refers to basic instructor education. It's not content specific.	
Name	Section
78. Mark Self Executive Director Pee Dee Regional EMS, Inc.	112.B
Comment: Remove the entire sentence as any EMS educational facility will have them teaching prior to them assuming a class of their own. In effect it is already part of the training process.	
Department Response: Not Adopted. This allows candidates to obtain their certification as an instructor.	
Name	Section
79. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	112.B
Comment: Remove the entire sentence as any EMS educational facility will have them teaching prior to them assuming a class of their own. In effect it is already part of the training process.	
Department Response: Not Adopted. This allows candidates to obtain their certification as an instructor.	

Name	Section
80. Ryan C. Eubanks Fire Chief Croft Fire District	114.B
<p>Comment: Change “shall” to recommends. This was a comment from previous draft that said it was Adopted.</p> <p>Department Response: Not Adopted. “recommend” was changed to “shall.”</p>	
Name	Section
81. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	115
<p>Comment: Consider renaming Pilot Project. There are no study requirements, and this could be confusing to non-ems readers.</p> <p>Department Response: Adopted.</p>	
Name	Section
82. Rob Wronski Director MedTrust	115
<p>Comment: 115. REquest changing the wording of this section to not be specific to a "study" or "Pilot Study". Many times important pilots have been approved and conducted without a study because IRB approval couldn't be obtained or it was fiscally impossible to do a "study". Please change wording to "Present a detailed report to the Medical Control and EMS Advisory Committees upon the conclusion of the pilot program. This report shall include all information requested by the approving committees."</p> <p>Department Response: Adopted.</p>	
Name	Section
83. Austin Pace Community Paramedic Lexington County EMS	116.B.2
<p>Comment: For the application of endorsement as a community paramedic, being employed by an EMS agency is an unnecessary qualification. Given their unique skill set and abilities a community paramedic could easily serve in roles outside of an EMS agency such as part of a hospital or health system as well a home health agency or similar entity and still be working under the orders of a licensed physician. Limiting the potential areas of employment for community paramedics to solely EMS agencies will lead to a stunting of the growth and development of community paramedicine in South Carolina. The suggested language change could read Documentation that he or she is currently employed as a community paramedic by an EMS Agency or other approved healthcare entity</p>	

Department Response: Not Adopted. No regulatory authority.	
Name	Section
84. Austin Pace Community Paramedic Lexington County EMS	116.B.3
<p>Comment: For the application of endorsement as a community paramedic there needs to be consideration of a grandfather clause. Such a clause would allow individuals who have been functioning in the role of a community paramedic, in an established and department approved community paramedic program, to be granted endorsement without IBSC certification. This would ensure a smooth transition into new regulations and reduce the likelihood of lapses in service to those receiving assistance from established community paramedic programs. Such a clause could read Documentation that he or she has successfully passed the International Board of Specialty Certification examination or other Department-approved training and competency requirements.</p> <p>Department Response: Not Adopted. The community paramedic can continue to function in that role as long as local medical control allows. This requirement is for endorsement only.</p>	
Name	Section
85. Austin Pace Community Paramedic Lexington County EMS	116.H.1
<p>Comment: With current staffing challenges faced by EMS agencies both in South Carolina and the nation, requiring licensure at the ALS for a service to implement a community paramedic program is both impractical and a disservice to the care of the rural population in the state. Although an agency seeking implementation of a community paramedic program should ideally strive to attain licensure at the ALS level, this is unnecessary for a program to have a positive impact on health in the population served by the agency. The suggestion is to remove the licensure level requirement.</p> <p>Department Response: Not Adopted. Agencies are required to meet all ALS requirements to provide service. Community paramedic is an additional skill to ALS certification.</p>	
Name	Section
86. Mark Self Executive Director Pee Dee Regional EMS, Inc.	116.H.2
<p>Comment: Replace Depart with Service as they are working for a specialty service not the department.</p> <p>Department Response: Not Adopted. Department refers to DHEC.</p>	

Name	Section
87. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	116.H.2
<p>Comment: Replace Depart with Service as they are working for a specialty service not the department.</p> <p>Department Response: Not Adopted. Department refers to DHEC.</p>	
Name	Section
88. Mark Self Executive Director Pee Dee Regional EMS, Inc.	116.H.3
<p>Comment: Replace Department with Serive as each serivce would have a different training program.</p> <p>Department Response: Not Adopted. Department refers to DHEC.</p>	
Name	Section
89. Mark Self Executive Director Pee Dee Regional EMS, Inc.	116.H.4
<p>Comment: Reword to allow for one specialty trained paramedic and one EMT to be on board for each transport. There is no need to further define crew resources.</p> <p>Department Response: Not Adopted. Department refers to DHEC.</p>	
Name	Section
90. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	116.H.4
<p>Comment: Reword to allow for one specialty trained paramedic and one EMT to be on board for each transport. There is no need to further define crew resources.</p> <p>Department Response: Not Adopted. Department refers to DHEC.</p>	

Name	Section
91. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	116.H.3
<p>Comment: Replace Department with Service as each service would have a different training program.</p> <p>Department Response: Not Adopted. Department refers to DHEC.</p>	
Name	Section
92. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	300
<p>Comment: Add language that requires regulated community be provided with DHEC policy and procedure manual(s) that specify timelines and expectations for investigations or include language that identifies expectations of DHEC staff while conducting an investigation.</p> <p>Department Response: Not Adopted. The Department does not have timeframes governing investigation process. The public may request documents per the Freedom of Information Act (FOIA).</p>	
Name	Section
93. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	301.B
<p>Comment: 301.B So the department can suspend a license based solely on an allegation, without a complete investigation and no discovery? seems this would leave the department liable.</p> <p>Department Response: Acknowledged. Statutory (SC Code 44-61-80(F)).</p>	
Name	Section
94. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	302.B
<p>Comment: 302.B The Department may take enforcement action, including suspending or revoking a certification and/or assessing a monetary penalty, against the holder of a Certificate at any time it is determined that the certification holder 302.B.3 Is guilty of Misconduct. Misconduct, constituting grounds for an enforcement action by the Department, means that while holding a Certificate, the holder:</p>	

302.B.3.h After initiating care of a Patient at the scene of an accident or illness, discontinued care or Abandoned the Patient without the Patient's consent or without providing for the further administration of care by an equal or higher medical authority

302.B.3.h: See comment 1. Need to add safety language to allow for withdrawal of patient care when safety of providers is in jeopardy.

Also, as a Fire Chief I am responsible for the safety of everyone on an emergency scene. The safety of the first responders is FIRST and the Patient's is second. From a different view, if I lose a first responder with training, the cost and trouble to replace them is much more than losing a patient. It is no different than Triage. Risk and gain principle. Also, when you have multiple patients you may need to move between patients especially with MCI

Department Response:

Not Adopted. Statutory (44-61-70(F)).

Name	Section
95. Francis Crosby Greenville County Fire Chief's Association	302.B.3.h

Comment:

Need to add safety language to allow for withdrawal of patient care when safety of providers is in jeopardy.

Department Response:

Not Adopted. Statutory (44-61-70(F)).

Name	Section
96. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	302.B.3.h

Comment:

Need to add safety language to allow for withdrawal of patient care when safety of providers is in jeopardy.

Department Response:

Not Adopted. Statutory (44-61-70(F)).

Name	Section
97. Ryan C. Eubanks Fire Chief Croft Fire District	302.B.3.h

Comment:

See comment 1. Need to add safety language to allow for withdrawal of patient care when safety of providers is in jeopardy.

Department Response:

Not Adopted. Statutory (44-61-70(F)).

Name	Section
98. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	302.H

Comment:

Verbiage should be changed to reflect the definition of abandonment found in 101 A. The level of care should be consistent with the assessed needs of the patient.

Department Response:

Not Adopted. Statutory (44-61-70(F)).

Name	Section
99. Ryon Watkins Chief Florence County EMS	303

Comment:

It is understood that statute dictates certain information about the convening of an Investigative Review Committee. Please consider adding language in this section of the regulation to supplement the information required by statute. Specifically, please add a provision that allows an entity or individual regulated by the Department, and who is subject to an enforcement action, to request that an IRC be convened. In summary, DHEC may convene and IRC at its discretion and the subject of an investigation would have the option to request that an IRC be convened, as well.

Department Response:

Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).

Name	Section
100. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	303

Comment:

It is understood that statute dictates certain information about the convening of an Investigative Review Committee. Please consider adding language in this section of the regulation to supplement the information required by statute. Specifically, please add a provision that allows an entity or individual regulated by the Department, and who is subject to an enforcement action, to request that an IRC be convened. In summary, DHEC may convene and IRC at its discretion and the subject of an investigation would have the option to request that an IRC be convened, as well.

Department Response:

Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).

Name	Section
101. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	303

Comment:

While we understand the language of the Statute in regards to "may convene", add a subsequent paragraph that states that an individual or entity may request an IRC be convened at any time.

Department Response:

Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).

Name	Section
102. Ryan C. Eubanks Fire Chief Croft Fire District	303
<p>Comment: “three regional EMS office representatives” creates bias as these regional offices are not DHEC regional offices. There needs to be equal representation in an Investigative Review Committee. Change to “three regional EMS representatives”. Also need to include language for diversity on the committee.</p> <p>Department Response: Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).</p>	
Name	Section
103. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	303
<p>Comment: The Department may convene, at its discretion, the Investigative Review Committee when the findings of an official investigation against an entity or an individual regulated by the Department may warrant Suspension or Revocation of a License or Certificate. This committee shall consist of the State Medical Control Physician, three (3) regional EMS office representatives, at least one (1) Paramedic, and at least one (1) emergency room physician who is also a Medical Control Physician. 303: “three regional EMS office representatives” creates bias as these regional offices are not DHEC regional offices. There needs to be equal representation in an Investigative Review Committee. Change to “three regional EMS representatives”. Also need to include language for diversity on the committee There is a clear bias here it goes to the “Para GOD” syndrome, EMS is not just Paramedics and the representation needs to be for all levels. Not all Regional Offices are equal.</p> <p>Department Response: Not Adopted. Beyond the scope of the regulation. Statutory (SC Code 44-61-20(16)).</p>	
Name	Section
104. Patrick Craig	305
<p>Comment: Class IV points: on first offense change points from 0 – 24 to 0- 15, with penalty of \$50-100. On second offense change from 25 – 50 to 16- 50, with penalty of \$100-200. On third change penalty to \$200-300. Agencies without proper equipment should be fined with more current amounts, not these dated amounts.</p> <p>Department Response: Not Adopted. The Department is not increasing penalty ranges at this time.</p>	
Name	Section
105. Ryon Watkins Chief Florence County EMS	400.C

Comment:

Bi-annual review of an agency’s internal policies and procedures is something I would expect to see in “model” EMS agencies or those seeking accreditation. Requiring bi-annual review of policies and procedures as the minimum standard for all EMS agencies is unreasonable and overbearing. Regulation 61-7 is reviewed every 5 years. It seems appropriate to require EMS agencies to review its policies and procedures at an interval consistent with the review of the Department’s regulation (i.e. every 5 years). If DHEC is compelled to go so far as to mandate when EMS agencies must conduct internal policy review, I suggest that it be on a schedule consistent with the review and revision of Regulation 61-7, i.e. every 5 years.

Department Response:

Not Adopted. The Policy and Procedure review period is consistent with the two (2) year license renewal period.

Name	Section
106. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	400.A

Comment:

The EMS Agency shall implement and be in full compliance with its policies and procedures. This along with the subsequent items(through 14) are redundant and infringe upon an agency. The state does not need to require frequency for policy revision at the local level or overstep the authority having jurisdiction. In Article C, of this section, we recommend DHEC provide the regulated community with the same frequency of updating and sharing guideline and guidance documents as required by the regulated community. This includes making these documents accessible to the field.

Department Response:

Acknowledged.

Name	Section
107. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	400.C

Comment:

Bi-annual review of an agency’s internal policies and procedures is something I would expect to see in “model” EMS agencies or those seeking accreditation. Requiring bi-annual review of policies and procedures as the minimum standard for all EMS agencies is unreasonable and overbearing. Regulation 61-7 is reviewed every 5 years. It seems appropriate to require EMS agencies to review its policies and procedures at an interval consistent with the review of the Department’s regulation (i.e. every 5 years). If DHEC is compelled to go so far as to mandate when EMS agencies must conduct internal policy review, I suggest that it be on a schedule consistent with the review and revision of Regulation 61-7, i.e. every 5 years.

Department Response:

Not Adopted. The Policy and Procedure review period is consistent with the two (2) year license renewal period.

Name	Section
108. Patrick Craig	410
<p>Comment: Current section 410.A should remain 5 providers on roster for EMT rapid responder just as required for transport agencies. They may be full, part-time, or volunteer.</p> <p>Department Response: Not applicable to the NPR. This verbiage appears to be based on a rough draft used by a workgroup.</p>	
Name	Section
109. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	501.A
<p>Comment: 501.A The EMS Agency shall ensure the crew member with the highest level of certification determines which crew member attends to the Patient during transport. Explanation – This should be struck. This needs to be agency specific and providers must agree. If not, medical control should be notified in real-time. We cannot force an EMT to take a patient that they are uncomfortable with and there for the higher medical authority should have to retain patient care. Patient care has to be accepted when given not just commanded.</p> <p>Department Response: Adopted.</p>	
Name	Section
110. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	502.C
<p>Comment: Require that a licensed pre-hospital service report to the Department a providers reduction or removal of authorization to treat patients by the services local medical control physician.</p> <p>Department Response: Adopted.</p>	
Name	Section
111. Patrick Craig	502.C
<p>Comment: The Medical Control Physician may withdraw at his or her discretion, the authorization for personnel to perform any or all patient care procedure(s) or responsibilities. ADD: and must notify the Department. This would prevent an EMT from going to another service to work without proper follow-up.</p> <p>Department Response: Adopted.</p>	
Name	Section
112. Patrick Craig	503.A.6

Comment:

Driver: change from 6 to 1 month of hire. This is an important need to properly operate an emergency vehicle. A Driving class should also be added to the initial EMT class.

Department Response:

Not Adopted. This was changed was made from a previous public comment.

Name	Section
113. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	503.A.4

Comment:

4. Secure and review a certified copy of each Ambulance Driver's three (3)-year driving record; Must – be explained

Are we just talking about drivers or anyone driving an ambulance?

Department Response:

The term "Driver" is defined statutorily (SC Code 44-61-10(9)).

Name	Section
114. Ryon Watkins Chief Florence County EMS	503.A.6

Comment:

Why is "a nationally accredited driving safety course specific to ambulances" required for drivers but not EMTs and paramedics? Please consider verbiage across this regulation that ensures consistency among drivers, EMTs, paramedics, etc. with regard to required driver training courses.

Department Response:

Not Adopted. The regulation already addresses this issue.

Name	Section
115. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	503.A.6

Comment:

Why is "a nationally accredited driving safety course specific to ambulances" required for drivers but not EMTs and paramedics? Please consider verbiage across this regulation that ensures consistency among drivers, EMTs, paramedics, etc. with regard to required driver training courses.

Department Response:

Not Adopted. This regulation already addresses this issue.

Name	Section
116. Parker Shanks Medical Coordinator Charleston Fire Department	503.D

Comment:

Clean up wording and be careful with references. Currently reads that an out of necessity driver is exempt from having a driver's license. Also does not allow for more routine use of additional drivers from other agencies when needed for high acuity patients and critical incidents.

Should be written more cleanly i.e. "In emergencies which require additional personnel in the patient compartment the ambulance may be driven by first responders not associated with the EMS agency. The EMS agency is not responsible for ensuring the driver meets the qualifications in Section 503.A.3-7 and the non-associated drivers may be exempted from the requirements of Section 503.A.3-7 in times of need including, but not limited to, natural disasters, multiple casualty incidents (MCI), and extreme call volume taxing the local EMS system."

Department Response:

Not Adopted. Already addressed and allowed in regulation.

Name	Section
117. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	504.A

Comment:

The Emergency Medical Responder Agency shall ensure the Emergency Medical Responder vehicles are not used for the transportation exception – Is in places not accessible for ambulances to go i.e. middle of the woods, beach, or other areas.

This needs to be less limiting

Department Response:

Not Adopted. This is addressed in Section 2207 of the NFR.

Name	Section
118. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	504.B

Comment:

Personnel. The Emergency Medical Responder Agency shall ensure and document in its employee records that each of its EMT-basics, AEMTs, and Paramedics holds a current Certificate from the Department. The Emergency Medical Responder Agency shall: 1. Ensure that vehicles are staffed in accordance with Section 504.B.2 and enroute to all emergent calls within two (2) minutes from the time the call is dispatched and enroute within ten (10) minutes for non-emergency calls. We need the 80% rule added back in. It does not make sense that the flue is going around or something else has happened. You have 1 or 2 certified personal at a station or volunteer and a call in just down the road. Because the personal available are EMT-Basic and the License for the agency is ALS level they cannot respond. Remember the patient comes first and some help is better than none. Add into that we have a shortage of certified personal this compounds the problem The certification level of the responder must coincide with the agency's level of licensure. If the agency is requested to respond, an EMT must respond on calls for an EMT licensed agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time.

Department Response:

Adopted.

Name	Section
119. Francis Crosby Greenville County Fire Chief's Association	504.B.1
<p>Comment: We are in support of the two minute en route time.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
120. Francis Crosby Greenville County Fire Chief's Association	504.B.1
<p>Comment: Request to add 80% back into this section. In past comments it was stated that 80% was for ALS and EMT agencies were required to respond on 100%, current regulation. Current regulation states "If the Rapid Responder agency is requested to respond, an EMT must respond on calls for an EMT licensed agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time." EMR agencies are all hazards' agencies and not sole EMS agencies like transport agencies. This needs to remain in regulation.</p> <p>Department Response: Adopted.</p>	
Name	Section
121. Francis Crosby Greenville County Fire Chief's Association	504.B.1
<p>Comment: wording on mutual aid use to meet requirements needs to be added.</p> <p>Department Response: Not Adopted. This is a local agency decision.</p>	
Name	Section
122. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	504.B.1
<p>Comment: We are in support of the two minute en route time.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
123. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	504.B.1
<p>Comment: Request to add 80% back into this section. In past comments it was stated that 80% was for ALS and EMT agencies were required to respond on 100%, current regulation. Current regulation states "If the Rapid Responder agency is requested to respond, an EMT must respond on calls for an EMT licensed</p>	

agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time.” EMR agencies are all hazards’ agencies and not sole EMS agencies like transport agencies. This needs to remain in regulation.

Department Response:

Adopted.

Name	Section
124. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	504.B.1

Comment:

wording on mutual aid use to meet requirements needs to be added.

Department Response:

Not Adopted. This is a local agency decision.

Name	Section
125. Ryan C. Eubanks Fire Chief Croft Fire District	504.B.1

Comment:

We are in support of the change to a two minute en route time. Request to add 80% back into this section. In past comments it was stated that 80% was for ALS and EMT agencies were required to respond on 100%, current regulation. Current regulation states “If the Rapid Responder agency is requested to respond, an EMT must respond on calls for an EMT licensed agency and a Paramedic must respond on calls for a Paramedic licensed agency eighty percent (80%) of the time.” EMR agencies are all hazards’ agencies and not sole EMS agencies like transport agencies. This needs to remain in regulation. Add language on mutual aid in this section.

Department Response:

Adopted.

Name	Section
126. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	504.B.2

Comment:

Change to :Meet the staffing and equipment required for each response level as follows"

Department Response:

Not Adopted. Equipment is addressed in 2100A for particular levels.

Name	Section
127. Francis Crosby Greenville County Fire Chief's Association	504.B.2

Comment:

Change to :Meet the staffing and equipment required for each response level as follows"

Department Response: Not Adopted. Equipment is addressed in Section 2100A for particular levels.	
Name	Section
128. Joice Lynn EMS Coordinator Parker Fire Department	504.B.2
Comment: Suggest adding “and equipment” between “staffing and required”.	
Department Response: Not Adopted. Equipment is addressed in Section 2100A for particular levels.	
Name	Section
129. Ryan C. Eubanks Fire Chief Croft Fire District	504.B.2
Comment: should equipment be included?	
Department Response: Not Adopted. Equipment is addressed in Section 2100 for particular levels.	
Name	Section
130. Ryan C. Eubanks Fire Chief Croft Fire District	504.B.2.b
Comment: ALS should include AEMT, not just NRP. AEMT should also be added to ALS level. “with at least one EMT and one AEMT”.	
Department Response: Not Adopted. Allows for BLS and ALS AEMT to support this in this state.	
Name	Section
131. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	505
Comment: This needs to be re-written – it does not address the fact that if no units, mutual aid, reassigning units to higher priority calls (utilizing a national recognized EMD system, which is what it was designed for). Should read something like “Agencies should make every effort to respond to calls for assistance in the least amount of time possible.” The regulation can not be so proscriptive that it does not allow for variation or exceptions.	
Department Response: Not Adopted. These are the minimum requirements. Nothing in these regulations hinders going "above and beyond."	

Name	Section
132. Ryon Watkins Chief Florence County EMS	505.A.1
<p>Comment: Please consider revising to require en route time within 5 minutes from the time the call is dispatched which is the current requirement. As drafted, the 2 minute en route time is oppressive and unreasonable. Those who drafted this section of the regulation have given no consideration to busy 911 agencies whose ambulance crews are responding to multiple calls for service in rapid succession (i.e. immediately responding to another call for service as soon as a patient is delivered to a receiving facility). 120 seconds is not enough time for an ambulance crew to get their cot ready for service, relieve themselves in a restroom, walk to the ambulance, and proceed to a call. Information recently submitted to the DHEC Board by the Department stated that “There are no anticipated additional costs to the regulated community.” When referring to the implementation of the proposed amendments to Regulation 61-7. If every EMS agency in the state is required to have a unit en route to every emergent call within 2 minutes from the time the call is dispatched, there will be very substantial additional costs to the regulated community. New stations will have to be built, new personnel will have to be hired and new ambulances and equipment will have to be procured. The costs to the regulated community will be in the millions of dollars and the required personnel will be very difficult to recruit and retain.</p> <p>Department Response: Not Adopted. The Department anticipates no additional cost for the regulated community. National standard is 60 seconds.</p>	
Name	Section
133. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	505.A.1
<p>Comment: Please consider revising to require en route time within 5 minutes from the time the call is dispatched which is the current requirement. As drafted, the 2 minute en route time is oppressive and unreasonable. Those who drafted this section of the regulation have given no consideration to busy 911 agencies whose ambulance crews are responding to multiple calls for service in rapid succession (i.e. immediately responding to another call for service as soon as a patient is delivered to a receiving facility). 120 seconds is not enough time for an ambulance crew to get their cot ready for service, relieve themselves in a restroom, walk to the ambulance, and proceed to a call. Information recently submitted to the DHEC Board by the Department stated that “There are no anticipated additional costs to the regulated community.” When referring to the implementation of the proposed amendments to Regulation 61-7. If every EMS agency in the state is required to have a unit en route to every emergent call within 2 minutes from the time the call is dispatched, there will be very substantial additional costs to the regulated community. New stations will have to be built, new personnel will have to be hired and new ambulances and equipment will have to be procured. The costs to the regulated community will be in the millions of dollars and the required personnel will be very difficult to recruit and retain.</p> <p>Department Response: Not Adopted. The Department anticipates no additional cost for the regulated community. National standard is 60 seconds.</p>	

Name	Section
134. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	505.A.2.b
<p>Comment: 505.A.2.b Explanation - There is no clinical benefit to have an EMT driving over a Driver, driving. Agencies unitize firefighter drivers all the time. it has to do with the person attending to the pt in the back.</p> <p>Department Response: Not Adopted. Two certified people need to respond and this holds no additional requirement.</p>	
Name	Section
135. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	505.B.2
<p>Comment: ALS units should not always require and EMT AND a Paramedic. The ability to staff an administrative truck with a driver and paramedic chief officer is removed by this regulation. Given the increasing call volume and staffing crisis 911 services should have the ability to flex and meet demand. If I can send and EMT with only a driver it is not logical that a Paramedic is incapable of running a call with only a driver? Suggestion to make this for 911 services only to meet surge capacity and not allowed to be scheduled.</p> <p>Department Response: Not Adopted. This is not allowed in current regulation.</p>	
Name	Section
136. Ryon Watkins Chief Florence County EMS	506
<p>Comment: This section references Special Response Vehicle (SRV). As drafted, there is no definition for SRV in Section 101. Please consider adding a definition for Special Response Vehicle (SRV) in section 101 that includes what types of scenarios that an EMS agency may utilize a SRV and what types of vehicles may be used as an SRV (boats, motorcycles, bicycles, utility vehicles, golf carts, SUVs, sedans, pick-up trucks, etc.).</p> <p>Department Response: Not Adopted. Too restrictive. Implied definition in the section.</p>	
Name	Section
137. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	506
<p>Comment: This section references Special Response Vehicle (SRV). As drafted, there is no definition for SRV in Section 101. Please consider adding a definition for Special Response Vehicle (SRV) in section 101 that includes what types of scenarios that an EMS agency may utilize a SRV and what types of vehicles</p>	

may be used as an SRV (boats, motorcycles, bicycles, utility vehicles, golf carts, SUVs, sedans, pick-up trucks, etc.).

Department Response:

Not Adopted. Too restrictive. Implied definition in the section.

Name	Section
138. Ryon Watkins Chief Florence County EMS	507.A

Comment:

This section references Tiered Response System. As drafted, there is no definition for Tiered Response System in Section 101. Please consider adding a definition for Tiered Response System in section 101 as “Tiered Response System” is a subjective phrase.

Department Response:

Not Adopted.
This would be defined differently for each Agency.

Name	Section
139. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	507.A

Comment:

This section references Tiered Response System. As drafted, there is no definition for Tiered Response System in Section 101. Please consider adding a definition for Tiered Response System in section 101 as “Tiered Response System” is a subjective phrase.

Department Response:

Not Adopted.
This would be defined differently for each Agency.

Name	Section
140. Nathaniel Bialek Deputy Chief of Operations Charleston County EMS	508

Comment:

Strike all of 508 – there should be no distinction between volley and carrier. the requirement should be the same when operating, career and volunteer should not have different standards.

Department Response:

Partially Adopted. Added "with an ambulance" for clarity.

Name	Section
141. Ryan C. Eubanks Fire Chief Croft Fire District	508.F

Comment:

The Volunteer EMS Agency may still respond to the scene of an emergency if it is known in advance that an EMT is not available. First responders still provide a more advanced level of care above lay persons that could help with patient outcomes. First sentence should be removed.

Department Response:

Partially Adopted. Added "with an ambulance" for clarity.

Name	Section
142. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	508.F

Comment:

508.F The Volunteer EMS Agency shall not respond to the scene of an emergency if it is known in advance that an EMT is not available. The Volunteer EMS Agency shall preplan for the lack of staffing by written mutual aid agreements with neighboring agencies and by alerting the local Public Safety Answering Point (PSAP) as early as possible when it is known that EMT level staffing is not available. The Volunteer EMS Agency shall ensure sufficient staffing through preplanning, mutual aid agreements, and continual recruitment programs

508.F: The Volunteer EMS Agency may still respond to the scene of an emergency if it is known in advance that an EMT is not available. First responders still provide a more advanced level of care above lay persons that could help with patient outcomes. First sentence should be removed.

Not all volunteers respond from a base, rural volunteer responders respond from home and work and can render aid as needed to help a patient and evaluate the scene. Do we need to ramp up resources or can we cut back some and redirect as needed?

Department Response:

Partially Adopted. Added "with an ambulance" for clarity.

Name	Section
143. Mark Self Executive Director Pee Dee Regional EMS, Inc.	600

Comment:

The proposed regulations will cost services additional personnel in order to report all of the proposed Reporting events

Department Response:

Not Adopted. Outlined in current regulation under medical director responsibilities. There is no cost.

Name	Section
144. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	600

Comment:

The proposed regulations will cost services additional personnel in order to report all of the proposed Reporting events

Department Response: Not Adopted. Outlined in current regulation under medical director responsibilities. The Department anticipated no additional cost to the regulated community.	
Name	Section
145. Rob Wronski EMS Director Newberry County EMS	600
Comment: Before stating my opinion it should be noted that sentinel event reporting was an idea that was spawned while I was the Bureau Chief of EMS at DHEC. At this time, I do believe that not enough thought has been put into exactly what should be included in sentinel event reporting and I and the regulated community also feel that the current regression within the now Division of EMS indicates a more punitive stance to reporting vice the quality assurance and self-reporting and improvement tool that SE reporting was initially designed to do. It most definitely has an over-reach feel to the events that require reporting. While this is a great idea and its implementation should be considered this revision is not the correct time for it to come to fruition. As a final comment, there is no current mechanism for reporting sentinel events to the Division even as a pilot so I fear that the time it takes to create such a reporting system will mean more burdensome "paperwork" for the regulated community which, again, is not the purpose or goal of SE reporting. It should be fast, streamlined, and allow for instant reporting, access, and quality assurance review.	
Department Response: Acknowledged. This Section was developed by previous stakeholder comments and recommendation from the EMS Advisory Council.	
Name	Section
146. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601
Comment: This is an unfunded mandate with no clear rationale of what the DHEC staff intend to do with the data submitted. Many EMS agencies are placing administrative staff in the field to mitigate call response demands. The reporting period is not feasible in many areas of our state. Furthermore, these items are listed as Class I violation making it a mandatory reportable event that results in enforcement. This should not be the intent. Near miss and adverse reporting has value, however, this language is not realistic in our current EMS climate.	
Department Response: Acknowledged. This Section was developed by previous stakeholder comments and recommendation from the EMS Advisory Council.	
Name	Section
147. Ryon Watkins Chief Florence County EMS	601.B

Comment:

Mandatory reporting in 24 hours or less from the time the agency becomes aware of a reportable incident is simply not an adequate amount of time. Please consider revising this section to allow adverse incidents to be reported within 72 hours from the time the agency administration becomes aware of the incident.

Department Response:

Acknowledged. This Section was developed by previous stakeholder comments and recommendation from the EMS Advisory Council.

Name	Section
148. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601.B

Comment:

Mandatory reporting in 24 hours or less from the time the agency becomes aware of a reportable incident is simply not an adequate amount of time. Please consider revising this section to allow adverse incidents to be reported within 72 hours from the time the agency administration becomes aware of the incident.

Department Response:

Not Adopted. This Section was developed by previous stakeholder comments and recommendation from the EMS Advisory Council.

Name	Section
149. Ryon Watkins Chief Florence County EMS	601.B.3

Comment:

“Unexpected or unexplained death of a patient while under the care of the EMS Agency”. This is vague, subjective and poorly drafted.

Department Response:

Acknowledged.

Name	Section
150. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601.B.3

Comment:

“Unexpected or unexplained death of a patient while under the care of the EMS Agency”. This is vague, subjective and poorly drafted.

Department Response:

Acknowledged.

Name	Section
151. Ryon Watkins Florence County EMS	601.B.7
<p>Comment: “Medication error with adverse effects . . .” – medication error made by who? This is confusing and poorly drafted. Please include more specific language that better describes what must be reported.</p> <p>Department Response: Acknowledged. This regulation does not regulate nursing staff.</p>	
Name	Section
152. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601.B.7
<p>Comment: “Medication error with adverse effects . . .” – medication error made by who? This is confusing and poorly drafted. Please include more specific language that better describes what must be reported.</p> <p>Department Response: Acknowledged. This regulation does not regulate nursing staff.</p>	
Name	Section
153. Ryon Watkins Chief Florence County EMS	601.C
<p>Comment: Please consider verbiage that is less confusing. Example: Within 5 days after reporting the incident pursuant to Section 601B, the EMS Agency shall submit an investigative report . . .</p> <p>Department Response: Not adopted. This section of the regulation is consistent with other Department regulations.</p>	
Name	Section
154. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	601.C
<p>Comment: Please consider verbiage that is less confusing. Example: Within 5 days after reporting the incident pursuant to Section 601B, the EMS Agency shall submit an investigative report . . .</p> <p>Department Response: Not adopted. This section of the regulation is consistent with other Department regulations.</p>	
Name	Section
155. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee	604

South Carolina EMS Association	
<p>Comment: This is redundant and captured in regulation 40-43-91. What is the rationale for repetition? THIS could create a scenario in which an agency is fined from two separate enforcement bodies for the same violation as this is also listed as a Class I violation.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
156. Ryon Watkins (on behalf of Henry Lewis, South Carolina EMS Association) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	702
<p>Comment: The Department does not have a class. This could be captured in a policy from DHEC and not regulation.</p> <p>Department Response: Adopted.</p>	
Name	Section
157. Chris Hatfield Industry Health and Safety Coordinator Florence- Darlington Technical College	705.A,C, and D
<p>Comment: The reference to "Bracelet" does not reflect a specific item or approved article of jewelry. This could be confused for interfacility transports and those patients where the hospital may use DNR bracelets or bands.</p> <p>Department Response: Acknowledged. Statutory (SC Code 44-78-15(1)).</p>	
Name	Section
158. Ryon Watkins (on behalf of Britton Lineberger, Director Chester County EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	1204.C
<p>Comment: The term "double locked system" never appears any regulation, 61-4 or in any federal regulation. This exceeds the actual requirements and would nullify existing system such as the Knox Medvault within I know for a fact DEA really like. The proposed regulation 61-7 should never specify specifics associated with other regulations. They should site them but not record specifics because if something like 61-4 change we could have conflicting regulations.</p> <p>Department Response: Acknowledged.</p>	

Name	Section
159. Ryon Watkins Chief Florence County EMS	1202.A
<p>Comment: 72 hour requirement for obtaining physician signature is unreasonable especially in cases where the Agency’s medical director signs for controlled substances administered pursuant to a standing order. No consideration is being given to holiday weekends or when the Agency’s Medical Director may be out of town or on vacation. Please revise to require physician’s signature to be obtained within 30 days after the medication is administered.</p> <p>Department Response: Adopted. Section amended to require fourteen (14) days.</p>	
Name	Section
160. Joice Lynn EMS Coordinator Parker Fire Department	1202.A
<p>Comment: All verbal and written orders shall be signed and dated by a physician. Suggest that it read, “All verbal and written controlled medication orders...” since many medication administrations fall under Standing Orders/Clinical Operating Guidelines.</p> <p>Department Response: Adopted. Section amended to require fourteen (14) days.</p>	
Name	Section
161. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	1202.A
<p>Comment: 72 hour requirement for obtaining physician signature is unreasonable especially in cases where the Agency’s medical director signs for controlled substances administered pursuant to a standing order. No consideration is being given to holiday weekends or when the Agency’s Medical Director may be out of town or on vacation. Please revise to require physician’s signature to be obtained within 30 days after the medication is administered.</p> <p>Department Response: Adopted. Section amended to require fourteen (14) days.</p>	
Name	Section
162. Ryan C. Eubanks Fire Chief Croft Fire District	1202. A

Comment:

Remove “and written orders” from second sentence. Providers should be able to work under their written protocols without having to get a signature for every medication used. Only those meds that are controlled substances or given by verbal orders of an online Medical Control physician should be signed for.

Department Response:

Adopted.
Section amended to require fourteen (14) days.

Name	Section
163. Rob Wronski Director MedTrust	1202.A

Comment:

Would request the department extend the 72 hour rule for signatures to 14 business days. Some departments do not utilize (in fact can not utilise) electronic signatures for the Medical Control to sign off. Other systems are spread statewide and expecting the MCP to sign off on uses within 72 hours when they are located in Charleston and the agency has 10 bases across the state is unachievable. Two weeks is a much more acceptable time frame.

Department Response:

Adopted.
Section amended to require fourteen (14) days.

Name	Section
164. Francis Crosby Greenville County Fire Chief's Association	1203

Comment:

Remove “are administered by the same EMS Personnel who prepared them for administration”. EMS providers and fire-based EMS professionals work in all-hazard and austere environments where this may not be feasible. Hoarding, confined space, hazardous material environments, etc. may require daisy chain access to the patient. This language limits patient care and could have negative impacts on patient outcomes. An example of this is the most recent tragedy in Miami where you may only get one provider to the patient during an extended extrication time. This language only considers blue sky environments and best-case scenarios

Department Response:

Not Adopted. This is a patient safety issue.

Name	Section
165. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	1203

Comment:

Remove “are administered by the same EMS Personnel who prepared them for administration”. EMS providers and fire-based EMS professionals work in all-hazard and austere environments where this may not be feasible. Hoarding, confined space, hazardous material environments, etc. may require daisy chain access to the patient. This language limits patient care and could have negative impacts on patient outcomes. An example of this is the most recent tragedy in Miami where you may only get one

provider to the patient during an extended extrication time. This language only considers blue sky environments and best-case scenarios

Department Response:

Not Adopted. This is a patient safety issue.

Name	Section
166. Joice Lynn EMS Coordinator Parker Fire Department	1203

Comment:

Suggest changing “The EMS Agency shall ensure does of medication...are administered by the same EMS Personnel...” to, “In extenuating circumstances, the preparation of medication will be allowed by an equally trained provider. In this case, names of the provider who drew up the medication needs to be specified in the report as well as the provider who administered the medication.”

Department Response:

Not Adopted. This is a patient safety issue.

Name	Section
167. Joice Lynn EMS Coordinator Parker Fire Department	1203

Comment:

Suggest adding “or given under Standing Orders”.

Department Response:

Not Adopted. This is a patient safety issue.

Name	Section
168. Ryan C. Eubanks Fire Chief Croft Fire District	1203

Comment:

Remove “are administered by the same EMS Personnel who prepared them for administration”. EMS providers and fire-based EMS professionals work in all-hazard and austere environments where this may not be feasible. Hoarding, confined space, hazardous material environments, etc. may require daisy chain access to the patient. This language limits patient care and could have negative impacts on patient outcomes. An example of this is the most recent tragedy in Miami where you may only get one provider to the patient during an extended extrication time. This language only considers blue sky environments and best-case scenarios.

Department Response:

Not Adopted. This is a patient safety issue.

Name	Section
169. Gerald Seth Kerns Jr. Board Member Chesterfield Rescue Squad	1203

Comment:

1203 The EMS Agency shall ensure doses of medication, including controlled substances, are administered by the same EMS Personnel who prepared them for administration. The EMS Agency shall maintain records of receipt, administration, and disposition of all medications, including controlled substances, to enable an accurate reconciliation including:

1203: Remove “are administered by the same EMS Personnel who prepared them for administration”. EMS providers and fire-based EMS professionals work in all-hazard and austere environments where this may not be feasible. Hoarding, confined space, hazardous material environments, etc. may require daisy chain access to the patient. This language limits patient care and could have negative impacts on patient outcomes. An example of this is the most recent tragedy in Miami where you may only get one provider to the patient during an extended extrication time. This language only considers blue sky environments and best-case scenarios.

The wording “are administered by the same EMS Personnel who prepared them for administration” makes me feel that the author has never worked in the field of EMS in a Rural area or in an MCI situation.

Department Response:

Not Adopted. This is a patient safety issue.

Name	Section
170. Ryan C. Eubanks Fire Chief Croft Fire District	1204

Comment:

No need for A as it is covered in B for this section. Outside of the scope of DHEC as medication storage is governed by LLR Board of Pharmacy. This sentence is too limiting. In the least, remove “established by the manufacturer” to “to prevent adulteration” which matches language in 1901 K 5.

Department Response:

Not Adopted. Manufacturer instructions prevent adulteration.

Name	Section
171. Britton Lineberger Director Chester County EMS	1204.C

Comment:

The document uses the phrase "double locked system" and also references the Controlled Substances regulation 61-4. The term "double locked" does not appear anywhere in that regulation; however, it does have extensive guidelines on the security requirements. The proposed verbiage would make existing vaults, which meet or exceed 61-4, inadequate. 61-7 should only reference the actual regulation (61-4).

Department Response:

Acknowledged.

Name	Section
172. Ryon Watkins Chief Florence County EMS	1704

Comment:

A minimum of 6 sets of linen (12 individual sheets) is excessive. 12 sheets take up a lot of valuable space, especially in Type II ambulances. Please consider revising this so that the minimum standard is two sets of clean linen (4 individual sheets).

Department Response:

Not Adopted. This requirement is in current regulation Section 801.B.

Name	Section
173. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	1704

Comment:

A minimum of 6 sets of linen (12 individual sheets) is excessive. 12 sheets take up a lot of valuable space, especially in Type II ambulances. Please consider revising this so that the minimum standard is two sets of clean linen (4 individual sheets).

Department Response:

Not Adopted. This requirement is in current regulation Section 801.B.

Name	Section
174. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	1708

Comment:

1708 Pneumatic Trousers are not standard of care anywhere in the US. Pneumatic splints of either inflatable or vacuum type are. this needs to be clarification.

Department Response:

Adopted.

Name	Section
175. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	1712

Comment:

1712 OPAs often do not come from the manufacturer individually wrapped, could this say sealed in a air tight container until use?

Department Response:

Not Adopted. This requirement is in current regulation Section 811.

Name	Section
176. Patrick Craig	1900

Comment:

Right now ambulance layout design is a mixture of Triple K, NFPA, and CAAS. Why not make agencies adhere to one standard and build units to meet that particular standard

Department Response: Not Adopted. There's no one set definitive standard. All three standards provide valuable input for the entirety.	
Name	Section
177. Patrick Craig	1900
Comment: Make ambulance builders/dealers provide up to date testing documents before permitting units. Currently this is not being done	
Department Response: Not Adopted. The Department is unable to regulate dealers.	
Name	Section
178. Patrick Craig	1900
Comment: Bluntly put right now ambulances that do not meet current standards are allowed to be on the road. I understand the need for units but do not permit a unit if not built to standards that are set forth. End the grace period	
Department Response: Acknowledged.	
Name	Section
179. Patrick Craig	1900.E.1
Comment: needs to more clearly define where measurements are being take - ie edge of seat, back of seat, middle of seat? 1900.F.3	
Department Response: Not Adopted. This requirement is based on federal guidelines.	
Name	Section
180. Patrick Craig	1900.F.1.c
Comment: need proof of testing to ensure bulkhead can withstand G force.	
Department Response: Not Adopted. This requirement is addressed in other ambulance standards.	
Name	Section
181. Patrick Craig	1900.F.3
Comment: height needs to be 68".	
Department Response: Not Adopted. This requirement is addressed in other ambulance standards.	

Name	Section
182. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	1901.C.1
<p>Comment: Do away with the continuous stripe or at least give variance that it may be interrupted by wheel wells, emergency lights or Battenberg patters.</p> <p>Department Response: Not Adopted. This requirement is addressed in other ambulance standards.</p>	
Name	Section
183. Andy Williams D-shift Supervisor Orange County EMS	2100
<p>Comment: There is no need for three different sizes of roll gauze. That just makes things more of a hassle for logistics to keep on hand when every wound can be used with one size. If the roll is too big they can use the shears to cut it down to size.</p> <p>Department Response: Partially Adopted.</p>	
Name	Section
184. Andy Williams D-shift Supervisor Orange County EMS	2100
<p>Comment: Pressure bags are not needed as if you need one just put a BP cuff on it and pump it up.</p> <p>Department Response: Not Adopted. Utilizing a blood pressure cuff for this task is not adequate.</p>	
Name	Section
185. Ryon Watkins Florence County EMS	2100
<p>Comment: Please consider removing this section from the regulation and consider creating a policy / equipment list independent of the regulation. Please make provisions that will allow changes to the equipment list independent of the regulation review every 5 years.</p> <p>Department Response: Acknowledged. The requirements are placed in the regulation in order for them to meet the force of law.</p>	
Name	Section
186. Jim Brogan Operations Manager Family Medical Transport, LLC	2100

Comment:

1. 3” tape is redundant. No one uses it. If 2” tape cannot do it, it doesn’t need tape.
2. Hard Hats, Goggles and Gloves. The fact is, 99% of ambulance services buy the “Minimum” hat, gloves, goggles (ie; least expensive) to suffice for an inspection. They are NEVER used. We do not enter vehicle entrapments and intubate, start lines, etc as in the old days. With RARE Exception, perhaps? NO ONE is going to put on the “Dollar Store Gloves, Goggles and Construction Hard Hat” or whatever hat they find to suffice. They would look ridiculous, most would not fit correctly, and the bottom line is, NO ONE DEVER DOES THIS. They are bought, placed in a truck for inspection and never touched. If you want to require we (EMS) carry the Fire Department Hats, Gloves, Goggle that are ordered to fit staff and actually allow you to be functional, then amend the provision. Of note, it would be very expensive for small private systems to purchase. (The Fire Department does this nowadays. No Fire Department Scene Commander will allow anyone in the vehicle without proper gear if they are cutting the roof.)
3. Pediatric Immobilization for transport. Very inadequate requirements. A “Pedi Board” will not suffice for an infant/Child that is sick and has no trauma. It would be cruel and not a nice thing to do to a child. There are very good items available, from affordable for all sizes to ridiculously expensive.
4. Bite Sticks. This should be off the list, obviously.
5. You may want to address the verbiage in the article that discusses the Drivers Seat. Need to include “Female” drivers or elude to this requirement in a manner that includes all.

Department Response:

Acknowledged.

Name	Section
187. Bob Mixter Deputy Chief Whitesville Fire Department	2100

Comment:

In reading the new draft of the 61-7 regulations, I must say it is good to see some of the not so useful things being removed from the list (wonderful job).
 I do have some suggestions and would ask for points of clarification.
 Number 23. Positive Pressure Airway Device: Is this a demand valve or is this CPAP / BiPAP?
 Number 24. Circuits: Is this a demand valve connector or CPAP?
 I think this is CPAP; using the term Continuous Positive Airway Pressure (CPAP) and / or Bilevel Positive Airway Pressure (BiPAP) wording may be helpful.
 Number 70 & 71. The wording "wooden-type" should be removed from the these and they should simply read "padded splints".
 This simplification would allow for the more modern technologies such as fiberglass, cardboard, etc. to be used.
 Number 75. Commercially or Premade Head Immobilization Device: I think we are talking about head blocks, I am looking for clarification for my own edification; wording may help.
 Additionally, if it is head blocks, shouldn't these be MCO for Emergency Response types, like the long spine board and the 9' straps.
 I appreciate all the work the committee has devoted to this project; it is good to see simplification of the standard.

Department Response:

23. Acknowledged.
 70-71: Adopted. Head blocks are only one type of immobilization device.

Name	Section
188. Ryon Watkins Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	2100.A
<p>Comment: Please consider removing this section from the regulation and consider creating a policy / equipment list independent of the regulation. Please make provisions that will allow changes to the equipment list independent of the regulation review every 5 years.</p> <p>Department Response: Not Adopted. The requirements are placed in the regulation in order for them to meet the force of law.</p>	
Name	Section
189. Jeffrey Young Battalion Chief Town of Moncks Corner	2100
<p>Comment: 2100.A Medical Equipment for Emergency Response Agencies is categorized under EMT-Basic or Paramedic. According to 101(U), an Emergency Medical Responder Agency is an "Agency licensed by the Department to provide medical care at the EMT-Basic level or above, as a nontransporting emergency medical responder". Will Emergency Medical Responder Agencies be permitted to provide AEMT level service? If so, what equipment will be required?</p> <p>Department Response: Acknowledged.</p>	
Name	Section
190. Jeffrey Young Battalion Chief Town of Moncks Corner	2100.A
<p>Comment: 2100.A I do not see thermometers in the equipment list. The State Sepsis Protocol and others require temperatures to be measured. Please add thermometers to the list.</p> <p>Department Response: Adopted.</p>	
Name	Section
191. Jeffrey Young Battalion Chief Town of Moncks Corner	2100.A
<p>Comment: 2100.A Please allow emesis bags to be substituted for emesis basins without the need for a variance.</p> <p>Department Response: Adopted.</p>	

Name	Section
192. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A
<p>Comment: 5- Minimum amount of Saline for irrigation should be increased to 2, or minimum of 500cc.</p> <p>Department Response: Not Adopted. This is the minimum required by the Department. This amount can be exceeded by the Agency.</p>	
Name	Section
193. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A.8
<p>Comment: 8. ECG Electrodes Twenty (20) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to MCO.</p>	
Name	Section
194. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 8. ECG Electrodes Twenty (20) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	
Name	Section
195. Ryon Watkins (on behalf of Glen Adlerfer, Account Manager, Bound Tree Medical) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	2100.A
<p>Comment: I am confused about the following statement in equipment: 101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable. Is the above device to be used with the mechanical ventilator? I am confused about the following statement in equipment: 101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable.</p> <p>Department Response: Acknowledged.</p>	

Name	Section
196. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 10. Internal rechargeable battery pack One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	
Name	Section
197. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 10. Internal rechargeable battery pack One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	
Name	Section
198. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 10. Internal rechargeable battery pack One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	
Name	Section
199. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 11.Extra battery or AC adapter and cord One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	
Name	Section
200. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 11.Extra battery or AC adapter and cord One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	

Name	Section
201. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 11.Extra battery or AC adapter and cord One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to MCO.</p>	
Name	Section
202. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 12. Defibrillator: May be integrated into cardiac monitor module. One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	
Name	Section
203. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 12. Defibrillator: May be integrated into cardiac monitor module. One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	
Name	Section
204. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 12. Defibrillator: May be integrated into cardiac monitor module. One (1) change to N/A for ambulance AEMT</p> <p>Department Response: Partially Adopted. Changed to Medical Control Option (MCO).</p>	
Name	Section
205. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 16. Nasal Cannula- Pediatric Two (2) change to MCO for Emergency Response for EMT-Basic and Paramedic</p>	

Department Response: Adopted.	
Name	Section
206. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 16. Nasal Cannula- Pediatric Two (2) change to MCO for Emergency Response for EMT-Basic and Paramedic	
Department Response: Adopted.	
Name	Section
207. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 16. Nasal Cannula- Pediatric Two (2) change to MCO for Emergency Response for EMT-Basic and Paramedic	
Department Response: Adopted.	
Name	Section
208. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 21. NPA 16 French through 34 French (12, 16, 20, 24, 28, 32, 36) One (1) each change to MCO – sizes determined by MCO for Emergency Response Parmedic	
Department Response: Not Adopted. This change was made based on previous public comments.	
Name	Section
209. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 21. NPA 16 French through 34 French (12, 16, 20, 24, 28, 32, 36) One (1) each change to MCO – sizes determined by MCO for Emergency Response Parmedic	
Department Response: Not Adopted. This change was made based on previous public comments.	

Name	Section
210. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 21. NPA 16 French through 34 French (12, 16, 20, 24, 28, 32, 36) One (1) each change to MCO – sizes determined by MCO for Emergency Response Paramedic</p> <p>Department Response: Not Adopted. This change was made based on previous public comments.</p>	
Name	Section
211. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 23-24. (or disposable unit) - what is this?</p> <p>Department Response: Acknowledged.</p>	
Name	Section
212. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 23-24. (or disposable unit) - what is this?</p> <p>Department Response: Not Adopted.</p>	
Name	Section
213. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 23-24. (or disposable unit) - what is this?</p> <p>Department Response: Not Adopted.</p>	
Name	Section
214. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 25. Portable Oxygen Cylinder (min 1000 PSI) (suggestion to remove min. 1,000, reference capacity of the cylinder not PSI), with working regulator One (1)</p>	

Department Response: Not Adopted. This change was made based on previous public comments.	
Name	Section
215. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 25. Portable Oxygen Cylinder (min 1000 PSI) (suggestion to remove min. 1,000, reference capacity of the cylinder not PSI), with working regulator One (1)	
Department Response: Not Adopted. This change was made based on previous public comments.	
Name	Section
216. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 25. Portable Oxygen Cylinder (min 1000 PSI) (suggestion to remove min. 1,000, reference capacity of the cylinder not PSI), with working regulator One (1)	
Department Response: Not Adopted. This change was made based on previous public comments.	
Name	Section
217. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 26. Spare Portable Oxygen Cylinder One (1) – change to required for Emergency Response EMT-basic and Paramedic	
Department Response: Adopted.	
Name	Section
218. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 26. Spare Portable Oxygen Cylinder One (1) – change to required for Emergency Response EMT-basic and Paramedic	
Department Response: Adopted.	

Name	Section
219. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 26. Spare Portable Oxygen Cylinder One (1) – change to required for Emergency Response EMT-basic and Paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
220. Ryon Watkins (on behalf of Glen Adlerfer, Account Manager, Bound Tree Medical) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	2100.A
<p>Comment: 28-30. Currently as you know we carry the adult, child and infant. Are you sure we want to drop the infant and go with neonate? As a distributor I believe you would get much more use out of an infant BVM with a neonate mask. Just as a reference, according to the AHA the term “neonate” is applied to infants in the first 28 days (month) of life. For the purposes of BLAS, the term “infant” is defined by the approximate size of the young child who can receive chest compression given with 2 fingers or 2 thumbs with encircling hands. By consensus, the age cut-off for infants is 1 year. Note, however, that this definition is not based on physiological differences between infants and children. For example, the differences between a 11-month-old “infant” and a 17-month-old “child” are smaller differences in anatomy and physiology between a 1-week-old and 10-month-old infant. Historically the use of the term “child” in the ECC guidelines has been limited to 8 years to simplify BLS education.</p> <p>Department Response: Adopted.</p>	
Name	Section
221. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 30. Neonate BVM One (1) – change to MCO for Emergency Response EMT-basic and Paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
222. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 30. Neonate BVM One (1) – change to MCO for Emergency Response EMT-basic and Paramedic</p>	

Department Response: Adopted.	
Name	Section
223. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 30. Neonate BVM One (1) – change to MCO for Emergency Response EMT-basic and Paramedic	
Department Response: Adopted.	
Name	Section
224. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A
Comment: 34. Why the need for 3 sizes of roller gauze, would 2 not suffice?	
Department Response: Partially Adopted. These are minimum standards.	
Name	Section
225. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.34
Comment: Remove different sizes Require a total of 3, let agencies decide what size works best for them or if they want to carry specific sizes for their agency. Logistically difficult to add requirements on different size	
Department Response: Partially Adopted. These are minimum standards.	
Name	Section
226. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 34. Individually wrapped Sterile Gauze bandage rolls three (3) different (recommend one size, 3”) One (1) each size (Change to 3, if one size is allowed)	
Department Response: Partially Adopted. These are minimum standards.	
Name	Section
227. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

Comment:

34. Individually wrapped Sterile Gauze bandage rolls three (3) different (recommend one size, 3”) One (1) each size (Change to 3, if one size is allowed)

Department Response:

Partially Adopted. These are minimum standards.

Name	Section
228. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:

34. Individually wrapped Sterile Gauze bandage rolls three (3) different (recommend one size, 3”) One (1) each size (Change to 3, if one size is allowed)

Department Response:

Partially Adopted. These are minimum standards.

Name	Section
229. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A

Comment:

35. Four by four inch (4” x 4”) Commercial Sterile Occlusive Dressing Two (2) (Or Chest Seal)

Department Response:

Adopted.

Name	Section
230. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief’s Association	2100.A

Comment:

35. Four by four inch (4” x 4”) Commercial Sterile Occlusive Dressing Two (2) (Or Chest Seal)

Department Response:

Adopted.

Name	Section
231. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

Comment:

35. Four by four inch (4” x 4”) Commercial Sterile Occlusive Dressing Two (2) (Or Chest Seal)

Department Response:

Adopted.

Name	Section
232. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A
<p>Comment: 37. With the requirement for 1” and 3”tape, is it truly necessary to carry 2” as well?</p> <p>Department Response: Adopted. 1” and 3” were removed and 2” was added as required.</p>	
Name	Section
233. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 37. Hypoallergenic Adhesive Tape – Two Inch (2”) One (1) change to MCO for Emergency Response paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
234. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 37. Hypoallergenic Adhesive Tape – Two Inch (2”) One (1) change to MCO for Emergency Response paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
235. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 37. Hypoallergenic Adhesive Tape – Two Inch (2”) One (1) change to MCO for Emergency Response paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
236. Patrick Craig	2100.A.38
<p>Comment: Equipment list: 38. Remove 3” tape</p>	

Department Response: Not Adopted. This change was made based on previous public comments.	
Name	Section
237. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 38. Hypoallergenic Adhesive Tape – Three Inch (3”) One (1) change to MCO for Ambulance EMT-Basic, AEMT, and Paramedic.	
Department Response: Adopted.	
Name	Section
238. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 38. Hypoallergenic Adhesive Tape – Three Inch (3”) One (1) change to MCO for Ambulance EMT-Basic, AEMT, and Paramedic.	
Department Response: Not Adopted. Requirement based on current industry standards.	
Name	Section
239. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 38. Hypoallergenic Adhesive Tape – Three Inch (3”) One (1) change to MCO for Ambulance EMT-Basic, AEMT, and Paramedic.	
Department Response: Adopted.	
Name	Section
240. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A
Comment: 41- With the stop the bleed push, units should carry 4 arterial tourniquets, one for each limb.	
Department Response: Acknowledged. Nothing prevents agencies from carrying more.	

Name	Section
241. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 43. Chest Seal Two (2), if combined with occlusive only one is required – Remove, added to occlusive dressing</p> <p>Department Response: Adopted.</p>	
Name	Section
242. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 43. Chest Seal Two (2), if combined with occlusive only one is required – Remove, added to occlusive dressing</p> <p>Department Response: Adopted.</p>	
Name	Section
243. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 43. Chest Seal Two (2), if combined with occlusive only one is required – Remove, added to occlusive dressing</p> <p>Department Response: Adopted.</p>	
Name	Section
244. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.44
<p>Comment: 2100.A.44 Define "each age and size" and reduce to 2 Adult and Child should be required. Any other size should be an MCO for Rapid responder agencies performing manual pressures.</p> <p>Department Response: Not Adopted. Too restrictive.</p>	
Name	Section
245. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A

Comment: 48- I do not see the need to carry 2 penlights, one is more than enough.	
Department Response: Not Adopted. This allows for a backup and unforeseen circumstances.	
Name	Section
246. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 51. Portable Suction – add Battery Powered	
Department Response: Not Adopted. Removed on previous comments and more restrictive.	
Name	Section
247. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 51. Portable Suction – add Battery Powered	
Department Response: Not Adopted. Removed on previous comments and more restrictive.	
Name	Section
248. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 51. Portable Suction – add Battery Powered	
Department Response: Not Adopted. Removed on previous comments and more restrictive.	
Name	Section
249. Patrick Craig	2100.A.52
Comment: Change “Wall” mounted system to “permanent or vacuum powered”, because a portable suction unit can be wall mounted.	
Department Response: Not Adopted. This requirement is in current regulation.	
Name	Section
250. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.53-54

Comment:

2100.A.53&54 Make MCO for Emergency response

Many non-transport agencies only carry a small portable (non mechanical) suction that is not compatible (or effective) with standard suction tubing or rigid tips. If agency decides on mechanical (powered) suction then their MCO can order they carry appropriate tips/tubing.

Department Response:

Adopted.

Name	Section
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251. Francis Crosby
Chief Medical Coordinator
Greenville City Fire Department

2100.A

Comment:

53 . Suction Tubing change to Required for all levels

Department Response:

Partially Adopted. Section was changed to MCO for EMR.

Name	Section
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252. Francis Crosby
Chief Medical Coordinator
Greenville County Fire Chief's Association

2100.A

Comment:

53 . Suction Tubing change to Required for all levels

Department Response:

Adopted.

Name	Section
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253. Ryan C. Eubanks
Fire Chief
Croft Fire District

2100.A

Comment:

53 . Suction Tubing change to Required for all levels

Department Response:

Adopted.

Name	Section
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254. Patrick Craig

2100.A.54

Comment:

Flexible Suction Tip: change tip to “catheters”, minimal of 4 different sizes as listed in current regulation.

Department Response:

Partially Adopted.

Name	Section
255. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 56. Naloxone Administration Kit – allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A</p> <p>Department Response: Partially Adopted. Changed to MCO for all.</p>	
Name	Section
256. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 56. Naloxone Administration Kit – allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A</p> <p>Department Response: Partially Adopted. Changed to MCO for all.</p>	
Name	Section
257. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 56. Naloxone Administration Kit – allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A</p> <p>Department Response: Partially Adopted. Changed to MCO for all.</p>	
Name	Section
258. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 57. Epinephrine Administration Kit - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A</p> <p>Department Response: Partially Adopted. Changed to MCO for all.</p>	
Name	Section
259. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

<p>Comment: 57. Epinephrine Administration Kit - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A</p> <p>Department Response: Partially Adopted. Changed to MCO for all.</p>	
Name	Section
260. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 57. Epinephrine Administration Kit - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others N/A</p> <p>Department Response: Partially Adopted. Changed to MCO for all.</p>	
Name	Section
261. Patrick Craig	2100.A.60
<p>Comment: Pediatric dose chart should be MCO for basic services if they don't carry drugs. 73,74,75 Should be MCO option for flight services. - Current section 410.A should remain 5 providers on roster for EMT rapid responder just as required for transport agencies. They may be full, part-time, or volunteer.</p> <p>Department Response: Adopted.</p>	
Name	Section
262. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.60
<p>Comment: 2100.A.60 Not applicable for a BLS agency that does not perform weight based drug calculations</p> <p>Department Response: Partially Adopted. Changed to MCO for all.</p>	
Name	Section
263. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 60. Current color-coded Pediatric weight and length-based drug dose chart One (1) - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others Required</p> <p>Department Response: Adopted.</p>	

Name	Section
264. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 60. Current color-coded Pediatric weight and length-based drug dose chart One (1) - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others Required</p> <p>Department Response: Adopted.</p>	
Name	Section
265. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 60. Current color-coded Pediatric weight and length-based drug dose chart One (1) - allow MCO for EMT-basic level only for Emergency Response and Ambulance – all others Required</p> <p>Department Response: Adopted.</p>	
Name	Section
266. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.61
<p>Comment: 2100.A.61 24? Reduce number of pads required. Maybe 5? Especially for BLS agencies who are not routinely performing injections 24 is an oddly specific and high number considering we are only required to carry 5 adhesive bandages that we would be utilizing to cover said injection sites.</p> <p>Department Response: Not Adopted.</p>	
Name	Section
267. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.69
<p>Comment: Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.</p> <p>Department Response: Adopted.</p>	
Name	Section
268. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.70
<p>Comment: Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.</p>	

Department Response: Adopted.	
Name	Section
269. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.71
Comment: Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.	
Department Response: Adopted.	
Name	Section
270. Patrick Craig	2100.A.73-75
Comment: Should be MCO option for flight services.	
Department Response: Adopted.	
Name	Section
271. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.73
Comment: Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.	
Department Response: Adopted.	
Name	Section
272. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.74
Comment: Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.	
Department Response: Adopted.	
Name	Section
273. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.75
Comment: Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.	
Department Response:	

Adopted.	
Name	Section
274. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 75. Commercially or Premade Head Immobilization Device – Adult and Pediatric One (1) each – change both levels of Emergency Response to MCO</p> <p>Department Response: Adopted.</p>	
Name	Section
275. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A
<p>Comment: 75- With new recommendations for C-spine clearance, the commercial head bed should be MCO.</p> <p>Department Response: Adopted.</p>	
Name	Section
276. Chris Hatfield Industry Health and Safety Coordinatoir Florence- Darlington Technical College	2100.A.77
<p>Comment: Needs to be reevaluated for the items on this list that may not be appropriate for Air Ambulances.</p> <p>Department Response: Adopted.</p>	
Name	Section
277. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.75
<p>Comment: 2100.A.75 Make MCO for Emergency response Long spine board and straps required for these to be used is already an MCO. We aren't using headblocks or another comercial head restraint without a spine board.</p> <p>Department Response: Adopted.</p>	
Name	Section
278. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A

<p>Comment: 75. Commercially or Premade Head Immobilization Device – Adult and Pediatric One (1) each – change both levels of Emergency Response to MCO</p> <p>Department Response: Adopted.</p>	
Name	Section
279. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 75. Commercially or Premade Head Immobilization Device – Adult and Pediatric One (1) each – change both levels of Emergency Response to MCO</p> <p>Department Response: Adopted.</p>	
Name	Section
280. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	2100.A.95
<p>Comment: 2100.A.95 Do we still use these ET placement detectors or is Capnography the gold standard.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
281. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 80. Glucometer or Blood Glucose Measuring Device One (1) – change to Required for Emergency Response and Ambulance EMT-basic</p> <p>Department Response: Adopted.</p>	
Name	Section
282. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 80. Glucometer or Blood Glucose Measuring Device One (1) – change to Required for Emergency Response and Ambulance EMT-basic</p> <p>Department Response: Adopted.</p>	

Name	Section
283. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 8. ECG Electrodes Twenty (20) change to N/A for ambulance AEMT</p> <p>Department Response: Adopted.</p>	
Name	Section
284. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 80. Glucometer or Blood Glucose Measuring Device One (1) – change to Required for Emergency Response and Ambulance EMT-basic</p> <p>Department Response: Adopted.</p>	
Name	Section
285. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.81
<p>Comment: 2100.A.81 Include "bag" for clarity Allow for use of emesis bags as well as basins for portability</p> <p>Department Response: Adopted.</p>	
Name	Section
286. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 81. Emesis basin/bag One (1)</p> <p>Department Response: Adopted.</p>	
Name	Section
287. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 83. ABC Fire Extinguisher (minimum 5 LBS, properly</p>	

Department Response: Adopted.	
Name	Section
288. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 83. ABC Fire Extinguisher (minimum 5 LBS, properly	
Department Response: Adopted.	
Name	Section
289. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 83. ABC Fire Extinguisher (minimum 5 LBS, properly	
Department Response: Adopted.	
Name	Section
290. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 88. Flameless Flare, Glow Sticks, or Reflective Cones / Triangles Three (3)	
Department Response: Adopted.	
Name	Section
291. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 88. Flameless Flare, Glow Sticks, or Reflective Cones / Triangles Three (3)	
Department Response: Adopted.	
Name	Section
292. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 88. Flameless Flare, Glow Sticks, or Reflective Cones / Triangles Three (3)	

Department Response: Adopted.	
Name	Section
293. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 9. Extra roll of compatible printer paper One (1) change to N/A for ambulance AEMT	
Department Response: Not Adopted. This is up to Medical Control.	
Name	Section
294. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 9. Extra roll of compatible printer paper One (1) change to N/A for ambulance AEMT	
Department Response: Not Adopted. This a decision to be made by Medical Control.	
Name	Section
295. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 9. Extra roll of compatible printer paper One (1) change to N/A for ambulance AEMT	
Department Response: Not Adopted. This a decision to be made by Medical Control.	
Name	Section
296. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A
Comment: 95- With the requirement of capnography, the ET placement detector is rendered obsolete and should not be required.	
Department Response: Acknowledged.	
Name	Section
297. Joseph Campbell Clinical Manager Colleton County Fire-Rescue	2100.A
Comment: 2100.A.103 Chest decompression kit. what constitutes a kit?	

Department Response: Acknowledged.	
Name	Section
298. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 97. Blind Insertion Airway Device (BIAD) – Age and weight sizes as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not, appropriate size(s) carried by provider. Emergency Response EMT-basic level: currently MCO in regulation, sizes at a minimum should be MCO; change Ambulance EMT-basic to MCO	
Department Response: Not Adopted. This is a basic standard of care.	
Name	Section
299. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 97. Blind Insertion Airway Device (BIAD) – Age and weight sizes as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not, appropriate size(s) carried by provider. Emergency Response EMT-basic level: currently MCO in regulation, sizes at a minimum should be MCO; change Ambulance EMT-basic to MCO	
Department Response: Not Adopted. This is a basic standard of care.	
Name	Section
300. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
Comment: 101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable (Is this the same as line 23/24?)	
Department Response: Acknowledged. Changed to MCO.	
Name	Section
301. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 97. Blind Insertion Airway Device (BIAD) – Age and weight sizes as defined by FDA. Syringe(s) needed to inflate bulbs shall be included in packaging, if not, appropriate size(s) carried by provider. Emergency Response EMT-basic level: currently MCO in regulation, sizes at a minimum should be MCO; change Ambulance EMT-basic to MCO	

Department Response: Not Adopted. Regulation doesn't require what sizes. Regulations are minimum standards.	
Name	Section
302. Parker Shanks Medical Coordinator Charleston Fire Department	2100.A.99
Comment: 2100.A.99 Match CPAP, allow MCO and agencies to decide on PEEP. Many BLS agencies may be without PEEP in their protocols or training	
Department Response: Not Adopted. Standard.	
Name	Section
303. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	2100.A.99
Comment: 2100.A.99 Are PEEP valves now required on all units?	
Department Response: Acknowledged. Yes.	
Name	Section
304. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
Comment: 101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable (Is this the same as line 23/24?)	
Department Response: Acknowledged. Changed to MCO.	
Name	Section
305. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
Comment: 101. Continuous Positive Airway Pressure (CPAP), able to be incorporated within the mechanical ventilator mechanical and with appropriate setting and attachments for adult, pediatric, and neonate Patients, if applicable (Is this the same as line 23/24?)	
Department Response: Acknowledged. Changed to MCO.	

Name	Section
306. Francis Crosby Chief Medical Coordinator Greenville City Fire Department	2100.A
<p>Comment: 104. Printable waveform End-tidal CO2 continuous monitoring capabilities. May be incorporated within cardiac monitor modular – change to required for Emergency Response Paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
307. Francis Crosby Chief Medical Coordinator Greenville County Fire Chief's Association	2100.A
<p>Comment: 104. Printable waveform End-tidal CO2 continuous monitoring capabilities. May be incorporated within cardiac monitor modular – change to required for Emergency Response Paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
308. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A
<p>Comment: 104. Printable waveform End-tidal CO2 continuous monitoring capabilities. May be incorporated within cardiac monitor modular – change to required for Emergency Response Paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
309. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A
<p>Comment: 107- Easy IO needles 25mm and 45mm cover all of the patients, the 15mm is unnecessary and en expense we shouldn't be required to incur.</p> <p>Department Response: Not Adopted. 25 mm is not appropriate for some patients.</p>	
Name	Section
310. Ryan C. Eubanks Fire Chief Croft Fire District	2100.A

<p>Comment: 107. Intraosseous needles – 15mm, 25mm, 45mm One (1) each – change to MCO for Emergency Response Paramedic</p> <p>Department Response: Adopted.</p>	
Name	Section
311. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	2100.A
<p>Comment: 110- The purchase of IV start kits is redundant when we are required to carry tourniquets, antiseptic wipes and latex free catheter dressings already on the unit is, another expense that we shouldn't have to incur when we already have the materials on the unit.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
312. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	2100.A.111
<p>Comment: 2100.A.111 Are Fluid Warmers now required on all ALS units?</p> <p>Department Response: Acknowledged.</p>	
Name	Section
313. Rob Wronski Director MedTrust	2100.A.112
<p>Comment: Change 112 "Pressure Infuser" to Med Control Option. There is no research I could locate that supports the use of pressure infusers for any administration of crystalloids, only for infusing blood products which is rare, and of course, a med control option.</p> <p>Department Response: Adopted.</p>	
Name	Section
314. Katherine Smith Training Officer/ Chair Florence County EMS/ SC EMS Training Committee	2100.A.112
<p>Comment: 2100.A.112 What constitutes an "IV Pressure Infuser" as it is listed as required equipment on all ALS units?</p>	

Department Response: Acknowledged.	
Name	Section
315. Chris Hatfield Industry Health and Safety Coordinator Florence- Darlington Technical College	2203.G.1
Comment: This statement allows the aircraft to operate with a flight crew combination of one certified individual and potentially one that is not. It also allows the aircraft to operate with just a flight nurse. This contradicts the previous section that discusses staffing for an ALS unit to include a certified paramedic.	
Department Response: Not Adopted. In regulation.	
Name	Section
316. Mark Self Executive Director Pee Dee Regional EMS, Inc.	General
Comment: Regulation 61-7 is fraught with multiple problems and this edition is no exception. This version was designed and composed by the Regulation department and the lawyers neither of whom have any EMS education nor experience. The DHEC Staff has little to no EMS field experience to know what is and is not good for the EMS Community. In order to conform the EMS regulation to fit the nice package of other regulated entities. The difficulty with this is that there is an Extreme disassociation between what hospitals and clinics work within and the world of EMS operations. In short, we do not fit into the allied health mold and never will. To expect our regulations to conform to all of the other regulations is fool hearty at best and ridiculous at worst. For the past 40 years the EMS community has (and continues to) be greatly self regulating and we hold ourselves accountable because we have the EMS based Training Committee, Medical Control Committee and EMS Advisory Committee who are all experts in their areas of expertise to guide the EMS community and services in the paths they should follow. We find no reason for a revision of 61-7 without full cooperation of the regulated community without the overbearing desire to conform EMS regulation to all the other DHEC regulations now in place.	
Department Response: Acknowledged.	
Name	Section
317. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General
Comment: I would like to thank DHEC for the opportunity to give suggestions and help shape the future of EMS in the stated. Emergency Medical Services in America and Especially in South Carolina are at a crossroads. We have been dealing with two simultaneous crises for the last year and a half. In addition to a global pandemic, we are experiencing a staffing shortage like never before. The truth is we are losing EMS providers at a faster rate than we can train and/or hire them.	

Many services have had to shut down or close units, this reduces the level of protection for a given community. Others have had to experiment with BLS units and/or tiered systems to make it through and still provide coverage for our citizens. Many services are looking to hire people from out of state and bring them in to staff units.

It is increasingly difficult to draw clinicians from other locations when they realize that they are going to suffer a large reduction in their scope of practice, skills and medication list. The time has come for South Carolina to begin to catch up with other states in their advancement of Emergency Medical Services. The almost total dependency on the state medical director board and or physician medical control via radio is and antiquated approach and harkens back to the 1980's. In many states across the country, paramedics are seen as clinical practitioners and trained and authorized to treat patients in a manner their medical director dictates.

I would implore the state to consider changing this approach and look to a wider, more patient focused approach to EMS with adoption of the definitions below:

Delegated Practice- EMS is a medical care system that includes medical practice as delegated by physicians to non-physician providers who manage patient care outside the tradition confines of office or hospital. The Scope of practice, medications and protocols for these providers should be set, inspected, and tested by the local Medical Director (Home rule). Proposal: Eliminate the state-controlled scope of practice and medication list and allow local medical control physicians to set the scope for their respective areas. Scope of practice may vary from service to service.

Medical Oversight - The assistance and management given to health care providers and/or entities involved in state/regional EMS/trauma systems planning by a physician or group of physicians designated to provide technical assistance. State Medical Control physicians board should set the Minimum standard of care. The statewide scope of practice and medication list is antiquated and inhibits improvements and modernization of patient care.

Medical Supervision - Direction given to emergency medical services personnel by a licensed physician, or their designee(s). The requirement of an annual credentialing of employees by the medical director or his designee. This should include a protocol examination with skills proficiency demonstration. Providers may be credentialed to different levels within the service.

Department Response:

Not applicable to proposed amendments.

Name	Section
318. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:

EMT Basic Scope of Practice improvement.

The need for EMT level units also comes with the need to widen the scope of practice. Administration of other IM medication injections. With the addition of Epi 1:1000 IM the EMTs have been taught IM medication injection skills, Medication math for proper drawing of medication and aseptic technique. The following should be made Medical Control Options (MCO).

Benadryl IM - Allergic reaction treatment should include Benadryl IM. The medication administration is already taught, and Benadryl is a safer medication than Epi.

Toradol IM- IM injections make Toradol administration a feasible skill for EMT Basic. The ability to administer pain medication is an essential EMS function.

Albuterol (more than one by standing order) millions of people take albuterol daily and can take more than one dose. A trained EMT should be able to recognize the need for repeat doses without calling a hospital for permission.

Zofran ODT- I can only hypothesize that this was an oversight when the scope of proactive was developed. If an EMT is trained to give ASA, ODT Zofran should be included.

Atrovent- The nebulized medication list should include Atrovent. There is no patient endangerment from a single administration of this nebulized medication.

Department Response:

Not applicable to proposed amendments.

Name	Section
319. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:

AEMT- Advanced EMT's may be on a unit. The state does not identify a method to differentiate this level of unit between BLS and Paramedic level units. Proposal: Create an identifier for Advanced EMT staffed units.

Department Response:

Not adopted. Ambulance staffing is up to the agency.

Name	Section
320. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:

Paramedic Level Changes-

Inclusion of verbiage to include all regular vaccines and injections and tests (COVID-19, Flu Shot, TB tests)

Addition of IV Tylenol to reduce narcotic administration and treat the febrile, septic patient (make MCO)

Surgical Cricothyrotomy- The needle option is ineffective and should be replaced with a surgical option. Make the MCO.

Reduction of dislocated shoulders, fingers, and toes. The reduction of shoulders in the field reduces the need for surgical intervention and improves patient outcomes. This too could be MCO.

Finger Thoracostomy with ETT placement- This would be utilized for blunt traumatic arrest patients.

The procedure has proven to increase survivability of traumatic arrest patients. See Montgomery County Hospital District and Dr. Mark Escott.

All new skills and medications will require detailed education on the medication and/or physical skills. These classes should be approved and overseen by the system medical director.

Department Response:

Not applicable to proposed amendments.

Name	Section
321. Edward Roth Batalion Chief- Quality and Compliance Berkeley County EMS	General

Comment:

Immediate Need:

Development of a Statewide Mental Health Resiliency program. Our responders are facing increased call volumes, health concerns, staffing crisis and a pandemic. It has certainly taken a toll on the physical and mental wellbeing of our responders. A state centered, coordinated approach from all

aspects of mental health would be a welcome addition for our responders. We cannot ignore the importance of mental health in the first responder community.

Department Response:

Acknowledged.

Name	Section
322. Ryon Watkins (on behalf of Mark Self, Pee Dee Region EMS) Co-Chairman, Data, Administration and Compliance Committee South Carolina EMS Association	General

Comment:

Regulation 61-7 is fraught with multiple problems and this edition is no exception. This version was designed and composed by the Regulation department and the lawyers neither of whom have any EMS education nor experience. The DHEC Staff has little to no EMS field experience to know what is and is not good for the EMS Community. in order to conform the EMS regulation to fit the nice package of other regulated entities. The difficulty with this is that there is an Extreme dissassociation between what hospitals and clinics work within and the world of EMS operations. In short, we do not fit into the allied helath mold and never will. To expect our regulations to conform to all of the other regulations is fool hearty at best and rediculous at worst. For the past 40 years the EMS community has (and continuiues to) be greatly self regulating and we hold ourselves accountable because we have the EMS based Training Committee, Medical Control Committee and EMS Advisory Committee who are all experts in their areas of expertise to guide the EMS community and services in the paths they should follow. We find no reason for a revision of 61-7 without full cooperation of the regulated community without the overbearing desire to conform EMS regulation to all the other DHEC regulations now in place.

Department Response:

Acknowledged.

Name	Section
323. Patrick Craig	General

Comment:

This needs to be left at 5 and not downgraded to 3.

Department Response:

Acknowledged.

Name	Section
324. Patrick Craig	General

Comment:

Current section 410.A should remain 5 providers on roster for EMT rapid responder just as required for transport agencies. They may be full, part-time, or volunteer.

Department Response:

Acknowledged.

Name	Section
325. Ryan C. Eubanks Fire Chief Croft Fire District	General
<p>Comment: Recommendation for DHEC to continue a working group with representation from all stakeholders working in between regulation revisions. This will allow for more organized regulation drafting with feedback from all stakeholders before publishing a NPR.</p> <p>Department Response: Acknowledged.</p>	

ATTACHMENT C

SUMMARY OF ADVISORY COUNCIL COMMENTS AND DEPARTMENT RESPONSES

**Document No. 5055
R. 61-7, *Emergency Medical Services***

As of the September 27, 2021, close of the Notice of Proposed Regulation comment period:

Name	Section
EMS Advisory Council	101.A
<p>Comment: There needs to be a safety clause in the Abandonment definition that allows for the termination of care when provider safety or scene safety is jeopardized despite the need for continuation of care. Active shooter, bombing events, or other natural disaster incidents are just a few of the types of situations within the all hazards environment where this issue could arise. RECOMMEND: For the purpose of 303.B.3.h, the unilateral termination of the provider-patient relationship at a time when continuing care is still needed. This includes the termination of care without the patient's consent or without assurance that a level of care meeting the assessed needs of the patient's condition is preset and available. This does not include the termination of care due to provider or scene safety issues. Correct SECTION NUMBER - should be 302.B.3.h.</p> <p>Department Response: Partially Adopted. The reference number was corrected. The definition's purpose is to provide clarity to 302.B.3.h, which is statutory.</p>	
Name	Section
EMS Advisory Council	101.W
<p>Comment: May cause confusion on employment. Paramedics may NOT be employed in an Emergency Department, Nursing Home, etc as a Paramedic.</p> <p>Department Response: Not Adopted. This is a statutory definition.</p>	
Name	Section
EMS Advisory Council	101.II
<p>Comment: RECOMMEND: CHANGE/ADD: A physician, currently licensed to practice medicine by the South Carolina Board of Medical Examiners, with an unencumbered license..... COMMENT: There are physicians who are licensed by the SC Board of Medical Examiners but have "encumbered" licensure meaning that they may not prescribe or dispense Scheduled Pharmacologics (i.e. Controlled Substances). Such a physician MAY NOT serve as a Medical Control Physician for an EMS Service.</p> <p>Department Response: Adopted. Section amended to require fourteen (14) days.</p>	
Name	Section
EMS Advisory Council	101.YY

Comment:

Remove this definition. EMTs and supplemental care givers who provide these services are covered elsewhere.

Department Response:

Not Adopted. The definition provides clarity for the grandfathered certification level.

Name	Section
EMS Advisory Council	103.C

Comment:

As drafted, the requirements for initial licensure and licensure renewal appear identical. Please consider verbiage in this section that would streamline the license renewal process. When renewing a license it seems redundant and unnecessary for the applicant (the EMS agency seeking license renewal) to have to write out or type: a roster of EMTs; a list of vehicles; a list of stations, etc. that are already in the Image Trend (formerly CIS) database. This is especially time consuming for large agencies that employ hundreds of EMTs, own dozens of ambulances and operate from multiple locations. In the past, the required information (example: the address and telephone numbers for the EMT) was not exportable from CIS and had to be created from scratch.

Department Response:

Acknowledged.

Name	Section
EMS Advisory Council	105.A.3

Comment:

CLARIFICATION/EXPANSION: This statement is unclear. What constitutes "additional information" and what constitutes "affirmative evidence"?

Department Response:

Acknowledged.

Name	Section
EMS Advisory Council	107.A

Comment:

CONCERN: The terminology of "Pending Enforcement Action" needs to be clarified/defined. IF Pending Enforcement Action encompasses "a complaint has been lodged and an investigation is ongoing" then this should NOT delay certification. IF Pending Enforcement Action is defined as a completed investigation with an order awaiting approval or dissemination this is reasonable. Under the former scenario - this may delay certification for months (or longer) and in the end be adjudicated in favor of the EMT.

Department Response:

Acknowledged. Investigations and complaints are not enforcement actions. Reference 302.C

Name	Section
EMS Advisory Council	108.A&B

Comment:

Remove this section. EMTs and supplemental caregivers who provide these services to patients are defined and described elsewhere.

Department Response: Not Adopted. This section reflects the grandfathering of current certified Special Purposes EMTs.	
Name	Section
EMS Advisory Council	109.D
Comment: RECOMMEND: Remove the 15th day of the month and expire the certificate 1 year from date of issue.	
Department Response: Adopted.	
Name	Section
EMS Advisory Council	111.A
Comment: CLARIFICATION / RECOMMEND: Training programs must be Physically Located within the SC Borders. If a student is trained at an Out-Of-State Program then that student must submit documentation for reciprocity. Training Programs must have EITHER CoAEMSP Certification or a Letter of Intent from CoAEMSP - as applicable and/or as available. [SEE COMMENTS 111.A.1]	
Department Response: Not Adopted. Any individual training out of state would be required to meet SC regulatory requirements.	
Name	Section
EMS Advisory Council	111.C
Comment: RECOMMEND: ADD: Training program instructor qualifications shall be determined by the Department with the advice of the EMS Training Committee and the EMS Advisory Council. This allows the Department to determine all qualifications for instructors at various levels of EMS training.	
Department Response: Not Adopted. Statutory authority lies with the Department.	
Name	Section
EMS Advisory Council	111.E
Comment: RECOMMENDATION: ADD DEFINITION of 1st time Pass Rate. Either define 1st Pass Rate directly - or Reference "as defined by the EMS Training Committee". Also the 60% threshold should be changed to allow for revision either up or down based upon review and study of rates. SUGGEST: ALL training programs shall maintain the SC defined/published 1st time pass rate as determined by the Department in Consultation with the EMS Advisory Committee. The criteria and definition of 1st time pass rate shall be determined and published by the Department in Consultation with the EMS Advisory Council. [While the acceptable definition for 1st time pass rate MAY BE in accord with the NREMT definitions - this allows the Department to alter or amend that definition based upon evaluation and/or events.]	
Department Response: Not Adopted. This section was changed in the NFR based on public comment.	

Name	Section
EMS Advisory Council	303.B.3.b
<p>Comment: RECOMMEND: Address "currently under indictment" separately. "under indictment" could violate Due Process. SUGGEST: The Department may suspend or otherwise limit Certification until final adjudication of the indictment.</p> <p>Department Response: Not Adopted. This is statutory language.</p>	
Name	Section
EMS Advisory Council	303.B.3.h
<p>Comment: RECOMMEND: Reword to reflect expanded definition of Abandonment as noted previously. ALSO RECOMMEND: Change ending from "administration of care by an equal or higher medical authority" to "administration of care by an appropriate provider".</p> <p>Department Response: Not Adopted. This is statutory language.</p>	
Name	Section
EMS Advisory Council	303.B.3.k
<p>Comment: RECOMMEND: Very vague. Enforcement actions under this section are potentially subjective. Please consider expanding this section and making it more clear and detailed. Alternatively, please eliminate this section. [Consider: Was cited by Law Enforcement for "careless, reckless, or irresponsible operation".]</p> <p>Department Response: Not Adopted. This is statutory language (SC Code 44-61-80(11)).</p>	
Name	Section
EMS Advisory Council	400.C
<p>Comment: CONCERN: Biennial review of an agency's internal policies and procedures is something I would expect to see in "model" EMS agencies or those seeking accreditation. Requiring biennial review of policies and procedures as the minimum standard for all EMS agencies is, in my opinion, unreasonable and overbearing. Regulation 61-7 is reviewed every 5 years. CONSIDER: Review of all policies and procedures must be accomplished within a 5 year time frame and more frequently as needed due to changes in regulation, equipment, practice, and policy.</p> <p>Department Response: Not Adopted. The biennial review is based on the two year license renewal period.</p>	
Name	Section
EMS Advisory Council	504.B.1
<p>Comment: Language is too vague and does not allow flexibility and scalability for all hazard EMR agencies (EMT level or higher, non-transporting) where EMS is a primary responsibility, but not their only responsibility. This language assumes all vehicles have EMS responsibilities for an EMR agency,</p>	

when vehicles could be assigned as EMS vehicles in high call volume and/or remote areas. As long as mutual aid agreements with county or private EMS providers are in place to cover areas when the EMR agency vehicle is otherwise engaged is sufficient. RECOMMEND: Returning previous language to allow EMR agencies to respond to emergent calls with at least one EMT-basic or higher (based on level of DHEC licensing) at least 80% of the time.

Department Response:

Adopted.

Name	Section
EMS Advisory Council	505.A.1

Comment:

RECOMMEND: This is too restrictive. Suggest either returning to the CURRENT 5 minute allowance - OR - allow for such variations as needed to accommodate over utilization, Mass Casualty Incidents, Disaster Events, etc. This could be accomplished by pre-published protocols on how these scenarios will be managed. ALSO: Often services do not have any control/authority of the PSAP. This needs further discussion.

To re-iterate previous comment from 504.B.1, this language is too vague and does not allow flexibility and scalability for all hazard agencies where EMS is a primary responsibility, but not their only responsibility. This language assumes all vehicles have EMS responsibilities for the agency, when vehicles could be assigned as EMS vehicles in high call volume and/or remote areas. As long as mutual aid agreements with county or private EMS providers are in place to cover areas when the ambulance service transporting agency vehicle is otherwise engaged is sufficient. RECOMMEND: Returning previous language to allow EMR agencies to respond to emergent calls with at least one EMT-basic or higher (based on level of DHEC licensing) at least 80% of the time.

Department Response:

First comment – Not adopted. These are national standards for response times.

Second comment – Adopted.

Name	Section
EMS Advisory Council	505.A.2.b

Comment:

RECOMMEND: This should be worded similarly to § 116.H.4. The EMS Agency shall ensure Ambulances transporting patients requiring ALS Level Service are fully equipped as an ALS unit with at least ONE (1) Paramedic in the patient compartment at all times who is knowledgeable of the equipment and storage of equipment and pharmaceuticals on the vehicle to provide care and/or assistance and additional staffing (MD, RN, etc.) as may be indicated and necessary. The INTENT is that there must ALWAYS be a Paramedic in the patient compartment - BUT a Physician, RN, Equipment Technician, etc. may also accompany and provide care - but NOT in lieu of the Paramedic.

Department Response:

Not adopted. This comment appears to be based on a rough draft of the NPR and not the one published in the State Register.

Name	Section
EMS Advisory Council	601.A

Comment:

RECOMMEND: CLARIFY: The LEVEL I Violation is for FAILURE TO REPORT. It is NOT related to the Adverse Event that IS reported.

RECOMMEND: COMMENT: If all Adverse Event encounters are documented within the ePCR Database - maintained by the Department - does this not fulfill the requirement for the Service?

Department Response:

Acknowledged.

Name	Section
EMS Advisory Council	601.B

Comment:

RECOMMEND: COMMENT: If all Adverse Event encounters are documented within the ePCR Database - maintained by the Department - does this not fulfill the requirement for the Service?

Department Response:

Not Adopted. The run report is not the same document.

Name	Section
EMS Advisory Council	601.B.3-9

Comment:

RECOMMEND: These subsections lend themselves to be REPORTED on the EMS Run Report (ePCR). This could/should be designed as a list of questions that generate a HARD STOP until completed when developing the ePCR. Development of these questions in that format will easily allow the DEPARTMENT (and the EMS Agency) to run reports searching for these issues. Instituting a HARD STOP on completion of the ePCR unless ALL of these questions are answered will increase compliance. Each question could be developed logically such that if an AFFIRMATIVE answer is received a SECOND HARD STOP is encountered requiring a detailed explanation of the AFFIRMATIVE Answer that fulfills the reporting requirement. All other SUBSECTIONS - i.e. 601.B1; 601.B2; 601.B4; 601.B10 - MUST BE reported to the Bureau in a format to be determined by the Department.

Department Response:

Acknowledged.

Name	Section
EMS Advisory Council	601.C

Comment:

RECOMMEND: CHANGE WORDING: The EMS Agency shall submit a separate written investigation report within five (5) BUSINESS days of every Incident required to be immediately reported to the Department pursuant to Section 601.B via the Department's electronic reporting system or as otherwise determined by the Department. The EMS Agency's investigation report to the Department shall include the following information:

Department Response:

Not Adopted. A business that operates twenty-four hours, seven days a week, does not typically have business day or hours.

Name	Section
EMS Advisory Council	602

Comment:

RECOMMEND: CHANGE WORDING: The EMS Agency shall notify the Department within seventy-two (72) hours (3 BUSINESS DAYS - or 5 BUSINESS DAYS to align with previous requirements) of any collision involving any EMS Agency's vehicle or aircraft used to provide emergency medical services that results in any degree of injury to personnel, pedestrians, patients, passengers, observers, students, or other persons. The EMS Agency shall submit the Ambulance permit, if applicable, to the Department if the damage renders the Ambulance out of service for more than two (2) weeks. The EMS Agency shall submit the investigating law enforcement agency's accident report regarding the collision to the Department upon the EMS Agency's receipt.

Department Response:

Not Adopted. This is independent of the run report.

Name	Section
EMS Advisory Council	602

Comment:

RECOMMEND: CHANGE WORDING: The EMS Agency shall notify the Department within ... of any collision involving any EMS Agency's RESPONSE vehicle or aircraft used to provide emergency medical services that results in any degree of injury to personnel, pedestrians, patients, passengers, observers, students, or other persons. The EMS Agency shall submit the Ambulance permit, if applicable, to the Department if the damage renders the Ambulance out of service for more than two (2) weeks. The EMS Agency shall submit the investigating law enforcement agency's accident report regarding the collision to the Department upon the EMS Agency's receipt. Adding RESPONSE Vehicle clarifies that these are units that are used to respond to an active EMS call - e.g. Ambulance, QRV, Boat, Bicycle, Motorcycle, etc. This ELIMINATES Logistic vehicles that do not respond to EMS Calls.

Department Response:

Not Adopted. The Department only permits ambulances per current statute.

Name	Section
EMS Advisory Council	603.C

Comment:

RECOMMEND / ADDITION: The EMS Agency shall have a written policy and plan for maintaining service in the event of the sudden or unexpected loss of the Primary Medical Control Physician.

Department Response:

Adopted. See Section 400.A.14.

Name	Section
EMS Advisory Council	604

Comment:

CLARIFICATION: Does this constitute TWO (2) Violations - one per the Bureau of EMS and Trauma and one per the Bureau of Drug Control?

Department Response:

Acknowledged. There would be a coordinated effort between the two Bureaus.

Name	Section
EMS Advisory Council	702.B

Comment:
CHANGE/REMOVE: At present there is no Department approved/defined Data Management Workshop. Either include statement such as WHEN such Department Defined Data Manger's workshop is available - or delete. OR Make this a Policy.

Department Response:
Adopted.

Name	Section
EMS Advisory Council	704.B

Comment:
CLARIFICATION: Define SECURITY. EMS Agencies are NOT skilled/trained in Electronic Security or IT Security. There is no guidance from the Department as to what constitutes security.

Department Response:
Not Adopted. Securing information is the responsibility of the agency.

Name	Section
EMS Advisory Council	705

Comment:
COMMENT: Under Section 705 it may be advisable to cite the DNR Statute and/or Regulation and do similar with the POST Statute and/or Regulation.

Department Response:
Acknowledged. The Department is fulfilling its statutory responsibility in promulgating regulations.

Name	Section
EMS Advisory Council	706.C

Comment:
CONCERN: This may not be readily achievable.

Department Response:
Acknowledged. This is statutory language.

Name	Section
EMS Advisory Council	706

Comment:
COMMENT: Under Section 705 it may be advisable to cite the DNR Statute and/or Regulation and do similar with the POST Statute and/or Regulation.

Department Response:
Acknowledged. The Department is fulfilling its statutory responsibility in promulgating regulations.

Name	Section
EMS Advisory Council	1202.A

Comment:
CLARIFICATION: MEDICATIONS = CONTROLLED SUBSTANCES. RECOMMEND REMOVING THIS SUBSECTION 1202.A

Department Response:

Partially Adopted. Based on public comment.	
Name	Section
EMS Advisory Council	1203.A
<p>Comment: Especially in the all hazards environment, EMS providers are often required to work in austere conditions where space and nature of the emergency presents unique challenges for management of the scene and patient(s). This language also does not consider situations (e.g. confined space rescue) where physical access is limited to the patient and therefore handoffs must be utilized. This language also does not take into account an EMT-Basic's ability to administer medications to include Epinephrine 1:1000 for anaphylaxis. RECOMMEND: Removing language that medication shall be administered by the same Paramedic who prepared them for administration and adding language that identifies the lead patient EMS provicer is responsible for the dosing and administration of medications. FURTHER: No EMT may administer a pharmaceutical agent for which they are not authorized and trained.</p> <p>Department Response: Partially Adopted. Changed to "same EMS personnel."</p>	
Name	Section
EMS Advisory Council	1902
<p>Comment: This needs more discussion and review of FEDERAL LAW regarding remounting. We do not want to have situations where the Department has a certified ambulance which undergoes remount - and by the act of remounting - the acceptable unit is no longer acceptable. For example, if standards were to address stretcher mounts and simply by remounting the unit - what was acceptable prior to remount is no longer acceptable - there should be some consideration given to this.</p> <p>Department Response: Acknowledged.</p>	
Name	Section
EMS Advisory Council	2100
<p>Comment: RECOMMEND the addition of an appropriate thermometer for acquiring patient temperatures. This recommendation could be defined as a Medical Control Opitional piece of equipment.</p> <p>Department Response: Adopted.</p>	
Name	Section
EMS Advisory Council	2201
<p>Comment: RECOMMENDATION: Complete the sentence indicated to include: "into the Bureau's current Patient Care Report Database System" (or similar wording).</p> <p>Department Response: Partially Adopted. Added "to the Department."</p>	

Date: November 10, 2021

To: S.C. Board of Health and Environmental Control

From: Bureau of Healthcare Systems and Services

Re: Public Hearing for Notice of Final Regulation Amending R.61-77, *Standards for Licensing Home Health Agencies*, Document No. 5057

I. Introduction

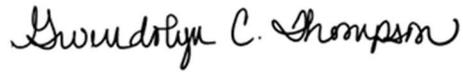
The Bureau of Healthcare Systems and Services (“Bureau”) proposes the attached Notice of Final Regulation amending R.61-77, *Standards for Licensing Home Health Agencies*. Legal authority resides in S.C. Code Sections 44-69-10 et seq., which requires the Department to set standards for the care, treatment, health, safety, welfare, and comfort of patients served by home health agencies, and for the maintenance and operation of home health agencies. The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

II. Facts

1. The Bureau proposes amending R.61-77, *Standards for Licensing Home Health Agencies*, to ensure alignment with current federal and state laws, and revise definitions and requirements for obtaining licensure, inspections, personnel, enforcement, patient care, record maintenance and retention, and licensure standards. The proposed amendments may also include corrections for clarity and readability, grammar, punctuation, codification, and other such regulatory text improvements.
2. The Department had a Notice of Drafting published in the April 23, 2021, *State Register*.
3. The Bureau held a virtual stakeholder meeting on March 12, 2021; five (5) individuals attended the meeting. Healthcare Quality staff considered stakeholder feedback in formulating the proposed amendments herein.
4. Appropriate Department staff conducted an internal review of the proposed amendments on July 7, 2021.
5. Upon receiving approval during the August 12, 2021, Board meeting, the Bureau had a Notice of Proposed Regulation published in the August 27, 2021, *State Register*.
6. The Bureau held a virtual stakeholder meeting on September 8, 2021; three (3) individuals attended the meeting.
7. The Bureau received public comments from two (2) people by the September 27, 2021, close of the public comment period. Attachment B presents a summary of these public comments received and Department responses.
8. After consideration of all timely received comments, staff has made substantive changes to the regulatory text of the Notice of Proposed Regulation approved by the Board in the August 12, 2021, Board meeting and published in the August 27, 2021, *State Register*. Descriptions of the changes appear in Attachment B, Summary of Public Comments and Department Responses.

III. Request for Approval

The Bureau of Healthcare Systems and Service respectfully requests the Board to find need and reasonableness of the attached proposed amendment of R.61-77, *Standards for Licensing Home Health Agencies*, for submission to the General Assembly.



Gwendolyn C. Thompson
Deputy Director
Healthcare Quality



Nigel E. Abner
Director
Bureau of Healthcare Systems and Service
Healthcare Quality

Attachments:

- A. Notice of Final Regulation
- B. Summary of Public Comments and Department Responses

ATTACHMENT A

**STATE REGISTER NOTICE OF FINAL REGULATION
FOR R.61 -77, *Standards for Licensing Home Health Agencies***

November 10, 2021

Document No. 5057

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61**

Statutory Authority: 1976 Code Sections 44-69-10 et seq.

61-77. Standards for Licensing Home Health Agencies.

Synopsis:

Pursuant to S.C. Code Sections 44-69-10 et seq., the Department of Health and Environmental Control (“Department”) sets standards for the care, treatment, health, safety, welfare, and comfort of patients served by home health agencies, and for the maintenance and operation of home health agencies. The Department amends R.61-77, Standards for Licensing Home Health Agencies, to ensure alignment with current federal and state laws, and revise definitions and requirements for obtaining licensure, inspections, personnel, enforcement, patient care, record maintenance and retention, and licensure standards.

The Department had a Notice of Drafting published in the April 23, 2021, *South Carolina State Register*.

Instructions:

Replace R.61-77 in its entirety with this amendment.

Section-by-Section Discussion of Amendments:

Section	Type of Change	Purpose
Statutory Authority	Addition	To clarify appropriate S.C. Code authority.
Table of Contents	Reorganization and Revision	To reflect proposed section organization and section title amendments in regulation text.
Section Titles	Revision	All uses of the word “Section” in header titles throughout the regulation removed to be consistent with other Departmental regulations.
100 – Definitions and Licensure Former Part 1 – Definitions and Licensure Requirements	Revision	Title amended to be consistent with other Departmental regulations.
101 – Definitions		
101.A – Abuse	Addition	New definition to clarify meaning of terms used in Section 600.

Section	Type of Change	Purpose
101.B – Administrator	Addition	New definition to clarify meaning of terms used in Section 600.
101.C – Authorized Healthcare Provider	Addition	New definition to align with statutory language.
101.D – Branch Office	Reorganization and Revision	Recodified from former 101.C and amended to align with statutory definition.
101.E – Comprehensive Assessment	Addition	New definition to clarify meaning of term used in Section 902.
101.F – Consultation	Reorganization and Revision	Recodified from former 101.B and amended for consistency with other Departmental regulations.
101.G – Contracted Party	Addition	New definition to clarify meaning for term used in Section 1300.
Former 101.C – Continuing Care Retirement Community	Deletion	Term no longer used in the regulation.
101.H – Department	Reorganization	Recodified from former 101.D.
101.I – Direct Care Staff	Addition	New definition to align with statutory language and to provide meaning for term used in Section 501.
101.J – Discharge	Addition	New definition to clarify meaning of term used in Section 802 and throughout the regulation.
101.K – Exploitation	Addition	New definition to clarify meaning of terms used in Section 600.
101.L – Health Assessment	Reorganization and Revision	Recodified from former 101.E and amended to clarify term used in the regulation.
101.M – Home Health Agency	Reorganization	Recodified form former 101.F.
101.N – Home Health Aide Services	Reorganization and Revision	Recodified from former 101.G and amended to clarify term used in the regulation.
101.O – Home Health Services	Reorganization and Revision	Recodified from former 101.H and amended to align with statutory language.
101.P – Incident	Addition	New definition to clarify meaning of term used in Section 600.
101.Q – Inspection	Reorganization and Revision	Recodified from former 101.I and amended for readability.
101.R – Intermittent	Reorganization	Recodified from former 101.J.
101.S – Investigation	Reorganization	Recodified from former 101.K.

Section	Type of Change	Purpose
101.T – Joint Annual Report	Addition	New definition to clarify meaning of term used in Section 604.
101.U – License	Reorganization	Recodified from former 101.L.
101.V – Licensed Practical Nurse	Reorganization	Recodified from former 101.M.
101.W – Licensee	Reorganization	Recodified from former 101.N.
101.X – Medical Social Worker	Reorganization and Revision	Recodified from former 101.O and amended for readability.
101.Y – Medical Social Worker Assistant	Reorganization	Recodified from former 101.P.
101.Z – Neglect	Addition	New definition to clarify meaning of terms used in Section 600.
101.AA – Occupational Therapist	Reorganization	Recodified from former 101.Q.
101.BB – Occupational Therapist Assistant	Reorganization	Recodified from former 101.R.
101.CC – Parent Home Health Agency	Reorganization	Recodified from former 101.S.
101.DD – Part-time	Reorganization	Recodified from former 101.T.
101.EE – Patient	Reorganization	Recodified from former 101.U.
101.FF – Physician	Reorganization	Recodified from former 101.V.
101.GG – Physical Therapist	Reorganization	Recodified from former 101.W.
101.HH – Physical Therapist Assistant	Reorganization	Recodified from former 101.X.
Former 101.Y – Podiatrist	Deletion	Included in proposed 101.CC.
101.II – Quality Improvement	Reorganization and Revision	Recodified from former 101.Z and amended for readability.
101.JJ – Registered Nurse	Reorganization	Recodified from former 101.AA.
101.KK – Representative	Addition	New definition to clarify meaning of term used throughout the regulation.
Former 101.BB – Repeat Violations	Deletion	Term no longer used in the regulation.
101.LL – Revocation of License	Reorganization and Revision	Recodified from former 101.CC and amended to be consistent with other Departmental regulations.
101.MM – Skilled Nursing	Reorganization and Revision	Recodified from former 101.DD and amended to align with definition in S.C. Code 15-79-110(9).
101.NN – Speech Therapist	Reorganization	Recodified from former 101.EE.
101.OO – Staff	Reorganization and Revision	Recodified from former 101.FF and amended for readability.
101.PP – Start of Care Date	Addition	New definition to clarify meaning of term used in Section 701.
Former 101.GG – Subunit	Deletion	Term no longer used in the regulation.

Section	Type of Change	Purpose
101.QQ – Suspension of License	Reorganization and Revision	Recodified from former 101.HH and amended for readability.
101.RR – Therapeutic Service	Reorganization and Revision	Recodified from former 101.II and amended for readability.
101.SS – Treatment Plan	Addition	New definition to clarify term used in the regulation.
102 – License Requirements	Revision	Title and content amended to be consistent with other Departmental regulations and align with statutory language.
200 – Enforcement of Regulations Former Part 2 – Enforcing Regulations	Reorganization, Revision, and Addition	Title amended to be consistent with other Departmental regulations. Section 201 added; Sections 202-203 recodified to be consistent with other Departmental regulations and amended for readability.
300 – Enforcement Actions Former Part 3	Revision	Sections 301-302 amended to be consistent with other Departmental regulations.
Former Part 4 – Management	Reorganization	Recodified to proposed Section 500 to be consistent with other Departmental regulations.
400 – Policies and Procedures Former Part 5	Reorganization and Revision	Recodified from former Part 5 to be consistent with other Departmental regulations and amended to clarify required policies and procedures.
500 – Staffing	Addition	New section and section title added for consistency with other Departmental regulations.
501 – General	Addition	New section to be consistent with other Departmental regulations and to align with statutory requirement for criminal background checks.
502 – Administrator	Reorganization and Revision	Recodified from former Section 401 to be consistent with other Departmental regulations and amended for readability.
503 – Clinical Manager	Reorganization and Revision	Recodified from former Section 402 to be consistent with other Departmental regulations and amended for readability.
504 – Health Status	Reorganization and Revision	Recodified from former Section 1002 to be consistent with other Departmental regulations.
600 – Reporting	Reorganization	Recodified from former Part 11.

Section	Type of Change	Purpose
601 – Incidents	Addition	New section to be consistent with other Departmental regulations.
602 – Administrator Changes	Reorganization and Revision	Recodified from former Section 1102 and amended to be consistent with other Departmental regulations.
603 – Agency Closure	Addition	New section to be consistent with other Departmental regulations.
604 – Joint Annual Report	Reorganization and Revision	Recodified from former Section 1104 and amended to clarify the requirements for submission of the report.
700 – Patient Records	Reorganization	Recodified from former Part 9.
701 – Content	Reorganization and Revision	Recodified section from former Section 901 to be consistent with other Departmental regulations.
702 – Record Maintenance	Reorganization and Revision	Recodified section from former Section 902 to be consistent with other Departmental regulations.
703 – Authentication	Addition	New section to be consistent with other Departmental regulations.
704 – Record Retention	Addition	New section to be consistent with other Departmental regulations.
800 – Admission, Discharges, and Transfers	Reorganization	Recodified from former Part 6 – Admissions.
801 – Admission	Reorganization and Revision	Recodified from former Section 601 to be consistent with other Departmental regulations and amended to clarify requirements for admission.
802 – Discharge	Addition	New section to be consistent with other Departmental regulations and to clarify requirements for discharging a Patient.
803 – Transfer		Recodified from former Section 901.E and amended to clarify requirements for discharging a Patient.
900 – Patient Care, Treatment, and Services	Reorganization and Revision	Recodified from former Part 7 – Patient Care/Treatment Services.
901 – General	Reorganization and Revision	Recodified from former Section 701.B to be consistent with other Departmental regulations and amended to improve readability.

Section	Type of Change	Purpose
902 – Comprehensive Assessment	Reorganization and Revision	Recodified from former Section 901.B and amended to clarify regulatory requirement.
903 – Treatment Plan	Reorganization and Revision	Recodified from former Section 701.A and amended to improve readability and to reflect current industry terminology.
1000 – Patient Rights	Reorganization	Recodified from former Part 8.
1001 – General	Reorganization and Revision	Recodified from former Section 801 and amended to improve readability.
1002 – Informed Consent	Addition	New section to clarify requirements related to obtaining written informed consent from Patients.
1003 – Patient Protections	Addition	New section to align with statutory requirements.
1100 – Reserved	Addition	Reserved to be consistent with other Departmental regulations and for future use.
1200 – Medication and Treatment Orders	Reorganization and Revision	Recodified from former Part 12 – Drug and Treatment Orders, and amended to improve readability and align with current statute.
1300 – Agreements with Contracted Parties	Reorganization and Revision	Recodified from former Part 13 – Agreements with Other Agencies/Individuals, and amended to improve readability.
1400 – Emergency Procedures and Disaster Preparedness	Addition	New section and section title to be consistent with other Departmental regulations and to clarify requirements for disaster preparedness.
1401 – Disaster Preparedness	Addition	New section to be consistent with other Departmental regulations.
1402 – Continuity of Care, Treatment, and Services	Addition	New section to be consistent with other Departmental regulations and to clarify requirements related to Continuity of Care, Treatment, and Services.
1500-1600 – Reserved	Addition	Reserved to be consistent with other Departmental regulations and for future use.
1700 – Infection Control	Reorganization and Revision	Recodified from former Part 10 – Personnel, and amended to be

Section	Type of Change	Purpose
		consistent with other Departmental regulations.
1701 – Staff Practices	Reorganization and Revision	Recodified from former part 1001.B to be consistent with other Departmental regulations and amended to reflect best practices, CDC guidelines, and other applicable federal, state, and local laws and regulations related to infection control.
1702 – Tuberculosis Risk Assessment and Screening	Reorganization and Revision	Recodified from former part 1002 to be consistent with other Departmental regulations and amended to reflect current CDC and DHEC TB Control guidelines.
1800 – Quality Improvement Program	Reorganization and Revision	Recodified from former Part 14 and amended to be consistent with other Departmental regulations.
Former Part 15 – Continuing Care Retirement Community	Deletion	Content no longer relevant to this regulation.
1900-2600 – Reserved	Addition	Reserved to be consistent with other Departmental regulations and for future use.
2700 – Severability	Reorganization	Recodified from former Part 16 to be consistent with other Departmental regulations.

~~Indicates Matter Stricken~~
Indicates New Matter

Text:

61-77. Standards for Licensing Home Health Agencies.

Statutory Authority: S.C. Code Sections 44-69-10 et seq.

~~PART 1. DEFINITIONS AND LICENSING REQUIREMENTS.~~

~~SEC.~~

~~101. Definitions.~~

~~102. License Requirements.~~

~~PART 2. ENFORCING REGULATIONS.~~

~~SEC.~~

~~201. Inspections/Investigations.~~

~~202. Consultations.~~

~~PART 3. ENFORCEMENT ACTIONS.~~

~~SEC.~~
~~301. General.~~
~~302. Violation Classifications.~~
~~PART 4. MANAGEMENT.~~

~~SEC.~~
~~401. Administrator/Director.~~
~~402. Director of Professional Services.~~
~~PART 5. POLICIES AND PROCEDURES.~~

~~SEC.~~
~~501. General (II).~~
~~PART 6. ADMISSIONS.~~

~~SEC.~~
~~601. General.~~
~~PART 7. PATIENT CARE/TREATMENT SERVICES.~~

~~SEC.~~
~~701. General.~~
~~PART 8. PATIENT RIGHTS.~~

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~~801. General (II).~~
~~PART 9. PATIENT RECORDS.~~

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~~901. Content (II).~~
~~902. Record Maintenance.~~
~~PART 10. PERSONNEL.~~

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~~1001. General (I).~~
~~1002. Health Status (II).~~
~~PART 11. REPORTING.~~

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~~1101. Communicable Diseases.~~
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~~1103. Branch Office Additions.~~
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~~PART 14. QUALITY IMPROVEMENT PROGRAM.~~

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~~1401. General (II).~~
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~~1701. General.~~

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PART I

SECTION 100 – DEFINITIONS AND LICENSING REQUIREMENTS. LICENSURE

Section-101. Definitions.

For the purpose of these standards, the following definitions shall apply:

A. Abuse. Physical Abuse or Psychological Abuse.

1. Physical Abuse. Intentionally inflicting or allowing to be inflicted physical injury on a Patient by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical Abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional or that is part of a written plan of care by a licensed physician or other qualified professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between Patients.

2. Psychological Abuse. Deliberately subjecting a Patient to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

B. Administrator. The individual designated by the governing body or Licensee who is in charge of and responsible for the administration of the Home Health Agency. May also be referred to as Director.

C. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina as a Physician, advanced practice registered nurse, or physician assistant to provide specific treatments, care, and services to Patients.

AD. Branch Office. A location or site from which a hHome hHealth aAgency provides services within a portion of the total geographic area served by the pParent aAgency. The bBranch eOffice is part of the home health aAgency and is located sufficiently close to the agency home office to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the licensure requirements as an hHome hHealth aAgency.

E. Comprehensive Assessment. An individualized assessment that reflects each Patient’s current health status, includes information that may be used to demonstrate the Patient’s progress toward achievement of

the desired outcomes, identifies the Patient's need for Home Health Services, and reflects the Patient's medical, nursing, rehabilitative, social and Discharge planning needs.

BF. Consultation. A visit to a licensed home health agency by individuals authorized by the Department to representatives who will provide information to a Agencies to enable/encourage agencies to better comply with the goal of facilitating compliance with the regulations.

G. Contracted Party. An individual, business, or other entity who enters into an agreement with a Home Health Agency to provide care, treatment, or services normally provided by the Home Health Agency to a Patient.

~~C. Continuing Care Retirement Community. A community in which there is furnished, pursuant to a continuing care contract, to two or more persons not related to the administrator or owner of the facility within the third degree of consanguinity, board or lodging together with nursing, medical, or other health related services, regardless of whether the services or lodging are provided at the same location or not. It does not include an institution operating solely as a nursing home or community residential care facility licensed by the Department.~~

DH. Department. The South Carolina Department of Health and Environmental Control.

I. Direct Care Staff. Those individuals who provide direct treatment, care, and services to Patients, including:

1. A Registered Nurse, Licensed Practical Nurse, or certified nurse assistant;

2. Any other licensed professional employed by or contracting with a Home Health Agency who provides to Patients direct care or services and includes, but is not limited to, a physical, speech, occupational, or respiratory care therapist;

3. A person who is not licensed but provides physical assistance or care to a Patient served by a Home Health Agency;

4. A person employed by or under contract with a Home Health Agency who works within any building housing Patients; or

5. A person employed by or under contract with a Home Health Agency whose duties include the possibility of Patient contact.

J. Discharge. The point at which treatment, care, and services provided by a Home Health Agency are terminated and the Home Health Agency no longer maintains active responsibility for the care of the Patient.

K. Exploitation. 1) Causing or requiring a Patient to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the Patient. Exploitation does not include requiring a Patient to participate in an activity or labor which is a part of a written plan of care or which is prescribed or authorized by a licensed physician attending the Patient; 2) An improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a Patient by a person for the profit or advantage of that person or another person; or 3) Causing a Patient to purchase goods or services for the profit or advantage of the seller or another person through: undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the

vulnerable adult through cunning arts or devices that delude the vulnerable adult and cause him to lose money or other property.

EL. Health Assessment. An evaluation of the health status of a sStaff member by a pPhysician, physician's assistant~~other Authorized Healthcare Provider~~, or rRegistered nNurse in accordance with aAgency policy.

FM. Home Health Agency ("Agency"). A public, nonprofit, or proprietary organization, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish hHome hHealth sServices.

GN. Home Health Aide Services. Services provided by Aan individual supervised by a rRegistered nNurse or licensed therapist who renders assistance in the home to pPatients with personal care problems and who meets minimum qualifications and training as set by the hHome hHealth aAgency.

HO. Home Health Services. Those items and services furnished to an individual by a hHome hHealth aAgency, or by others under arrangement with the hHome hHealth aAgency, on a visiting basis and, except for subsection 65, below, in a place of temporary or permanent residence used as the individual's home as follows:

1. Part-time or iIntermittent skilled nursing care as ordered by a pPhysician or ppediatrist~~other Authorized Healthcare Provider~~ and provided by or under the supervision of a rRegistered nNurse and at least one other service listed below:

~~2. Physical, occupational, or speech therapy;~~

~~3. Medical social services; Home Health Aide Services, and other therapeutic services;~~

~~3. Home health aide services;~~

~~4. Other therapeutic services, e.g., pulmonary therapy, IV therapy;~~

~~54. Medical supplies as indicated in the treatment plan, and the use of medical appliances, to include durable medical equipment;~~

~~65. Any of the above items and services provided on an outpatient basis under arrangements made by the hHome hHealth aAgency with a hospital, nursing home, or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and/or services cannot readily be made available to the individual in his/her home, or which are furnished at one of the above facilities while the pPatient is there to receive such items or services, but not including transportation of the individual in connection with any such items or services. Transportation of the individual in connection with any such items or services is not included.~~

P. Incident. An unusual, unexpected adverse event, including any accidents, that could potentially cause harm, injury, or death to Patients or Staff members.

IQ. Inspection. A visit by individuals authorized by the Department to a licensed hHome hHealth aAgency or to a proposed hHome hHealth aAgency for the purpose of determining compliance with this regulation.

~~JR~~. Intermittent. Any combination of temporary skilled nursing, ~~hHome hHealth aAide~~, and/or ~~therapy services~~Therapeutic Services, provided on a less-than-daily basis, or if provided daily, is less than eight (8) hours per day.

~~KS~~. Investigation. A visit by individuals authorized by the Department to an unlicensed or licensed ~~hHome hHealth aAgency~~ for the purpose of determining the validity of allegations of violations received by the Department relating to this regulation.

T. Joint Annual Report. An annual statistical and utilization data report submitted to the South Carolina Revenue and Fiscal Affairs Office.

~~LU~~. License. A ~~certificate~~License issued by the Department to a ~~hHome hHealth aAgency~~ to provide ~~hHome hHealth sServices~~ in designated counties within the ~~Sstate~~.

~~MV~~. Licensed Practical Nurse. An individual who is currently licensed as such by the South Carolina Board of Nursing.

~~NW~~. Licensee. The individual, corporation, or public entity who has received a ~~L~~License to provide ~~hHome hHealth sServices~~ and with whom rests the ultimate responsibility for compliance with this regulation.

~~OX~~. Medical Social Worker. A person who ~~has a master's degree from a school of social work accredited by the Council on Social Work Education~~, has one (1) year of social work experience in a health care setting, and is licensed by the South Carolina Board of Social Work Examiners at the Master (LMSW) or Independent (LISW) level.

~~PY~~. Medical Social Worker Assistant. A person who has a ~~baccalaureate degree in social work, psychology, sociology, or other field related to social work~~, has at least one (1) year of social work experience in a health care setting, ~~and~~ is licensed by the South Carolina Board of Social Work Examiners. ~~This individual must, and provides services under the supervision of a "medical social worker"~~Medical Social Worker as defined in 101.~~OX~~.

Z. Neglect. The failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a Patient including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services and the failure or omission has caused, or presents a substantial risk of causing, physical or mental injury to the Patient. Noncompliance with regulatory standards alone does not constitute Neglect. Neglect includes the inability of a Patient, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm or substantial risk of death.

~~QAA~~. Occupational Therapist. A person currently licensed as such by the South Carolina Board of Occupational Therapy ~~Examiners~~.

~~RBB~~. Occupational Therapist Assistant. A person who is currently licensed as such by the South Carolina Board of Occupational Therapy ~~Examiners~~.

~~S-CC~~. Parent Home Health Agency ("Parent Agency"). The ~~aAgency~~ that develops and maintains administrative control of ~~subunits or bBranch eOffices~~.

~~FDD~~. Part-time. Any combination of temporary skilled nursing, ~~hHome hHealth aAide~~, and/or ~~therapy services~~Therapeutic Services being provided for less than eight (8) hours per day.

~~U~~EE. Patient. A person who receives treatment, services, or care from a ~~h~~Home ~~h~~Health ~~a~~Agency licensed by the Department.

~~V~~FF. Physician. ~~An~~A ~~individual currently~~ doctor of medicine, podiatrist, or doctor of osteopathic medicine licensed to practice medicine in his/her respective state by the South Carolina Board of Medical Examiners.

~~W~~GG. Physical Therapist. An individual currently ~~registered~~licensed as such by the South Carolina Board of Physical Therapy ~~Examiners~~.

~~X~~HH. Physical Therapist Assistant. An individual who is currently licensed as such by the South Carolina Board of Physical Therapy ~~Examiners~~.

~~Y~~. Podiatrist. ~~An individual currently licensed as such in his/her respective state.~~

~~Z~~II. Quality ~~Assessment/Performance~~-Improvement. The process used by the ~~h~~Home ~~h~~Health ~~a~~Agency to examine its methods and practices of providing care, identifying the opportunities to improve its performance, and taking actions that result in higher quality of care for the ~~h~~Home ~~h~~Health ~~a~~Agency's ~~p~~Patients.

~~AA~~JJ. Registered Nurse. An individual who is currently licensed as such by the South Carolina Board of Nursing.

KK. Representative. The Patient's legal representative, such as a guardian, who makes healthcare decisions on the Patient's behalf, or a Patient-selected representative who participates in making decisions related to the Patient's care or well-being, including but not limited to, a family member or an advocate for the Patient.

~~BB~~. Repeat Violation. ~~The recurrence of a violation cited under the same section of the regulation within a two-year period.~~

~~C~~LL. ~~Revoke~~Revocation of License. An action by the Department ~~T~~o cancel or annul a ~~h~~Home ~~h~~Health ~~a~~Agency license by recalling, withdrawing, or rescinding its authority to operate.

~~DD~~MM. Skilled Nursing. A service ~~that must be provided by a ~~r~~Registered ~~n~~Nurse, or by a licensed practical nurse under the supervision of a registered nurse. In determining whether a service requires the skills of a nurse, consideration must be given to that:~~

1. The inherent complexity of the ~~service~~s ordered by a Physician or other Authorized Healthcare Provider;

2. The condition of the patientRequires the skills of technical or professional personnel such as Registered Nurses, Licensed Practical Nurses, Physical Therapists, Occupational Therapists, and speech pathologists or audiologists; and

3. Accepted standards of medical and nursing practice, i.e., SC Code Section 44-33-10, et seq., Nurse Practice Act, South Carolina State Board of Nursing.Is furnished directly by, or under, the supervision of such personnel.

~~ENN~~. Speech Therapist. An individual currently licensed as such by the South Carolina Board of Speech-Language Pathology and Audiology.

~~FOO~~. Staff. Those individuals, including Direct Care Staff, who are employees of the hHome hHealth aAgency.

PP. Start of Care Date. The first visit where the Home Health Agency provides hands-on, direct care services, or treatments to the Patient.

~~GG. Subunit. A semi-autonomous organization which serves patients in a geographic area different from that of the parent home health agency. The subunit, by virtue of the distance between it and the parent agency, is judged incapable of sharing administration, supervision and services on a daily basis with the parent agency and must, therefore, independently meet the conditions of participation for home health agencies.~~

~~HHQQ. Suspend~~Suspension of License. To requireAn action by the Department requiring a Licensee to cease operations for a period of time and/or requiring a Home Health Agency to cease admitting Patients, until such time as the Department rescinds that restriction.

~~HRR. Therapeutic Services. A service that must be provided by an individual licensed in the particular skilled therapeutic service required or that is provided by an individual under the supervision of an individual licensed in the particular skilled therapeutic service. Determining whether a service requires a skilled therapist, consideration must be given to:~~

- ~~1. The inherent complexity of the service;~~
- ~~2. The reasonableness and necessity of the service to the treatment of the patient's illness or injury or to the restoration of maintenance of function affected by the patient's illness or injury;~~
- ~~3. Documented medical complications of the patient which may necessitate services which without those complications, such services would not be needed~~Services provided by a licensed or supervised therapist within their scope of practice and as prescribed by a Physician or other Authorized Healthcare Provider, which can be safely provided in the home.

SS. Treatment Plan. A written plan that describes the Patient's condition and details the treatment to be provided, expected outcomes, and expected duration of the treatment prescribed by the Physician or other Authorized Healthcare Provider.

Section 102. License RequirementsLicensure.

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, conduct, or maintain a hHome hHealth aAgency in this State, provide home health services in this State, or represent itself as providing hHome hHealth sServices in this State without first obtaining a License from the Department. Admission of No Agency shall admit pPatients prior to the effective date of licensure is a violation of Section 44-69-30 of the South Carolina Code of Laws. When it has been determined by the Department that Home Health Services are being provided at a location, and the owner has not been issued a License from the Department, the owner shall cease operations immediately and ensure the safety, health, and well-being of Patients. Current and/or previous violations of the S.C. Code of Laws and/or Department regulations may jeopardize the issuance of a License for the aAgency or, the licensing of any other aAgency, or facility (an entity licensed by the Department) type, or addition to an existing Agency or facility which are owned by the licensee. The hHome hHealth aAgency may shall

provide only the services, treatment, or care it is licensed to provide pursuant to the hHome hHealth sServices definition in Section 101.M of this regulation. (I)

B. Compliance. An initial hLicense ~~will~~shall not be issued to a proposed hHome hHealth aAgency, ~~not previously and continuously licensed under Department regulations,~~ until the applicant has demonstrated to the Department that the proposed hHome hHealth aAgency is in substantial compliance with the licensing standards. A paper or electronic copy of the licensing standards shall be maintained at the hHome hHealth aAgency and accessible to all hHome hHealth aAgency sStaff. In the event a hLicensee, who already has a hHome hHealth aAgency or facility licensed by the Department, makes application for another hHome hHealth aAgency, the currently licensed hHome hHealth aAgency and/or facility shall be in substantial compliance with the applicable standards prior to the Department issuing a hLicense to the proposed hHome hHealth aAgency.

C. Licensed Services. The Home Health Agency shall provide services only in the county(ies) identified on the face of the License and shall provide services to the entire county(ies) identified on the License. (I)

D. Issuance of License.

1. ~~A~~The Home Health Agency shall post the hLicense ~~is issued by the Department and shall be posted~~ in a conspicuous place in a public area within the hHome hHealth aAgency.

2. The issuance of a hLicense does not guarantee adequacy or quality of individual care, treatment, personal safety, fire safety, or the well-being of any hPatient of the hHome hHealth aAgency.

3. A hLicense is not assignable or transferable. ~~A license and~~ is subject to revocation at any time by the Department for the Licensee's failure to comply with the laws and regulations of this State.

4. A hLicense shall be effective for a specified hHome hHealth aAgency, at a specific location(s), for a specified period following the date of issue as determined by the Department. A hLicense shall remain in effect until the hLicensee is notified otherwise by the Department.

5. Multiple types of care on the same premises ~~must~~shall be licensed separately even though they are owned by the same entity.

E. Home Health Agency Name. No proposed hHome hHealth aAgency shall be named, nor may any existing hHome hHealth aAgency have its name changed, to the same or similar name as any other hHome hHealth aAgency licensed in the State South Carolina. If the hHome hHealth aAgency is part of a "chain operation" it shall then have the geographic area in which it is located as part of its name. The Department shall decide if names are similar and notify the prospective licensee of its determination.

F. Application. Applicants for a hLicense shall submit to the Department a completed and accurate application, on a form prescribed, prepared, and furnished by the Department, prior to initial licensing and periodically thereafter at intervals determined by the Department. The application must indicate the counties in which the home health agency will provide services. The applicant shall ensure the application is signed by the owner(s) if an individual or partnership; by two (2) officers if a corporation; or by the head of the governmental department having jurisdiction if a governmental unit. Corporations or limited partnerships, limited liability companies, or any other organized business entity shall be registered with the South Carolina Secretary of State's Office if required to do so by state law.

G. Required Documentation. The applicant shall ensure the application for initial licensure includes:

1. The full name and address of the proposed Home Health Agency and the owner, and the names of the persons in control of the Home Health Agency. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with this regulation;

2. The applicant's oath assuring that the contents of the application are accurate and true;

3. Proof of ownership of real property in which the Agency is located, or lease agreement allowing the Licensee to occupy the real property in which the Agency is located; and

4. The county(ies) in which the Home Health Agency will provide services.

~~FH. Licensing Fees. Each applicant shall pay a License fee prior to the issuance of a License. The initial and renewal License fee shall be one hundred dollars (\$100.00) plus fifty dollars (\$50.00) for each county served. Such All fees shall be made payable to the Department and are non-refundable, shall be made payable to the Department by credit card or secured portal or specific website, and shall be submitted with the application. Governmental hHome hHealth aAgencies are exempt from payment of License fees. Annual licensing fees shall also include any outstanding Inspection fees.~~

~~GI. Licensing Late Fee. Failure to submit a renewal application or and fee prior to 30 days before to the Department by the License expiration date may result in a late fee(s) of twenty-five percent (25%) of the licensing License fee amount, but not less than seventy-five dollars (\$75.00), in addition to the licensing License fee. Failure to submit the License fee and late fees to the Department within thirty (30) calendar days of the License expiration date shall render the Home Health Agency unlicensed.~~

~~HJ. License Renewal. For a License to be renewed, applicants shall file an application with the Department, shall pay at the License renewal fee, and must shall not be under consideration for an have pending enforcement actions by the Department, or undergoing enforcement actions by the Department. If the License renewal is delayed due to enforcement actions, the renewal License renewal will shall be issued only when the matter has been resolved satisfactorily by the Department, or when the adjudicatory process is completed, whichever is applicable.~~

~~IK. Change of Amended License.~~

~~1. A The hHome hHealth aAgency shall request issuance of an initial amended License by application to the Department prior to any change of ownership of the following circumstances:~~

~~21. Changes in of a hHome hHealth aAgency name, location from one geographic site to another, or address as notified by the post office (no location change), may be accomplished by application or by letter from the licensee.;~~

~~2. Change of the Home Health Agency's name or address;~~

~~3. Change in the county(ies) in which the Home Health Agency provides services. The Home Health Agency shall pay an amended License fee of fifty dollars (\$50.00) for each additional county to be served; or~~

~~4. Establishment of new Branch Offices of the Home Health Agency.~~

~~J. Licensed Area. No home health agency may serve counties other than those identified on the face of the license, and the entire licensed county(ies) identified must be served. (II)~~

~~K. Exceptions to Licensing Standards. The Department reserves the right to make exceptions to these standards where it is determined that the health, safety, and well-being of the patients are not compromised, and provided the standard is not specifically required by state law.~~

L. Change of Licensee. The Home Health Agency shall request issuance of a new License by application to the Department prior to any of the following circumstances:

1. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name; or

2. A change of the legal entity, for example, sole proprietorship to or from a corporation, partnership to or from a corporation, even if the controlling interest does not change.

M. Variance. The Home Health Agency may request a variance to this regulation in a format as determined by the Department. Variances shall be considered on a case-by-case basis by the Department. The Department may revoke issued variances as it determines appropriate.

PART 2

SECTION 200 – ENFORCING ENFORCEMENT OF REGULATIONS.

201. General.

The Department shall utilize Inspections, Investigations, Consultations, and other pertinent documentation regarding a proposed or licensed Home Health Agency to enforce this regulation.

Section 2012. Inspections /and Investigations.

~~A. Inspections~~ The Home Health Agency shall be conducted inspected prior to initial licensing of a home health agency and subsequently inspections shall be conducted as determined by the Department.

B. All Home Health aAgencies are subject to iInspection and/or iInvestigation at any time without prior notice by properly identified staff of the Department and other legally authorized individuals authorized by the South Carolina Code of Laws. When Staff are absent from the Parent Home Health Agency, the Home Health Agency shall post information at the entrance of the Home Health Agency to those seeking legitimate access to the Home Health Agency, as to the expected return of the Staff. The Home Health Agency shall ensure the posted information includes contact information and the expected time of return of the Staff members and Patients. The Home Health Agency shall ensure the contact information includes the name of a designated contact and his or her telephone number. The Home Health Agency shall ensure the telephone number for the designated contact is not the Home Health Agency telephone number. (I)

C. Individuals authorized by the DepartmentSouth Carolina law shall havebe granted access to all properties and areas, objects, documents, and records at the time of Inspections and Investigations and in a timely manner; and have the authority to require the aAgency to make photocopies of those documents required in the course of iInspections or iInvestigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify individuals in enforcement action proceedings. Records shall be made available to individuals authorized by the Department in a timely manner. (H)

D. When there is noncompliance with the licensing standards, the aAgency shall submit an acceptable written plan of correction to in a format determined by the Department. that shall be signed by the administrator and returned The Agency shall return the plan of correction by the date specified on the report

of ~~h~~Inspection and/or ~~i~~Investigation. The Agency shall describe the following in the written plan of correction ~~shall describe~~:

1. The actions taken to correct each cited deficiency;
2. The actions taken to prevent recurrences (actual and similar); and
3. The actual or expected completion dates of those actions. (II)

~~E. The most recent report of an inspection conducted by the Department, including the agency response, shall be made available upon request.~~ The Home Health Agency shall ensure reports of Inspections or Investigations conducted by the Department, including the Agency response, are provided to the public upon written request with the redaction of the names of those individuals in the report. (II)

F. Inspection Fees. In accordance with S.C. Code Section 44-7-270, the Department may charge a fee for Inspections. The fee for initial and routine Inspections shall be two hundred fifty dollars (\$250.00) plus twenty-five dollars (\$25.00) per county served. The fee for follow-up Inspections shall be one hundred twenty-five dollars (\$125.00) plus twenty-five dollars (\$25.00) per county served.

~~Section-2023.~~ Consultations.

Consultations ~~shall~~may be provided by the Department as requested by the ~~a~~Agency or as deemed appropriate by the Department.

PART 3

SECTION 300 – ENFORCEMENT ACTIONS.

~~Section-301.~~ General.

When the Department determines that a ~~h~~Home ~~h~~Health ~~a~~Agency is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such ~~a~~Agency, the Department, upon proper notice to the ~~H~~Licensee, may deny, suspend, or revoke ~~the H~~Licenses, or ~~impose~~assess a monetary penalty.

~~Section-302.~~ Violation Classifications.

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that ~~the Department determines to~~ present an imminent danger to the health, safety, or well-being of the ~~p~~Patients of the ~~h~~Home ~~h~~Health ~~a~~Agency or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods, or operations in use in an ~~a~~Agency may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of ~~said~~this time shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a direct or immediate relationship to the health, safety, or well-being of the ~~a~~Agency's ~~p~~Patients. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of ~~said~~this time shall be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in ~~these~~this regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of ~~said~~this time shall be considered a subsequent violation.

D. ~~Class I and II violations are indicated by notation after each applicable section, i.e., "(I)" or "(II)" Sections not annotated in that manner denote Class III violations. A classification at the beginning of a section/subsection applies to all subsections following, unless otherwise indicated. The notations (I) or (II), placed within sections of this regulation, indicate those standards are Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are Class III violations.~~

E. ~~In arriving at a decision to take enforcement actions, the Department will consider the following factors: specific conditions and their impact or potential impact on health, safety or well being of patients; efforts by the agency to correct cited violations; overall conditions; history of compliance; any other pertinent conditions that may be applicable to current statutes and regulations including participating in, or offering, or implying an offer to participate in the practice generally known as rebates, kickbacks or fee splitting arrangements.~~

F. ~~When a decision is made to impose~~assessing a monetary ~~penalties~~penalty, the following schedule will be used as a guide Department may invoke S.C. Code Section 44-7-320(C) to determine the dollar amount or may utilize the following schedule:

Frequency of violation of standard with in a 24-month period:

MONETARY PENALTY RANGES

FREQUENCY	CLASS I	CLASS II	CLASS III
1st	\$ 200—1000	\$ 100—500	\$ 0
2nd	500—2000	200—1000	100—500
3rd	1000—5000	500—2000	200—1000
4th	5000	1000—5000	500—2000
5th	5000	5000	1000—5000
6th	5000	5000	5000

<u>FREQUENCY</u>	<u>CLASS I</u>	<u>CLASS II</u>	<u>CLASS III</u>
<u>1st</u>	<u>\$500-1,500</u>	<u>\$300-800</u>	<u>\$100-300</u>
<u>2nd</u>	<u>1,000-3,000</u>	<u>500-1,500</u>	<u>300-800</u>
<u>3rd</u>	<u>2,000-5,000</u>	<u>1,000-3,000</u>	<u>500-1,500</u>
<u>4th</u>	<u>5,000</u>	<u>2,000-5,000</u>	<u>1,000-3,000</u>
<u>5th</u>	<u>5,000</u>	<u>5,000</u>	<u>2,000-5,000</u>
<u>6th</u>	<u>5,000</u>	<u>5,000</u>	<u>5,000</u>

G. ~~Any enforcement action taken by the Department may be appealed in a manner pursuant to the Administrative Procedures Act, S.C. Code Ann. Section 1-23-310 et seq.~~

**PART 4
MANAGEMENT.**

Section 401. Administrator/Director.

~~The home health agency shall designate a qualified individual to serve as Administrator/Director. The Administrator/Director shall have the authority and responsibility for the functions and activities of the agency and must be available within a reasonable time and distance. A qualified staff member shall be designated, in writing, to act in the absence of the Administrator/Director.~~

Section 402. Director of Professional Services.

~~A. The home health agency shall designate a physician or a registered nurse to supervise the professional activities in providing home health services in accordance with the orders of the physician or podiatrist responsible for the care of the patient and under the plan of treatment established by such a physician or podiatrist.~~

~~B. The Administrator/Director and the Director of Professional Services may be the same individual.~~

PART 5

SECTION 400 – POLICIES AND PROCEDURES.

Section 501. General (H).

~~A. Policies and procedures for operation of the home health agency shall be developed and implemented by the licensee. Additionally, policies and procedures shall be revised as required in order to accurately reflect actual agency practice. Agencies shall establish a time frame for review of all policies and procedures. The Home Health Agency shall maintain and adhere to written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The Home Health Agency shall be in full compliance with the policies and procedures.~~

~~B. The policies and procedures shall describe the means by which the agency will assure that the standards described in this regulation are met and apply to the agency mission, and a demonstration by observable or written evidence that the agency has met these standards. The Home Health Agency shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the Administrator. The Home Health Agency shall ensure all policies and procedures are accessible to Agency Staff, printed or electronically, at all times.~~

SECTION 500 – STAFFING

501. General.

~~A. Before being employed or contracted as a Staff member, all Direct Care Staff shall undergo a criminal background check pursuant to S.C. Code Section 44-7-2910. Staff members and volunteers of the Home Health Agency shall not have a prior conviction or pled no contest (nolo contendere) to unlawful conduct toward a child, as defined by S.C. Code Section 63-45-70; Abuse, Neglect, or Exploitation of a vulnerable adult, as defined by S.C. Code Sections 43-35-10, et seq.; or any similar criminal offense. (I)~~

~~B. The Agency shall define in writing the responsibilities, qualifications, and competencies of Staff for all positions. The Agency shall ensure that the type and number of Staff are:~~

~~1. Properly licensed or credentialed in their respective professional fields as required for assigned job duties;~~

2. Trained as necessary to perform the duties for which they are responsible in an effective manner.
3. Capable of rendering care and services to Patients; and
4. Capable of following applicable regulations.

C. The facility shall maintain current information regarding all Staff members, to include:

1. Name, address, and telephone number;
2. Date of hire and date of initial Patient contact;
3. Past employment, experience, and education;
4. Professional licensure or credentials; and
5. Job description signed by the Staff member.

502. Administrator.

A. The Home Health Agency shall have a full-time Administrator who is responsible for the overall management and operation of the Agency and meets one of the following:

1. A Physician or other Authorized Healthcare Provider;
2. A Registered Nurse; or
3. Has training and experience in health service administration and at least one (1) year of supervisory administrative experience in home health care or a related healthcare program.

B. A Staff member shall be designated, in writing, to act in the absence of the Administrator, such as, a listing of the lines of authority by position title, including the names of the persons filling these positions.

503. Clinical Manager.

The Home Health Agency shall designate a Physician or other Authorized Healthcare Provider, or a Registered Nurse to supervise the professional clinical activities in providing Home Health Services in accordance with the orders and Treatment Plan of the Physician or other Authorized Healthcare Provider responsible for the care of the Patient.

504. Health Status. (I)

A. The Home Health Agency shall ensure all Staff members who have contact with Patients have a documented Health Assessment within twelve (12) months prior to initial Patient contact. The Health Assessment shall include tuberculin skin testing as described in Section 1702.

B. If a Staff member is working at multiple Home Health Agencies or facilities operated by the same Licensee, copies of the documented Health Assessment shall be accessible at each location.

SECTION 600 – REPORTING

601. Incidents.

A. The Home Health Agency shall document every Incident, and include an Incident review, investigation, and evaluation as well as corrective action taken, if any. The Home Health Agency shall retain all documented Incidents reported pursuant to this Section for six (6) years after the Patient involved is last Discharged. The Home Health Agency shall ensure the records are readily available and stored for the first year following Patient Discharge.

B. The Home Health Agency shall report the following types of Incidents to the Patient's Representative or emergency contact for each affected individual at the earliest practicable hour, not exceeding twenty-four (24) hours of the Incident. The Home Health Agency shall notify the Department immediately, not to exceed twenty-four (24) hours, via the Department's electronic reporting system or as otherwise determined by the Department. Incidents requiring reporting include, but are not limited to:

1. Confirmed or suspected crimes against a Patient by Agency Staff;
2. Confirmed or suspected Abuse, Neglect, or Exploitation of a Patient by Agency Staff;
3. Medication errors with adverse impact by Agency Staff;
4. Hospital admission or death resulting from an Incident while in the care of Agency Staff; and
5. Bone or joint fracture while in the care of Agency Staff.

C. The Home Health Agency shall submit a separate written investigation report within five (5) calendar days of every Incident required to be reported to the Department pursuant to Section 601.A via the Department's electronic reporting system or as otherwise determined by the Department. The Home Health Agency shall ensure reports submitted to the Department contain: the Home Health Agency name, License number, type of Incident, the date the Incident occurred, a Patient medical record identification number, Patient age and sex, number of Staff directly injured or affected, witness(es)' name(s), identified cause of the Incident, internal investigation results if cause unknown, a brief description of the Incident including location where occurred, and treatment of injuries.

602. Administrator Changes.

A. The Agency shall notify the Department, in a means as determined by the Department, within seventy-two (72) hours of any change in Administrator status.

B. The Licensee shall notify the Department in a means as determined by the Department within ten (10) calendar days of any change in the Administrator, including the name of the newly-appointed individual, their qualifications pursuant to Section 502, and effective date of the appointment.

603. Agency Closure.

In the event of closure of an Agency for any reason, the Home Health Agency shall ensure continuity of care by promptly notifying the Patient's Physician or other Authorized Healthcare Provider and arranging for referral to other Home Health Agencies at the direction of the Physician or other Authorized Healthcare Provider. The Home Health Agency shall notify the Department in writing of the closure by the Agency no later than five (5) business days prior to closure. (II)

604. Joint Annual Report.

All Home Health Agencies shall submit a Joint Annual Report as specified by the Department.

SECTION 700 – PATIENT RECORDS

701. Content (II).

A. The Home Health Agency shall maintain an organized record for each Patient. The Home Health Agency shall ensure all entries in the Patient record are permanently written, typed, or electronic media, authenticated by the author, and dated.

B. The Home Health Agency shall ensure Patient records reflect services, treatment, and care provided directly to the Patient by the Home Health Agency or by the Contracted Party, including Patient progress, and descriptions of the planned clinical outcomes achieved.

C. The Home Health Agency shall ensure the specific Patient record entries and documentation include, at a minimum:

1. Face sheet;

a. Basic identification information;

b. Diagnosis;

c. Primary care Physician's name and phone number;

d. Representative's name, or name of other individual to be contacted in case of emergency, and phone number;

e. Patient's address and phone number;

f. Admission date; and

g. Start of Care Date;

2. Comprehensive Assessment;

3. Original Treatment Plan and subsequent reviews and changes;

4. Clinical notes including all interventions, medication administration, treatments, and services, and responses to those interventions;

5. Physician or other Authorized Healthcare Provider orders; and

6. Signed and dated original Informed Consent.

702. Record Maintenance.

A. The Licensee shall provide accommodations, space, supplies, and equipment for the protection, storage, and maintenance of Patient records in an organized manner. The Home Health Agency shall determine the medium in which information is stored.

B. Patient records are the property of the Licensee. The Home Health Agency shall maintain all Patient records at the Home Health Agency, including Contracted Party Patient records, and make available to Staff and other authorized individuals at all times, with the exception of Patient records being utilized with active Patients or by court order. (II)

C. The Home Health Agency shall ensure Patient record confidentiality and shall only make Patient records available to individuals authorized by law. (II)

703. Authentication.

Home Health Agencies shall have policies and procedures to prohibit the use or authentication of Patient records by unauthorized users.

704. Record Retention.

A. The Home Health Agency shall ensure Patient records are completed upon Discharge within a timeframe as determined by the Home Health Agency, but no later than thirty (30) calendar days from the Patient's Discharge.

B. The Home Health Agency shall retain all Patient records for at least ten (10) years from the Patient's Discharge. The Home Health Agency shall retain all other documentation required by this regulation at least twelve (12) months or since the last Inspection, whichever is the longer period. If the Patient is a minor, the Home Health Agency shall retain the Patient's records at least until after the expiration the period of election following achievement of majority as prescribed by applicable law.

C. The Licensee shall arrange for preservation of records prior to closing a Home Health Agency, and shall notify the Department, in writing, describing these arrangements within ten (10) calendar days of closure.

D. In the event of change of ownership, the Home Health Agency shall ensure all active Patient records or copies of active Patient records are transferred to the new owner(s).

PART 6

SECTION 800 – ADMISSIONS, DISCHARGES, AND TRANSFERS.

Section 601. General.

~~Admissions shall be deemed appropriate based on the following considerations:~~

- ~~A. The individual is under the care of a physician or podiatrist; (I)~~
- ~~B. The individual and/or his/her family agree to/accept home care;~~
- ~~C. There is an expectation that the individual's medical, nursing, and social needs can be met adequately in his/her place of residence in lieu of admission to a hospital or extended care facility;~~
- ~~D. The physical facilities in the individual's home are suitable for his/her proper care;~~

~~E. The individual has a need for part time or intermittent services as defined in Section 101 of this regulation.~~

801. Admission.

The Home Health Agency shall admit Patients for treatment on the basis of a reasonable expectation that the Patient's medical, nursing, and social needs can be met by the Agency in the Patient's place of residence.

802. Discharge.

The Home Health Agency shall ensure each Patient, or Representative if applicable, is informed of and participates in Discharge planning. The Home Health Agency shall develop and maintain a written plan of Discharge with the Patient or Representative that includes Patient or Representative signature and date, a Discharge summary, and Discharge instructions.

803. Transfer.

The Home Health Agency shall provide requested Patient record information to healthcare providers no later than two (2) business days of the transfer to ensure continuity of care.

PART 7

SECTION 900 – PATIENT CARE, TREATMENT, AND SERVICES.

Section 7901. General.

~~A. Services, treatment, and care relative to the needs of the patient as identified in the treatment plan, to include medical emergency situations, shall be provided in a safe, effective manner, coordinated among those responsible in the continuum of care, modified as warranted based on any changing needs of the patient. Such changes shall be reflected in the treatment plan. The physician or podiatrist shall be notified when planned clinical outcomes are not achieved or when there is a significant change in the patient's clinical condition. In instances of emergency due to disaster, the agency shall have a disaster plan to address the needs of the patients, which includes the continued services/care provided by the agency to the patients, unless the nature of the disaster precludes the agency from continuing such services/care. (I)~~

~~B. The Home Health Agency shall ensure Nursing and other Therapeutic Services relative to the needs of the patient, including medications administered, shall be provided in a safe, and effective manner, and in accordance with federal, state, and local laws and regulations; and with established professional practices;. The Home Health Agency shall ensure the care and services provided shall be supervised by appropriate qualified professionals. (I)~~

~~C. The agency shall comply with all relevant federal, state, and local laws and regulations related to patient protections, as appropriate, including Title VI, Section 601 of the Civil Rights Act of 1964 and the Americans with Disabilities Act, and insure that there is no discrimination with regard to source of payment in the recruitment, location of patient, and acceptance or provision of goods and services to patients or potential patients, provided that payment offered is not less than the cost of providing services. (II)~~

~~D. In the event of closure of an agency for any reason, the agency shall insure continuity of care by promptly notifying the patient's attending physician or podiatrist and arranging for referral to other home health agencies at the direction of the physician or podiatrist. The Department's Health Licensing Section shall be notified of the closure by the agency a minimum of five working days prior to closure. (II)~~

902. Comprehensive Assessment.

The Home Health Agency shall complete a Patient-specific Comprehensive Assessment consistent with the Patient's immediate needs within a time period determined by the Home Health Agency, but no later than five (5) business days after admission. The Home Health Agency shall ensure the Comprehensive Assessment addresses the Patient's medical, nursing, rehabilitative, social, and Discharge planning needs and is used in making individual treatment decisions. The Home Health Agency shall review and/or revise the Comprehensive Assessment as changes in the Patient's condition occur or due to a major decline or improvement in the Patient's health status.

903. Treatment Plan.

The Home Health Agency shall develop and implement a Treatment Plan based on the interdisciplinary needs of the Patient as determined by the Comprehensive Assessment. The Home Health Agency shall ensure the Treatment Plan identifies desired measurable clinical outcomes and the methods by which the outcomes are achieved through implementation of the plan and includes medical emergency situations. The Home Health Agency shall notify the Physician or other Authorized Healthcare Provider when planned clinical outcomes are not achieved or when there is a significant change in the Patient's clinical condition. The Home Health Agency shall ensure the Treatment Plan is approved and reviewed by a Physician or other Authorized Healthcare Provider at a frequency as determined by the Agency but no less frequently than every sixty (60) calendar days.

PART 8 **SECTION 1000 – PATIENT RIGHTS.**

Section ~~801~~1001. General (II).

A. The Home Health Agency shall ensure Patient rights shall be guaranteed, and, at a minimum, the agency must inform the each pPatient of:

1. The care to be provided and the opportunity to participate in care planning;
2. Grievance/ and complaint procedures including the Department's contact information and provisions prohibiting retaliation;
3. Confidentiality of pPatient records;
4. Respect for the pPatient's property;
5. Specific coverage and non-coverage of services and of his/ or her liability for payment;
6. ~~The telephone number, purpose, and hours of operation of the home health hotline;~~
7. Advance directive options;
8. Freedom from aAbuse, Neglect, and eExploitation; and
9. Respect and dignity in receiving care.

B. A copy of the agency patient rights shall be provided to the patient.

1002. Informed Consent.

The Home Health Agency shall obtain written informed consent from the Patient, or Representative, for Home Health Services upon admission and provide a copy to the Patient. The informed consent between the Patient and the Home Health Agency shall include at least the following:

- A. An explanation of the specific care, services, and/or equipment provided by the Home Health Agency;
- B. An explanation of the conditions under which the Patient may be Discharged; and
- C. Documentation of the explanation of the Patient's rights pursuant to Section 1001 and the grievance procedure.

1003. Patient Protections.

The Home Health Agency shall comply with all relevant federal, state, and local laws and regulations related to Patient protections, as appropriate, including Title VI, Section 601 of the Civil Rights Act of 1964 and the Americans with Disabilities Act, and ensure that there is no discrimination with regard to source of payment in the recruitment, location of Patient, and acceptance or provision of goods and services to Patients or potential Patients, provided that payment offered is not less than the cost of providing services.
(II)

PART 9 PATIENT RECORDS.

Section 901. Content (II).

~~A. The content of the patient record will be determined by the home health agency, but must contain documentation needed to properly identify the patient and verify appropriate care rendered.~~

~~B. A comprehensive, patient-specific assessment shall be conducted at the time of admission for each patient, including, but not limited to: review of the drug regimen, pertinent medical data, psycho-social status, and functional limitations. The assessment shall be used in making individual treatment decisions and shall meet the patient's medical, nursing, rehabilitative, social, and discharge planning needs; reassessment shall be accomplished based upon change in the patient's condition.~~

~~C. A treatment plan shall be developed based on the interdisciplinary needs of the patient as determined by the assessment. The plan shall identify desired measurable clinical outcomes and the methods by which the outcomes are achieved through implementation of the plan. The treatment plan shall be approved by a physician or podiatrist and reviewed periodically at a frequency as determined by the agency but no later than every 62 days.~~

~~D. Patient records shall reflect services, treatment, and care provided directly to the patient by the agency or by another agency under contract, including patient progress, and descriptions of the planned clinical outcomes achieved.~~

~~E. Health care providers to whom patients are transferred or referred shall be provided transfer summaries and other appropriate information concerning the patient no later than two working days from the notification of the transfer in order to insure continuity of quality care.~~

Section 902. Record Maintenance.

~~A. Records of patients are the property of the home health agency and must not be removed from the agency's patient record storage area, except for home visits, without court order.~~

~~B. The licensee must provide accommodations, space, supplies, and equipment adequate for the function, protection, and storage of patient records.~~

~~C. The patient record is confidential and may be made available only to authorized individuals. Active patient records, with the exception of records utilized by providers during home visits, must be available at the home health agency at all times and must be accessible by the staff member in charge, and by other authorized individuals such as representatives of the Department. (H)~~

~~D. Records generated by organizations/individuals contracted by the home health agency for services, treatment, or care shall be maintained by the home health agency that has admitted the patient.~~

~~E. The agency shall determine the medium in which information is stored.~~

~~F. Agencies employing electronic signatures or computer-generated signature codes shall insure authentication and security.~~

~~G. Upon discharge of a patient, the patient record shall be completed and filed in an inactive/closed file within a time frame as determined by the home health agency but no later than 30 days after discharge. Closed patient records must be stored by the licensee and retained for 10 years following the discharge of the patient. Such records shall be made available to the Department upon request.~~

~~H. Prior to the closing of a home health agency for any reason, the licensee must arrange for preservation of records to insure compliance with these regulations. The licensee must notify the Department, in writing, describing these arrangements within 10 days of closure.~~

~~I. Patient records may be destroyed after 10 years provided that records of minors are retained until after the expiration of the period of election following achievement of majority as prescribed by statute.~~

~~J. In the event of change of ownership, all active patient records or copies of active patient records shall be transferred to the new owner(s).~~

PART 10

PERSONNEL.

Section 1001. General (I).

~~A. Appropriate staff in numbers and training, including an Administrator/Director and Director of Professional Services, shall be provided appropriate to suit the needs and condition of the patients. Training/qualifications for the tasks each performs shall be in compliance with all federal, state, and local laws, and professional standards, including licensing or certification as required/recommended. Direct care staff/volunteers shall not have prior conviction(s) of child or patient or elder abuse, neglect or mistreatment.~~

~~B. Staff practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures/practices shall be in compliance, as applicable, with the Occupational Safety and Health Act of 1970, Regulation 61-105, Infectious Waste Management Regulation, June 28, 1991, the South Carolina Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings,~~

~~March, 1998, and other applicable federal, state, and local laws and regulations, applicable guidelines of the Centers for Disease Control and Prevention, and other professionally recognized organizations.~~

~~Section 1002. Health Status (H).~~

~~A. All staff/volunteers who have contact with patients shall have a health assessment within one year prior to patient contact.~~

~~B. All staff/volunteers shall undergo a two-step tuberculin skin test within three months prior to patient contact, unless a previously positive reaction can be documented. Persons who have a documented negative tuberculin skin test (at least single-step) within the previous 12 months shall only be required to have one tuberculin skin test. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. Staff/volunteers with tuberculin test reactions of 10mm or more of induration and known HIV positive staff/volunteers with tuberculin test reactions of 5mm or more of induration shall be referred for appropriate evaluation.~~

~~1. Staff/volunteers with negative tuberculin skin tests shall have an annual tuberculin skin test and, depending upon the test results, shall be followed as described in this regulation.~~

~~2. Initial or routine chest radiographs on staff/volunteers with negative tuberculin tests who are asymptomatic are not required.~~

~~3. Upon initial health assessment, staff/volunteers who have a history of tuberculosis disease shall be required to have certification by a physician that they are not contagious.~~

~~4. All staff/volunteers who have direct contact with patients, and who are known or suspected to have tuberculosis, shall be required to be evaluated by a physician and will not be allowed to return to work until they have been declared noncontagious.~~

~~5. Preventive treatment of new positive reactors without disease is strongly recommended for staff/volunteers with patient contact, unless specifically contraindicated. Routine annual chest radiographs of positive reactors are not required or recommended.~~

~~a. Staff/volunteers who complete treatment, either for disease or infection, may be exempt from further routine chest radiographic screening unless they have symptoms of tuberculosis.~~

~~b. Positive reactors who are unable or unwilling to take preventive treatment need not receive an annual chest radiograph. These individuals must be assessed annually for symptoms of tuberculosis and advised of their lifelong risk of developing and transmitting tuberculosis to individuals in the institution and in the community. They shall be informed of symptoms which suggest the onset of tuberculosis, and the procedure to follow should such symptoms develop.~~

~~6. Post-exposure skin tests shall be provided for tuberculin negative staff/volunteers 12 weeks after termination of contact for any suspected exposure to a documented case of tuberculosis.~~

~~7. A staff member shall be designated at each agency to coordinate tuberculosis control activities.~~

**PART 11
REPORTING.**

~~Section 1101. Communicable Diseases.~~

All cases of diseases which are required to be reported in accordance with DHEC Regulation 61-20, Communicable Diseases, 1992, shall be reported to the appropriate county health department within 24 hours. (I)

~~Section 1102. Administrator/Director Change.~~

~~The Department shall be notified in writing by the licensee within 10 days of any change in the Administrator/Director. The notice shall include at least the name of the newly appointed individual and effective date of the appointment.~~

~~Section 1103. Branch Office Additions.~~

~~The Department must be notified within five days of the establishment of any new branches of the agency, including the location address.~~

~~Section 1104. Joint Annual Report.~~

~~All home health agencies required by the Planning and Certificate of Need Section of the Department to submit a "Joint Annual Report" shall complete and return this report within the time period specified by that Section.~~

SECTION 1100 – [RESERVED]

PART 12

SECTION 1200 – DRUGMEDICATION AND TREATMENT ORDERS.

~~Section 1201. General.~~

~~The Home Health Agency shall ensure Orders for drugs/medications and treatments shall be signed by a pPhysician or podiatrist/other Authorized Healthcare Provider and incorporated in the pPatient's record maintained by the home health agency. The Home Health Agency shall ensure ~~V~~verbal/telephonic orders are received must be signed and dated by a licensed nurse or licensed therapist and include the time of receipt of the order, description of the order, identification of the Physician or other Authorized Healthcare Provider and the individual receiving the order. The agency shall establish lists of categories of diagnostic or therapeutic verbal orders associated with any potential hazard to the patient that must be authenticated by the physician or podiatrist within a limited agency determined time frame, but in no case shall any orders be authenticated later than 30 days from the date of the order. The Home Health Agency shall ensure the verbal orders are authenticated and dated by a Physician or other Authorized Healthcare Provider pursuant to the Home Health Agency's policies and procedures, but no later than thirty (30) calendar days after the order is given. (II)~~

PART 13

SECTION 1300 – AGREEMENTS WITH OTHER AGENCIES/INDIVIDUALS/CONTRACTED PARTIES.

~~Section 1301. General.~~

~~A. When a Home Health Agency utilizes a Contracted Party to provide services, treatment, or care are provided by another agency/individual, there, the Home Health Agency shall be maintain a written agreement with the agency/individual/Contracted Party which describes how the services are provided in~~

accordance with the pPatient tTreatment pPlan and which iensures that personnel providing these services are qualified and properly supervised.

B. The Home Health aAgency shall ensure the agency/individuals with whom a home health agency has a written agreement shall comply Contracted Party complies with this regulation in regard to records, and patient care, treatment, services, and rights.

SECTION 1400 – EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS. (II)

1401. Disaster Preparedness.

A. The Home Health Agency shall develop and maintain a written emergency preparedness plan that shall be reviewed and updated at least annually. The Home Health Agency shall ensure the emergency preparedness plan addresses the needs of the Patients, and includes continuity of treatment, care, and services provided by the Agency to the Patients.

B. The Home Health Agency shall provide data, evacuation status, and other requested information during an emergent event as determined by the Department, and at a frequency as determined by the Department.

1402. Continuity of Care, Treatment, and Services.

The Home Health Agency shall have a written plan to be implemented to ensure the continuation of essential Patient services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the work force resulting from inclement weather or other causes.

SECTION 1500 – [RESERVED]

SECTION 1600 – [RESERVED]

SECTION 1700 – INFECTION CONTROL

1701. Staff Practices. (I)

A. The Home Health Agency shall maintain and implement Staff practices that prevent the spread of infectious, contagious, and communicable diseases, including but not limited to, standard precautions, transmission-based precautions, contact precautions, airborne precautions, and isolation techniques. The Home Health Agency shall ensure proper disposal of toxic and hazardous substances. The Home Health Agency shall ensure the preventive measures and practices are in compliance with applicable guidelines of the Bloodborne Pathogens Standard of the Occupational Safety and Health Act of 1970, the Centers for Disease Control and Prevention, R.61-105, Infectious Waste Management, and other applicable federal, state, and local laws and regulations.

B. The Home Health Agency shall ensure the practice of hand hygiene to prevent the hand transfer of pathogens, and the use of barrier precautions such as gloves in accordance with established guidelines.

1702. Tuberculosis Risk Assessment and Screening (I).

A. Tuberculosis (TB) Testing. The Home Health Agency shall utilize either Tuberculin Skin Test or Blood Assay for Mycobacterium tuberculosis (BAMT) for detecting Mycobacterium tuberculosis infection.

B. The Home Health Agency shall conduct an annual tuberculosis risk assessment in accordance with the Centers for Disease Control and Prevention guidelines.

C. Baseline Status.

1. The Home Health Agency shall determine the baseline status of all Staff according to current Centers for Disease Control and Prevention and Department tuberculosis guidelines.

2. Tuberculosis Screening. All Staff within three (3) months prior to Patient contact shall have a baseline two-step Tuberculin Skin Test or a single Blood Assay for Mycobacterium tuberculosis. If a new Staff member has had a documented negative Tuberculin Skin Test or a Blood Assay for Mycobacterium tuberculosis result within the previous twelve (12) months, a single Tuberculin Skin Test or the single Blood Assay for Mycobacterium tuberculosis may be administered and read to serve as the baseline prior to Patient contact.

D. Positive TB Screening Tests.

1. For all Staff with a history of positive TB screening, the Home Health Agency shall secure and maintain documentation of treatment, or if no documentation is available consult with and document consultation with the Department's TB Control.

2. For all Staff with a newly positive reaction (Positive Reactors) for Mycobacterium tuberculosis infection, the Home Health Agency shall secure and maintain documentation of a chest X-ray performed to rule out active disease.

a. If TB is present, the Home Health Agency shall report any known or suspected cases of TB disease to the Department's Bureau of Communicable Disease Prevention and Control in a form and manner as prescribed by the Department within twenty-four (24) hours and exclude the Staff member from work until he or she is evaluated by the Department's TB Control Program.

b. Latent TB Infection (LTBI). For new positive reactors without TB disease, as determined by a normal chest X-ray, the Home Health Agency shall educate him or her on preventative treatment and document in the individual Staff file his or her decision to receive or decline preventative treatment.

4. The Home Health Agency shall maintain documentation that the Positive Reactor who declines preventive treatment is:

a. Assessed annually for signs and symptoms of TB;

b. Advised of the lifelong risk of developing and transmitting TB to Patients, other Staff members, and the community; and

c. Informed of symptoms that suggest the onset of TB and the procedure to follow should such symptoms develop.

E. Post Exposure. After known exposure to a person with potentially infectious tuberculosis disease without the use of adequate personal protection, the Home Health Agency shall ensure the tuberculosis status of all Staff is determined in a manner prescribed in the current Centers for Disease Control and Prevention and Department tuberculosis guidelines.

F. Annual Tuberculosis Training. The Home Health Agency shall ensure all Staff receive annual training regarding tuberculosis to include risk factors and signs and symptoms of tuberculosis disease. The Home Health Agency shall ensure the annual tuberculosis training is documented in a Staff record and maintained at the Agency.

G. Serial Screening. The Home Health Agency shall follow the current Centers for Disease Control and Prevention and Department tuberculosis guidelines related to serial screening.

PART 14
SECTION 1800 – QUALITY IMPROVEMENT PROGRAM.

Section 1401. General (H).

A. ~~There~~The Home Health Agency shall have a written, implemented quality improvement program, to include risk management and infection control, which provides effective self-assessment and implementation of measures designed to improve the services rendered by the ~~a~~Agency.

B. The Home Health Agency shall ensure ~~the quality improvement program, as a minimum, shall~~ includes:

1. Establishing desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively measured;

2. Identifying, evaluate~~evaluating,~~ and determined~~determining~~ the causes of any deviation from the desired outcomes;

3. Identifying the action taken to correct current deviations and prevent future deviation, and the persons responsible for implementation of these actions;

4. Addressing quality indicator data to evaluate:

a. Quality of ~~p~~Patient care and ~~s~~Staff performance;

b. Appropriateness of the combination of services/mix of professionals reflected on the ~~plan of care~~Treatment Plan; and

c. Effectiveness of the communication among ~~a~~Agency ~~s~~Staff.

5. ~~Analyze~~Analyzing the appropriateness and clinical necessity of admission, ~~continued stays, and supportiv~~treatment, care and services; and

6. Establishing a systematic method of obtaining feedback from ~~p~~Patients and ~~responsible parties other interested persons, e.g., family members and peer organizations, as expressed by the level of satisfaction with services, treatment, and care received~~Representatives.

PART 15
CONTINUING CARE RETIREMENT COMMUNITY.

Section 1501. General.

~~A. In order to provide home health services, a Continuing Care Retirement Community (CCRC) shall obtain a home health license from the Department pursuant to this regulation. In addition the CCRC shall:~~

- ~~1. Be multilevel and incorporate a skilled nursing facility;~~
- ~~2. Maintain a current CCRC license issued by the Department of Consumer Affairs;~~
- ~~3. Furnish or offer to furnish home health services only to residents who reside in living units provided by the CCRC pursuant to a continuing care contract;~~
- ~~4. Insure that the residents of the CCRC may choose to obtain home health services from other licensed home health agencies.~~

~~B. Staff from other areas of the CCRC may deliver home health services to residents of the CCRC; however, at no time may staff levels in the CCRC nursing home fall below licensing standards or impair the services provided.~~

~~C. If the CCRC charges for home health services in its base contract, it is prohibited from billing additional fees for those services.~~

SECTION 1900 – [RESERVED]

SECTION 2000 – [RESERVED]

SECTION 2100 – [RESERVED]

SECTION 2200 – [RESERVED]

SECTION 2300 – [RESERVED]

SECTION 2400 – [RESERVED]

SECTION 2500 – [RESERVED]

SECTION 2600 – [RESERVED]

PART 16

SECTION 2700 – SEVERABILITY.

~~Section 1601. General.~~

~~In the event that any portion of these~~these regulations is construed by a court of competent jurisdiction to be invalid or otherwise unenforceable, such determination shall in no manner affect the remaining portions of ~~these~~these regulations, and they shall remain in effect, as if such invalid portions were not originally a part of ~~these~~these regulations.

PART 17

SECTION 2800 – GENERAL.

~~Section 1701. General.~~

Conditions which have not been addressed in these standards shall be managed in accordance with the best practices as determined and interpreted by the Department.

Fiscal Impact Statement:

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-77, *Standards for Licensing Home Health Agencies*.

Purpose: The Department amends R.61-77, Standards for Licensing Home Health Agencies, to ensure alignment with current federal and state laws, and revise definitions and requirements for obtaining licensure, inspections, personnel, enforcement, patient care, record maintenance and retention, and licensure standards. The amendments also include corrections for clarity and readability, grammar, punctuation, codification, and other such regulatory text improvements.

Legal Authority: S.C. Code Sections 44-69-10 *et seq.*

Plan for Implementation: The amendments will take legal effect upon General Assembly approval and upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The amendments are necessary to update provisions with current practices and standards. The amendments include language to ensure alignment with current federal and state laws, revise definitions and requirements for obtaining licensure, inspections, personnel, enforcement, patient care, record maintenance and retention, and licensure standards. The amendments also update the structure of the regulation throughout for consistency with other Department regulations.

DETERMINATION OF COSTS AND BENEFITS:

Implementation of these amendments will not require additional resources. There is no anticipated additional cost to the Department or state government due to any requirements of these amendments. There are no anticipated additional costs to the regulated community.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The amendments to R.61-77 seek to support the Department's goals relating to the protection of public health through implementing updated requirements for home health agencies. There are no anticipated effects on the environment.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. If the amendments are not implemented, the regulation will be maintained in its current form without realizing the benefits of the amendments herein.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(A)(3)(h):

The Department amends R.61-77, Standards for Licensing Home Health Agencies, to ensure alignment with current federal and state laws, and revise definitions and requirements for obtaining licensure, inspections, personnel, enforcement, patient care, record maintenance and retention, and licensure standards. The amendments also include corrections for clarity and readability, grammar, punctuation, codification, and other such regulatory text improvements.

ATTACHMENT B

SUMMARY OF PUBLIC COMMENTS AND DEPARTMENT RESPONSES

Document No. 5057

R.61-77, Standards for Licensing Home Health Agencies

As of the September 27, 2021, close of the Notice of Proposed Regulation comment period:

Name	Section
1. Shannon Pointer (on behalf of Tim Rogers, President and CEO) Vice President of Hospice & Palliative Care South Carolina Home Care & Hospice Association	101.A, K, and Z
<p>Comment: SCHCHA has several concerns within this section related to the definitions of the proposed regulation. Although SCHCHA and our provider members understand the importance of reporting of abuse, neglect, and exploitation, the definitions of the new terms of Physical Abuse (101.A.1), Psychological Abuse (101.A.2), Exploitation (101.K), and Neglect (101.Z) would create confusion rather than provide the intended clarity. For example, “Home Health Agency” is referenced in the definition for Neglect (101.Z), suggesting that the failure of a Home Health Agency to provide items such as food and clothing could constitute neglect. This definition does not reflect the intermittent nature of home health services or the appropriate expectations of the role of Home Health Agency services. We request clarification on definitions of Physical Abuse (101.A.1), Psychological Abuse (101.A.2), Exploitation (101.K.), and Neglect (101.Z).</p> <p>Department Response: Partially Adopted. The definition was changed to align with current statutory definitions (SC Code 43-35-10). Section 601 was changed to provide clarity to reporting of incidents by Agency Staff.</p>	
Name	Section
2. Shannon Pointer (on behalf of Tim Rogers, President and CEO) Vice President of Hospice & Palliative Care South Carolina Home Care & Hospice Association	101. C, 101.V, 101. FF, 101.JJ, and 101. V
<p>Comment: Additionally, SCHCHA has concerns with the definitions of Authorized Health Care Provider (101.C) and Physician (101.FF). These proposed definitions appear to restrict providers and physicians to those licensed by the South Carolina Board of Medical Examiners. The current definition of physician is inclusive of an individual currently licensed to practice medicine in his/her respective state. The proposed change would prohibit physicians who currently provide services without a license from the South Carolina Board of Medical Examiners from providing the care that is needed.</p> <p>For example, a physician licensed in another state may provide medical care to a South Carolina resident. SCHCHA requests clarification on this definition and confirmation that the proposed regulations would not restrict these individuals from practicing within the scope of existing legal authority.</p>	

Similarly, the definition of Registered Nurse (101.JJ) and Licensed Practical Nurse (101.V) may inadvertently restrict those individuals authorized to practice via the Nurse Licensure Compact.

Department Response:

Not adopted.

The definition in 101. FF aligns with the statutory definition in SC Code 44-69-20(9). The definitions in 101.C, 101.V, and 101.JJ align with the statutory definition in 44-69-20(10).

Name	Section
3. Richard McMillan Senior Vice President and Senior Counsel LHC Group, Inc.	101.FF

Comment:

We write to specifically address some concerns we have with the proposal to amend the definition of Physician in existing Regulation 61-77, Standards for Licensing Home Health Agencies, Section 101. Definitions, V. That regulation currently reads as follows:

“V. Physician. An individual currently licensed to practice medicine in his/her respective state.”

We understand this regulation has been in place as written for at least twenty years.

The Department proposes to recodify and amend this regulation to read as follows: “KK. Physician. A doctor of medicine, podiatrist, or doctor of osteopathic medicine licensed by the South Carolina Board of Medical Examiners.”

We are concerned with the amendment because we expect this change will have significant and adverse effects on patient choice and access to care for our patients located in Aiken, Lancaster and North Augusta, South Carolina. These communities are very close to the borders of adjoining states which provide a great deal of tertiary care to our patients.

Our Aiken and North Augusta agencies care for many South Carolina residents that obtain medical care from physicians located in Augusta, Georgia. Our Lancaster agency also provides care for local residents that obtain medical care from physicians located in Charlotte, North Carolina. Under the existing regulation at 61-77 Section 101 V. we have been able to obtain orders for home health care from numerous Georgia and North Carolina physicians who are licensed in those states but not in South Carolina.

We reviewed our records and determined that since October 1, 2020 these three home health agencies have treated over 800 patients with orders from out of state physicians. LHC believes that if the regulation as proposed is adopted our patients will face significant difficulties accessing home health services in their communities because of their lack of relationships with South Carolina licensed physicians.

We also observe that for numerous reasons, our patients in these border communities have chosen to obtain medical care out of state and in many cases do not have a South Carolina physician. If this regulation is adopted as proposed our patients needing home health services would need to incur additional, duplicative expenses to see a South Carolina licensed physician in addition to the out of state physician providing their care.

LHC recommends the Department withdraw is proposed amendment to existing 61-77, Section 101. V.

<p>Department Response: Not adopted. The definition in 101. FF aligns with the statutory definition in SC Code 44-69-20(9).</p>	
Name	Section
<p>4. Shannon Pointer (on behalf of Tim Rogers, President and CEO) Vice President of Hospice & Palliative Care South Carolina Home Care & Hospice Association</p>	601
<p>Comment: SCHCHA is also submitting comments concerning Section 601. As proposed, this new Section appears to create a whole host of unfunded administrative mandates for licensed Home Health Agencies. Although we understand the intent of ensuring agencies report and respond to certain incidents, the definition of incidents included in these new requirements are vague and overly broad. Further, the affirmative requirements are redundant with—and, at times, inconsistent with—existing federal, state, and accreditation body requirements.</p> <p>The types of incidents required for reporting are generalized and do not reflect enough detail to ensure adequate understanding of the reporting requirements and may be impossible for agencies to comply with the expectations shown as proposed. Also, although the proposed regulation references an electronic reporting system, this system does not appear to be in existence.</p> <p>SCHCHA also has concerns with the requirement to report incidents to the patient’s representative or emergency contact within 24 hours. Patient safety would be a concern in some situations. An example would be when suspected abuse, neglect, or exploitation has occurred. If the act was possibly occurring at the hands of the patient’s representative, it would be inappropriate to report the incident to the patient’s representative.</p> <p>Department Response: Partially Adopted. Section 601 was changed to provide clarity to reporting of incidents by Agency Staff. The Department’s online accident/incident reporting form may be found at the following link: https://apps.dhec.sc.gov/health/AIRports/DefaultAIPublic.aspx</p>	
Name	Section
<p>5. Shannon Pointer (on behalf of Tim Rogers, President and CEO) Vice President of Hospice & Palliative Care South Carolina Home Care & Hospice Association</p>	802
<p>Comment: This section appears to be more stringent than the applicable requirements under federal regulations for home health agencies. SCHCHA seeks clarification on the need for more stringent requirements related to discharge planning.</p> <p>Department Response: Acknowledged. The requirements in this section are based on the information from CMS’s <i>State Operations Manual Appendix B - Guidance to Surveyors: Home Health Agencies</i>.</p>	

Name	Section
<p>6. Shannon Pointer (on behalf of Tim Rogers, President and CEO) Vice President of Hospice & Palliative Care South Carolina Home Care & Hospice Association</p>	<p>803</p>
<p>Comment: This section appears to be more stringent than the applicable requirements under federal regulations for home health agencies. SCHCHA seeks clarification on the need for more stringent requirements related to patient transfer.</p> <p>Department Response: Acknowledged. The requirements in this section are based on the information from CMS's <i>State Operations Manual Appendix B - Guidance to Surveyors: Home Health Agencies</i>.</p>	

Date: November 10, 2021

To: S.C. Board of Health and Environmental Control

From: Bureau of Air Quality

Re: Public Hearing for Notice of Final Regulation Amending R.61-62, *Air Pollution Control Regulations and Standards*, Document No. 5056

I. Introduction

The Bureau of Air Quality (Bureau) submits the attached Notice of Final Regulation amending R.61-62, *Air Pollution Control Regulations and Standards*, for publication in the November 26, 2021, *South Carolina State Register (State Register)*. Legal authority resides in the South Carolina Pollution Control Act, S.C. Code Sections 48-1-10 et seq. (Pollution Control Act), which authorizes the Department of Health and Environmental Control (Department) to adopt emission control regulations, standards, and limitations, and take all actions necessary or appropriate to secure to the state the benefits of federal air pollution control laws. The Administrative Procedures Act, S.C. Code Section 1-23-120(H)(1), exempts these amendments from General Assembly review, as they are for compliance with federal law. The amendments will take legal effect as of the November 26, 2021, publication in the *State Register*.

II. Facts

1. Pursuant to the Pollution Control Act and the federal Clean Air Act, 42 U.S.C. Sections 7410, 7413, and 7416, the Department must ensure national primary and secondary ambient air quality standards are achieved and maintained in South Carolina. No state may adopt or enforce an emission standard or limitation less stringent than these federal standards or limitations pursuant to 42 U.S.C. Section 7416.
2. The United States Environmental Protection Agency (EPA) promulgates amendments to the Code of Federal Regulations (CFR) throughout each calendar year. Recent federal amendments at 40 CFR Parts 60 and 63 include revisions to New Source Performance Standards (NSPS) and Emission Guidelines, and National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories. The Department is amending R.61-62.60, *South Carolina Designated Facility Plan and New Source Performance Standards*, and R.61-62.63, *National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories*, to incorporate by reference federal amendments promulgated from January 1, 2020, through December 31, 2020.
3. The Department is also amending R.61-62.5, Standard No. 7, *Prevention of Significant Deterioration (PSD)*, and R.61-62.5, Standard No. 7.1, *Nonattainment New Source Review (NSR)*, and the State Implementation Plan (SIP), to incorporate EPA's clarification of Project Emissions Accounting, as published in the Federal Register on November 24, 2020 (85 FR 74890), to incorporate EPA's corrections to NSR regulations, as published in the Federal Register on July 19, 2021 (86 FR 37918), and to make other amendments, as necessary, to maintain compliance with federal law.
4. The Department is also amending R.61-62.70, *Title V Operating Permit Program*, to codify relevant federal amendments to Title V provisions, as published in the Federal Register on February 5, 2020 (85 FR 6431), to ensure compliance with federal law.
5. The Department is also making additional changes to R.61-62, *Air Pollution Control Regulations and Standards*, for overall quality of regulatory text as deemed necessary to maintain compliance with federal

law. These changes include corrections or other changes for internal consistency, clarification, reference, punctuation, codification, formatting, spelling, and overall improvement to the text of R.61-62.

6. The Department had a Notice of Drafting published in the March 26, 2021, *State Register*.

7. Appropriate Department staff conducted an internal review of the proposed amendment on June 21, 2021.

8. The Bureau sent a copy of the Notice of Drafting to interested stakeholders via the Department email list on March 26, 2021. The Bureau also shared information about the Notice of Drafting and the Notice of Final Regulation and Public Hearing with stakeholders during the biannual Carolinas Air Pollution Control Association (CAPCA) meetings on April 8, 2021, and October 14, 2021, respectively.

9. Upon receiving approval during the August 12, 2021, Board meeting, the Bureau had a Notice of Proposed Regulation published in the August 27, 2021, *State Register*. The Department received two comments from EPA Region 4, and public comment from one person by September 27, 2021, the close of the public comment period. Attachment B presents a summary of these public comments received and Department responses.

10. The Bureau sent a notice of publication of the Notice of Proposed Regulation to interested stakeholders via the Department email list on August 27, 2021. Additionally, on October 8, 2021, the Bureau provided the draft amendments to the affected facilities subject to R.61-62.60, Subpart Cf.

11. After consideration of all timely received comments, staff has made an error correction to the regulatory text of the Notice of Proposed Regulation approved by the Board in the August 12, 2021, Board meeting and published in the August 27, 2021, *State Register*. Description of the change appears in Attachment B, Summary of Public Comments and Department Responses.

III. Request for Approval

The Bureau of Air Quality respectfully requests the Board to find need and reasonableness of the attached amendments of R.61-62, *Air Pollution Control Regulations and Standards*, for legal effect as of November 26, 2021, publication in the *State Register*.



Rhonda B. Thompson, P.E.
Chief
Bureau of Air Quality



Myra C. Reece
Director
Environmental Affairs

Attachments:

- A. Notice of Final Regulation
- B. Summary of Public Comments and Department Responses

ATTACHMENT A

STATE REGISTER NOTICE OF FINAL REGULATION FOR R.61-62, AIR POLLUTION CONTROL REGULATIONS AND STANDARDS

November 10, 2021

Document No. 5056

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL CHAPTER 61

Statutory Authority: 1976 Code Sections 48-1-10 et seq.

61-62. Air Pollution Control Regulations and Standards.

Synopsis:

Pursuant to the Pollution Control Act and the federal Clean Air Act, 42 U.S.C. Sections 7410, 7413, and 7416, the Department of Health and Environmental Control (Department) must ensure national primary and secondary ambient air quality standards are achieved and maintained in South Carolina. No state may adopt or enforce an emission standard or limitation less stringent than these federal standards or limitations pursuant to 42 U.S.C. Section 7416.

The United States Environmental Protection Agency (EPA) promulgates amendments to the Code of Federal Regulations (CFR) throughout each calendar year. Recent federal amendments at 40 CFR Parts 60 and 63 include revisions to New Source Performance Standards (NSPS) and Emission Guidelines, and National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories. The Department is amending R.61-62.60, South Carolina Designated Facility Plan and New Source Performance Standards, and R.61-62.63, National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories, to incorporate by reference federal amendments promulgated from January 1, 2020, through December 31, 2020.

The Department is also amending R.61-62.5, Standard No. 7, Prevention of Significant Deterioration (PSD), and R.61-62.5, Standard No. 7.1, Nonattainment New Source Review (NSR), and the State Implementation Plan (SIP), to incorporate EPA's clarification of Project Emissions Accounting, as published in the *Federal Register* on November 24, 2020 (85 FR 74890), to incorporate EPA's corrections to NSR regulations, as published in the *Federal Register* on July 19, 2021 (86 FR 37918), and to make other amendments, as necessary, to maintain compliance with federal law.

The Department is also amending R.61-62.70, Title V Operating Permit Program, to codify relevant federal amendments to Title V provisions, as published in the *Federal Register* on February 5, 2020 (85 FR 6431), to ensure compliance with federal law.

The Department is also making additional changes to R.61-62, Air Pollution Control Regulations and Standards, for overall quality of regulatory text as deemed necessary to maintain compliance with federal law. These changes include corrections or other changes for internal consistency, clarification, reference, punctuation, codification, formatting, spelling, and overall improvement to the text of R.61-62.

The Department had a Notice of Drafting published in the March 26, 2021, *South Carolina State Register*.

Instructions:

Amend R.61-62 pursuant to each individual instruction provided with the text of the amendments below.

~~Indicates Matter Stricken~~

Indicates New Matter

Text:

61-62. Air Pollution Control Regulations and Standards.

Statutory Authority: 1976 Code Sections 48-1-10 et seq.

61-62.5, Standard 7, Prevention of Significant Deterioration

Regulation 61-62.5, Standard 7, Section (A)(1) shall be revised as follows:

(A)(1) [~~Reserved~~]

Regulation 61-62.5, Standard 7, Section (A)(2)(d)(vi) shall be revised as follows:

(vi) **Hybrid test for projects that involve multiple types of emissions units.** A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the ~~emissions increases for each emissions unit~~ difference for all emissions units, using the method specified in paragraphs (A)(2)(d)(iii) and (A)(2)(d)(iv) as applicable with respect to each emissions unit, ~~for each type of emissions unit equals or exceeds~~, the significant amount for that pollutant (as defined in paragraph (B)(49)).

Regulation 61-62.5, Standard 7, Section (A)(2)(d)(vii) shall be added in alpha-numeric order as follows:

(vii) The "sum of the difference" as used in paragraphs (A)(2)(d)(iii), (A)(2)(d)(iv), and (A)(2)(d)(vi) of this section shall include both increases and decreases in emissions calculated in accordance with those paragraphs.

Regulation 61-62.5, Standard 7, Section (A)(2)(e) shall be revised as follows:

(e) For any major stationary source ~~for~~ with a Plantwide Applicability Limitation (PAL) for a regulated NSR pollutant, the major stationary source shall comply with the requirements under Section (AA).

Regulation 61-62.5, Standard 7, Section (B)(8) shall be revised as follows:

(8) **Best available control technology (BACT)** means an emissions limitation (including a visible emission standard) based on the maximum degree of reduction for each pollutant subject to regulation under the Clean Air Act which would be emitted from any proposed major stationary source or major modification which the Department, on a case-by-case basis, taking into account energy, environmental, and economic impacts and other costs, determines is achievable for such source or modification through application of production processes or available methods, systems, and techniques, including fuel cleaning or treatment or innovative fuel combustion techniques for control of such pollutant. In no event shall application of BACT result in emissions of any pollutant which would exceed the emissions allowed by any applicable standard under 40 CFR Parts ~~60 and~~ 61, or 63. If the Department determines that technological or economic limitations on the application of measurement methodology to a particular emissions unit would make the imposition of an emissions standard infeasible, a design, equipment, work practice, operational standard, or combination thereof, may be prescribed instead to satisfy the requirement for the application of BACT.

Such standard shall, to the degree possible, set forth the emissions reduction achievable by implementation of such design, equipment, work practice or operation, and shall provide for compliance by means which achieve equivalent results.

Regulation 61-62.5, Standard 7, Section (B)(30)(c)(v)(1) shall be revised as follows:

(1) The source was capable of accommodating before January 6, 1975, unless such change would be prohibited under any federally enforceable permit condition which was established after January 6, 1975, pursuant to 40 CFR 52.21 or under regulations approved pursuant to 40 CFR Part 51, Subpart I ~~or 40 CFR 51.166~~; or

Regulation 61-62.5, Standard 7, Section (B)(30)(c)(vi) shall be revised as follows:

(vi) An increase in the hours of operation or in the production rate, unless such change would be prohibited under any federally enforceable permit condition which was established after January 6, 1975, pursuant to 40 CFR 52.21 or under regulations approved pursuant to 40 CFR Part 51, Subpart I ~~or 40 CFR 51.166~~.

Regulation 61-62.5, Standard 7, Section (B)(32)(a)(i) shall be revised as follows:

(i) Any of the following stationary sources of air pollutants which emits, or has the potential to emit, one hundred (100) tons per year or more of any regulated NSR pollutant: Fossil fuel-fired steam electric plants of more than 250 million British thermal units per hour heat input, coal cleaning plants (with thermal dryers), kraft pulp mills, portland cement plants, primary zinc smelters, iron and steel mill plants, primary aluminum ore reduction plants (with thermal dryers), primary copper smelters, municipal incinerators capable of charging more than ~~250~~ fifty (50) tons of refuse per day, hydrofluoric, sulfuric, and nitric acid plants, petroleum refineries, lime plants, phosphate rock processing plants, coke oven batteries, sulfur recovery plants, carbon black plants (furnace process), primary lead smelters, fuel conversion plants, sintering plants, secondary metal production plants, chemical process plants (which does not include ethanol production facilities that produce ethanol by natural fermentation included in North American Industrial Classification System (NAICS) codes 325193 or 312140), fossil fuel boilers (or combinations thereof) totaling more than 250 million British thermal units per hour heat input, petroleum storage and transfer units with a total storage capacity exceeding 300,000 barrels, taconite ore processing plants, glass fiber processing plants, and charcoal production plants;

Regulation 61-62.5, Standard 7, Section (B)(32)(c)(viii) shall be revised as follows:

(viii) Municipal incinerators capable of charging more than ~~250~~ fifty (50) tons of refuse per day;

Regulation 61-62.5, Standard 7, Section (B)(45)(a) through (B)(45)(c) shall be revised as follows:

(a) The emissions unit is a reconstructed unit within the meaning of 40 CFR 60.15(b)(1), or the emissions unit completely takes the place of an existing emissions unit;

(b) The emissions unit is identical to or functionally equivalent to the replaced emissions unit;

(c) The replacement does not alter the basic design parameters of the process unit; and

Regulation 61-62.5, Standard 7, Section (B)(49)(b) shall be revised as follows:

(b) **Significant** means, in reference to a net emissions increase or the potential of a source to emit a regulated NSR pollutant that paragraph (B)(49)(a), does not list, any emissions rate.

Regulation 61-62.5, Standard 7, Sections (B)(52) and (B)(53) shall be revised as follows:

(52) **Subject to regulation** means, for any air pollutant, that the pollutant is subject to either a provision in the Clean Air Act, or a nationally-applicable regulation codified by the Administrator in 40 CFR Chapter I, Subchapter C, that requires actual control of the quantity of emissions of that pollutant, and that such a control requirement has taken effect and is operative to control, limit, or restrict the quantity of emissions of that pollutant released from the regulated activity. Except that:

(a) Greenhouse gases (GHGs), the air pollutant defined in 40 CFR 86.1818-12(a) as the aggregate group of six greenhouse gases: Carbon dioxide, nitrous oxide, methane, hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride, shall not be subject to regulation except as provided in paragraph (B)(52)(d) and shall not be subject to regulation if the stationary source maintains its total source-wide emissions below the GHG PAL level, meets the requirements in paragraphs (AA)(1) through (AA)(15), and complies with the PAL permit containing the GHG PAL.

(b) For purposes of paragraphs (B)(52)(c) and (B)(52)(d) of this section, the term tons per year CO₂e equivalent emissions (CO₂e) shall represent an amount of GHGs emitted, and shall be computed as follows:

(i) Multiplying the mass amount of emissions (tons per year), for each of the six greenhouse gases in the pollutant GHGs, by the gas's associated global warming potential published at Table A-1 to Subpart A of Part 98 -Global Warming Potentials.

(ii) Sum the resultant value from paragraph (B)(52)(b)(i) for each gas to compute a tons per year CO₂e.

(c) The term emissions increase as used in paragraph (B)(52)(d) shall mean that both a significant emissions increase (as calculated using the procedures in paragraph (A)(2)(d)) and a significant net emissions increase (as defined in paragraphs (B)(34) and (B)(49)) occur. For the pollutant GHGs, an emissions increase shall be based on tons per year CO₂e, and shall be calculated assuming the pollutant GHGs is a regulated NSR pollutant, and "significant" is defined as 75,000 tons per year CO₂e instead of applying the value in paragraph (b)(23)(ii).

(d) Beginning January 2, 2011, the pollutant GHGs is subject to regulation if:

(i) The stationary source is a new major stationary source for a regulated NSR pollutant that is not GHGs, and also will emit or will have the potential to emit 75,000 tons per year CO₂e or more; or

(ii) The stationary source is an existing major stationary source for a regulated NSR pollutant that is not GHGs, and also will have an emissions increase of a regulated NSR pollutant, and an emissions increase of 75,000 tons per year CO₂e.

~~(5253)~~ **Temporary clean coal technology demonstration project** means a clean coal technology demonstration project that is operated for a period of five (5) years or less, and which complies with the State Implementation Plans for the state in which the project is located and other requirements necessary to attain and maintain the National Ambient Air Quality Standards during the project and after it is terminated.

~~(5354)~~ **Volatile organic compounds (VOC)** is as defined in Regulation 61-62.1, Section (I), Definitions.

Regulation 61-62.5, Standard 7, Section (I)(1)(a) through (I)(1)(e) shall be revised as follows:

~~(a) Construction commenced on the source or modification before August 7, 1977. The regulations at 40 CFR 52.21 as in effect before August 7, 1977, shall govern the review and permitting of any such source or modification; or [Reserved]~~

~~(b) The source or modification was subject to the review requirements of 40 CFR 52.21(d)(1) as in effect before March 1, 1978, and the owner or operator:~~

~~—— (i) Obtained under 40 CFR 52.21 a final approval effective before March 1, 1978;~~

~~—— (ii) Commenced construction before March 19, 1979; and~~

~~—— (iii) Did not discontinue construction for a period of 18 months or more and completed construction within a reasonable time; or [Reserved]~~

~~(c) The source or modification was subject to 40 CFR 52.21 as in effect before March 1, 1978, and the review of an application for approval for the stationary source or modification under 40 CFR 52.21 would have been completed by March 1, 1978, but for an extension of the public comment period pursuant to a request for such an extension. In such case, the application shall continue to be processed, and granted or denied, under 40 CFR 52.21 as in effect prior to March 1, 1978; or [Reserved]~~

~~(d) The source or modification was not subject to 40 CFR 52.21 as in effect before March 1, 1978, and the owner or operator:~~

~~—— (i) Obtained all final federal, state and local preconstruction approvals or permits necessary under the applicable State Implementation Plan before March 1, 1978;~~

~~—— (ii) Commenced construction before March 19, 1979; and~~

~~—— (iii) Did not discontinue construction for a period of 18 months or more and completed construction within a reasonable time; or [Reserved]~~

~~(e) The source or modification was not subject to 40 CFR 52.21 as in effect on June 19, 1978 or under the partial stay of regulations published on February 5, 1980 (45 FR 7800), and the owner or operator:~~

~~—— (i) Obtained all final federal, state and local preconstruction approvals or permits necessary under the applicable State Implementation Plan before August 7, 1980;~~

~~—— (ii) Commenced construction within eighteen (18) months from August 7, 1980, or any earlier time required under the applicable State Implementation Plan; and~~

~~—— (iii) Did not discontinue construction for a period of eighteen (18) months or more and completed construction within a reasonable time; or [Reserved]~~

Regulation 61-62.5, Standard 7, Section (I)(1)(g)(viii) shall be revised as follows:

(viii) Municipal incinerators capable of charging more than ~~250~~ fifty (50) tons of refuse per day;

Regulation 61-62.5, Standard 7, Section (I)(1)(i) through (I)(1)(j) shall be deleted as follows:

~~—(i) The source or modification was not subject to 40 CFR 52.21 with respect to particulate matter, as in effect before July 31, 1987, and the owner or operator:~~

~~—(i) Obtained all final Federal, State, and local preconstruction approvals or permits necessary under the applicable State implementation plan before July 31, 1987;~~

~~—(ii) Commenced construction within eighteen (18) months after July 31, 1987, or any earlier time required under the State Implementation Plan; and~~

~~—(iii) Did not discontinue construction for a period of 18 months or more and completed construction within a reasonable period of time.~~

~~—(j) The source or modification was subject to 40 CFR 52.21, with respect to particulate matter, as in effect before July 31, 1987, and the owner or operator submitted an application for a permit under this section before that date, and the Department subsequently determines that the application as submitted was complete with respect to the particulate matter requirements then in effect in this section. Instead, the requirements of paragraphs (J) through (R) that were in effect before July 31, 1987, shall apply to such source or modification.~~

Regulation 61-62.5, Standard 7, Section (I)(6) through (I)(11) shall be revised as follows:

~~(6) The requirements for BACT in paragraph (J) and the requirements for air quality analyses in paragraph (M)(1), shall not apply to a particular stationary source or modification that was subject to 40 CFR 52.21 as in effect on June 19, 1978, if the owner or operator of the source or modification submitted an application for a permit under those regulations before August 7, 1980, and the Department subsequently determines that the application as submitted before that date was complete. Instead, the requirements at 40 CFR 52.21(j) and (n) as in effect on June 19, 1978 apply to any such source or modification. [Reserved]~~

~~(7)(a) The requirements for air quality monitoring in paragraphs (M)(1)(b) through (M)(1)(d) shall not apply to a particular source or modification that was subject to 40 CFR 52.21 as in effect on June 19, 1978, if the owner or operator of the source or modification submits an application for a permit under this section on or before June 8, 1981, and the Department subsequently determines that the application as submitted before that date was complete with respect to the requirements of this regulation other than those in paragraphs (M)(1)(b) through (M)(1)(d), and with respect to the requirements for such analyses at 40 CFR 52.21(m)(2) as in effect on June 19, 1978. Instead, the latter requirements shall apply to any such source or modification.~~

~~—(b) The requirements for air quality monitoring in paragraphs (M)(1)(b) through (M)(1)(d) shall not apply to a particular source or modification that was not subject to 40 CFR 52.21 as in effect on June 19, 1978, if the owner or operator of the source or modification submits an application for a permit under this section on or before June 8, 1981, and the Department subsequently determines that the application as submitted before that date was complete, except with respect to the requirements in paragraphs (M)(1)(b) through (M)(1)(d). [Reserved]~~

~~(8)(a) At the discretion of the Department, the requirements for air quality monitoring of PM₁₀ in paragraphs (M)(1)(a) through (M)(1)(d) may not apply to a particular source or modification when the owner or operator of the source or modification submits an application for a permit under this section on or before June 1, 1988 and the Department subsequently determines that the application as submitted before that date was complete, except with respect to the requirements for monitoring particulate matter in paragraphs (M)(1)(a) through (M)(1)(d).~~

~~— (b) The requirements for air quality monitoring of PM₁₀ in paragraphs (M)(1), (M)(1)(b), (M)(1)(d), and (M)(3) shall apply to a particular source or modification if the owner or operator of the source or modification submits an application for a permit under this section after June 1, 1988 and no later than December 1, 1988. The data shall have been gathered over at least the period from February 1, 1988 to the date the application becomes otherwise complete in accordance with the provisions set forth under paragraph (M)(1)(h), except that if the Department determines that a complete and adequate analysis can be accomplished with monitoring data over a shorter period (not to be less than four (4) months), the data that paragraph (M)(1)(c) requires shall have been gathered over a shorter period. [Reserved]~~

~~(9) The requirements of paragraph (K)(2) shall not apply to a stationary source or modification with respect to any maximum allowable increase for nitrogen oxides if the owner or operator of the source or modification submitted an application for a permit under this section before the provisions embodying the maximum allowable increase took effect as part of the applicable implementation plan and the Department subsequently determined that the application as submitted before that date was complete. [Reserved]~~

~~(10) The requirements in paragraph (K)(2) shall not apply to a stationary source or modification with respect to any maximum allowable increase for PM₁₀ if:~~

~~— (a) The owner or operator of the source or modification submitted an application for a permit under this section before the provisions embodying the maximum allowable increases for PM₁₀ took effect in an implementation plan to which this section applies; and~~

~~— (b) The Department subsequently determined that the application as submitted before that date was otherwise complete. Instead, the requirements in paragraph (K)(2) shall apply with respect to the maximum allowable increases for TSP as in effect on the date the application was submitted. [Reserved]~~

~~(11) The requirements of Section (K) shall not apply to a permit application for a stationary source or modification with respect to the revised national ambient air quality standards for ozone published on October 26, 2015, if:~~

~~— (a) The Department has determined the permit application subject to this section to be complete on or before October 1, 2015. Instead, the requirements in Section (K) shall apply with respect to the national ambient air quality standards for ozone in effect at the time the Department determined the permit application to be complete; or~~

~~— (b) The Department has first published before December 28, 2015, a public notice of a preliminary determination or draft permit for the permit application subject to this section. Instead, the requirements in Section (K) shall apply with respect to the national ambient air quality standards for ozone in effect on the date the Department first published a public notice of a preliminary determination or draft permit. [Reserved]~~

~~(12) [Reserved]~~

Regulation 61-62.5, Standard 7, Section (J)(1) shall be revised as follows:

(1) A major stationary source or major modification shall meet each applicable emissions limitation under the State Implementation Plan and each applicable emissions standard and standard of performance under 40 CFR Parts 60 and 61, or 63.

Regulation 61-62.5, Standard 7, Section (M)(1)(e) shall be revised as follows:

~~(c) For any application which becomes complete, except as to the requirements of paragraphs (M)(1)(c) and (M)(1)(d), between June 8, 1981, and February 9, 1982, the data that paragraph (M)(1)(c), requires shall have been gathered over at least the period from February 9, 1981, to the date the application becomes otherwise complete, except that:~~

~~—— (i) If the source or modification would have been major for that pollutant under 40 CFR 52.21 as in effect on June 19, 1978, any monitoring data shall have been gathered over at least the period required by those regulations.~~

~~—— (ii) If the Department determines that a complete and adequate analysis can be accomplished with monitoring data over a shorter period (not to be less than four (4) months), the data that paragraph (M)(1)(c), requires shall have been gathered over at least that shorter period.~~

~~—— (iii) If the monitoring data would relate exclusively to ozone and would not have been required under 40 CFR 52.21 as in effect on June 19, 1978, the Department may waive the otherwise applicable requirements of this paragraph (M)(1)(c) to the extent that the applicant shows that the monitoring data would be unrepresentative of air quality over a full year. [Reserved]~~

Regulation 61-62.5, Standard 7, Section (M)(1)(g) through (M)(1)(h) shall be revised as follows:

~~(g) For any application that becomes complete, except as to the requirements of paragraphs (M)(1)(c) and (M)(1)(d) pertaining to PM₁₀, after December 1, 1988, and no later than August 1, 1989, the data that paragraph (M)(1)(c) requires shall have been gathered over at least the period from August 1, 1988, to the date the application becomes otherwise complete, except that if the Department determines that a complete and adequate analysis can be accomplished with monitoring data over a shorter period (not to be less than four (4) months), the data that paragraph (M)(1)(c) requires shall have been gathered over that shorter period. [Reserved]~~

~~(h) With respect to any requirements for air quality monitoring of PM₁₀ under paragraphs (I)(11)(a) and (I)(11)(b), the owner or operator of the source or modification shall use a monitoring method approved by the Department and shall estimate the ambient concentrations of PM₁₀ using the data collected by such approved monitoring method in accordance with estimating procedures approved by the Department. [Reserved]~~

Regulation 61-62.5, Standard 7, Section (N)(1) shall be revised as follows:

(1) With respect to a source or modification to which paragraphs (J), (~~E~~K), (~~N~~M), and (~~P~~Q) apply, such information shall include:

Regulation 61-62.5, Standard 7, Section (P)(6) shall be revised as follows:

(6) Sulfur dioxide variance by Governor with Federal Land Manager's concurrence. The owner or operator of a proposed source or modification which cannot be approved under paragraph (~~Q~~(4)~~(P)~~(5)) may demonstrate to the Governor that the source cannot be constructed by reason of any maximum allowable increase for sulfur dioxide for a period of twenty-four (24) hours or less applicable to any Class I area and, in the case of Federal mandatory Class I areas, that a variance under this clause would not adversely affect the air quality related values of the area (including visibility). The Governor, after consideration of the Federal Land Manager's recommendation (if any) and concurrence, may, after notice and public hearing, grant a variance from such maximum allowable increase. If such variance is granted, the Department shall issue a permit to such source or modification pursuant to the requirements of paragraph (~~Q~~(7)~~(P)~~(8)), provided that the applicable requirements of this regulation are otherwise met.

Regulation 61-62.5, Standard 7, Section (P)(7) shall be revised as follows:

(7) Variance by the Governor with the President's concurrence. In any case where the Governor recommends a variance ~~in~~with which the Federal Land Manager does not concur, the recommendations of the Governor and the Federal Land Manager shall be transmitted to the President. The President may approve the Governor's recommendation if it is found that the variance is in the national interest. If the variance is approved, the Department shall issue a permit pursuant to the requirements of paragraph ~~(Q)(7)(P)(8)~~, provided that the applicable requirements of this regulation are otherwise met.

Regulation 61-62.5, Standard 7, Section (P)(8) shall be revised as follows:

(8) Emission limitations for Presidential or gubernatorial variance. In the case of a permit issued pursuant to paragraph ~~(Q)(5)(P)(6)~~ or ~~(Q)(6)(P)(7)~~ the source or modification shall comply with such emission limitations as may be necessary to assure that emissions of sulfur dioxide from the source or modification would not (during any day on which the otherwise applicable maximum allowable increases are exceeded) cause or contribute to concentrations which would exceed the following maximum allowable increases over the baseline concentration and to assure that such emissions would not cause or contribute to concentrations which exceed the otherwise applicable maximum allowable increases for periods of exposure of twenty-four (24) hours or less for more than eighteen (18) days, not necessarily consecutive, during any annual period:

MAXIMUM ALLOWABLE INCREASE (Micrograms per cubic meter)		
Period of exposure	Terrain Areas	
	Low	High
24-hr maximum	36	62
3-hr maximum	130	221

Regulation 61-62.5, Standard 7, Section (R)(4) shall be revised as follows:

(4) At such time that a particular source or modification becomes a major stationary source or major modification solely by virtue of a relaxation in any enforceable limitation which was established after August 7, 1980, on the capacity of the source or modification otherwise to emit a pollutant, such as a restriction on hours of operation, then the requirements ~~of~~of paragraphs (J) through (R) shall apply to the source or modification as though construction had not yet commenced on the source or modification.

Regulation 61-62.5, Standard 7, Section (R)(5) shall be revised as follows:

(5) [Reserved]

Regulation 61-62.5, Standard 7, Section (S) through (U)(3) [Reserved] shall be revised as follows:

(S) through (U)~~(32)~~ [Reserved]

Regulation 61-62.5, Standard 7, Section (U)(4) shall be revised as follows:

(U)~~(43)~~ In the case of a source or modification which proposes to construct in a Class III area, emissions from which would cause or contribute to air quality exceeding the maximum allowable increase applicable if the area were designated a Class II area, and where no standard under Section 111 of the Clean Air Act

has been promulgated for such source category, the Administrator must approve the determination of BACT as set forth in the permit.

Regulation 61-62.5, Standard 7, Section (W)(1) shall be revised as follows:

(1) Any permit issued under this section or a prior version of this regulation shall remain in effect, unless and until it expires under paragraph (R)(2) or is rescinded under this paragraph (W).

Regulation 61-62.5, Standard 7, Section (AA)(12)(b) shall be revised as follows:

(b) Minimum performance requirements for approved monitoring approaches. The following are acceptable general monitoring approaches when conducted in accordance with the minimum requirements in paragraphs (AA)(12)(c) through (AA)(12)(b)(i):

61-62.5, Standard 7.1, Nonattainment New Source Review (NSR)

Regulation 61-62.5, Standard 7.1, Section (A)(8) shall be revised as follows:

(8) **Hybrid test for projects that involve multiple types of emissions units.** A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the ~~emissions increases for each emissions unit, difference for all emissions units,~~ using the method specified in paragraphs (A)(6) and (A)(7) as applicable with respect to each emissions unit, ~~for each type of emissions unit~~ equals or exceeds the significant amount for that pollutant (as defined in paragraph (B)(37)).

Regulation 61-62.5, Standard 7.1, Section (A)(9) shall be revised as follows:

(9) The "sum of the difference" as used in paragraphs (A)(6), (A)(7), and (A)(8) of this section shall include both increases and decreases in emissions calculated in accordance with those paragraphs.

~~(9)~~ For any major stationary source ~~for with~~ a Plantwide Applicability Limitation (PAL) for a regulated NSR pollutant, the major stationary source shall comply with requirements under Section (N).

Regulation 61-62.5, Standard 7.1, Section (A)(10) shall be revised as follows:

~~(10)~~ The provisions of this section shall not apply to a particular major stationary source or major modification if the source or modification would be a major stationary source or major modification only if fugitive emissions, to the extent quantifiable, are considered in calculating the potential to emit of the stationary source or modification and the source does not belong to any of the following categories:

- (a) Coal cleaning plants (with thermal dryers);
- (b) Kraft pulp mills;
- (c) Portland cement plants;
- (d) Primary zinc smelters;
- (e) Iron and steel mills;
- (f) Primary aluminum ore reduction plants;

- (g) Primary copper smelters;
- (h) Municipal incinerators capable of charging more than ~~250~~ fifty (50) tons of refuse per day;
- (i) Hydrofluoric, sulfuric, or nitric acid plants;
- (j) Petroleum refineries;
- (k) Lime plants;
- (l) Phosphate rock processing plants;
- (m) Coke oven batteries;
- (n) Sulfur recovery plants;
- (o) Carbon black plants (furnace process);
- (p) Primary lead smelters;
- (q) Fuel conversion plants;
- (r) Sintering plants;
- (s) Secondary metal production plants;
- (t) Chemical process plants - The term chemical processing plant shall not include ethanol production facilities that produce ethanol by natural fermentation included in NAICS codes 325193 or 312140;
- (u) Fossil-fuel boilers (or combination thereof) totaling more than 250 million British thermal units per hour heat input;
- (v) Petroleum storage and transfer units with a total storage capacity exceeding 300,000 barrels;
- (w) Taconite ore processing plants;
- (x) Glass fiber processing plants;
- (y) Charcoal production plants;
- (z) Fossil fuel-fired steam electric plants of more than 250 million British thermal units per hour heat input; and
- (aa) Any other stationary source category which, as of August 7, 1980, is being regulated under Section 111 or 112 of the Clean Air Act.

Regulation 61-62.5, Standard 7.1, Section (B)(5) shall be revised as follows:

(5) **Best available control technology (BACT)** means an emissions limitation (including a visible emissions standard) based on the maximum degree of reduction for each regulated NSR pollutant which would be emitted from any proposed major stationary source or major modification which the Department,

on a case-by-case basis, taking into account energy, environmental, and economic impacts and other costs, determines is achievable for such source or modification through application of production processes or available methods, systems, and techniques, including fuel cleaning or treatment or innovative fuel combustion techniques for control of such pollutant. In no event shall application of best available control technology result in emissions of any pollutant which would exceed the emissions allowed by any applicable standard under 40 CFR Parts ~~60-62~~, 61, or 63. If the Department determines that technological or economic limitations on the application of measurement methodology to a particular emissions unit would make the imposition of an emissions standard infeasible, a design, equipment, work practice, operational standard, or combination thereof, may be prescribed instead to satisfy the requirement for the application of BACT. Such standard shall, to the degree possible, set forth the emissions reduction achievable by implementation of such design, equipment, work practice or operation, and shall provide for compliance by means which achieve equivalent results.

Regulation 61-62.5, Standard 7.1, Section (B)(21)(c)(v)(1) shall be revised as follows:

(1) The source was capable of accommodating before December 21, 1976, unless such change would be prohibited under any federally enforceable permit condition which was established after December 21, 1976, pursuant to 40 CFR 52.21 or under regulations approved pursuant to 40 CFR Part 51, Subpart I ~~or Section 51.166~~; or

Regulation 61-62.5, Standard 7.1, Section (B)(21)(c)(vi) shall be revised as follows:

(vi) An increase in the hours of operation or in the production rate, unless such change is prohibited under any federally enforceable permit condition which was established after December 21, 1976, pursuant to 40 CFR 52.21 or under regulations approved pursuant to 40 CFR Part 51, Subpart I ~~or 40 CFR 51.166~~;

Regulation 61-62.5, Standard 7.1, Section (B)(22)(a)(ii) shall be revised as follows:

(ii) Any physical change that would occur at a stationary source not otherwise qualifying under paragraph (B)(22)(a) as a major stationary source, if the change would constitute a major stationary source by itself.

Regulation 61-62.5, Standard 7.1, Section (B)(22)(c)(viii) shall be revised as follows:

(viii) Municipal incinerators capable of charging more than ~~250~~ fifty (50) tons of refuse per day;

Regulation 61-62.5, Standard 7.1, Section (B)(35) shall be revised as follows:

(35) **Reviewing authority** means the state air pollution control agency, local agency, other state agency, Indian tribe, or other agency authorized by the Administrator to carry out a permit program under 40 CFR 51.165 ~~and or~~ 40 CFR 51.166, or the Administrator in the case of EPA-implemented permit programs under 40 CFR 52.21.

Regulation 61-62.5, Standard 7.1, Section (D)(6) shall be revised as follows:

(6) No emissions credit may be allowed for replacing one hydrocarbon compound with another of lesser reactivity, ~~except for those compounds listed in Table 1 of EPA's "Recommended Policy on Control of Volatile Organic Compounds" (42 FR 35314, July 8, 1977);~~ that emissions credit may be allowed for the

replacement with those compounds listed as having negligible photochemical reactivity in 40 CFR 51.100(s).

Regulation 61-62.5, Standard 7.1, Section (H)(1) shall be revised as follows:

(1) In meeting the emissions offset requirements of Section (D) the emissions offsets obtained shall be for the same regulated NSR pollutant unless interpollutant offsetting is permitted for a particular pollutant as specified in this paragraph. The offset requirements of Section (D) for direct PM_{2.5} emissions or emissions of precursors of PM_{2.5} may be satisfied by offsetting reductions of direct PM_{2.5} emissions or emissions of any PM_{2.5} precursor identified under paragraph (B)(32)(c) if such offsets comply with the interprecursor trading hierarchy and ratio established in the approved plan for a particular nonattainment area.

~~— (a) The offset requirement(s) of Section (D) for emissions of the ozone precursors NO_x and VOC may be satisfied by offsetting reductions of emissions of either of those precursors, if all other requirements for such offsets are also satisfied.~~

~~— (b) The offset requirements of Section (D) for direct PM_{2.5} emissions or emissions of precursors of PM_{2.5} may be satisfied by offsetting reductions of direct PM_{2.5} emissions or emissions of any PM_{2.5} precursor identified under paragraph (B)(32)(c) if such offsets comply with the interprecursor trading hierarchy and ratio established in the approved plan for a particular nonattainment area.~~

**61-62.60, South Carolina Designated Facility Plan and New Source Performance Standards.
Regulation 61-62.60,**

Regulation 61-62.60, Subpart A, shall be revised as follows:

Subpart A - “General Provisions”

The provisions of 40 Code of Federal Regulations (CFR) Part 60 Subpart A, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart A			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 36	December 23, 1971	[36 FR 24877]
Revision	Vol. 38	October 15, 1973	[38 FR 28565]
Revision	Vol. 39	March 8, 1974	[39 FR 9314]
Revision	Vol. 39	November 12, 1974	[39 FR 39873]
Revision	Vol. 40	April 25, 1975	[40 FR 18169]
Revision	Vol. 40	October 6, 1975	[40 FR 46254]
Revision	Vol. 40	November 17, 1975	[40 FR 53346]
Revision	Vol. 40	December 16, 1975	[40 FR 58418]
Revision	Vol. 40	December 22, 1975	[40 FR 59205]
Revision	Vol. 41	August 20, 1976	[41 FR 35185]
Revision	Vol. 42	July 19, 1977	[42 FR 37000]
Revision	Vol. 42	July 27, 1977	[42 FR 38178]
Revision	Vol. 42	November 1, 1977	[42 FR 57126]
Revision	Vol. 43	March 3, 1978	[43 FR 8800]

40 CFR Part 60 Subpart A			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 43	August 3, 1978	[43 FR 34347]
Revision	Vol. 44	June 11, 1979	[44 FR 33612]
Revision	Vol. 44	September 25, 1979	[44 FR 55173]
Revision	Vol. 45	January 23, 1980	[45 FR 5617]
Revision	Vol. 45	April 4, 1980	[45 FR 23379]
Revision	Vol. 45	December 24, 1980	[45 FR 85415]
Revision	Vol. 47	January 8, 1982	[47 FR 951]
Revision	Vol. 47	July 23, 1982	[47 FR 31876]
Revision	Vol. 48	March 30, 1983	[48 FR 13326]
Revision	Vol. 48	May 25, 1983	[48 FR 23610]
Revision	Vol. 48	July 20, 1983	[48 FR 32986]
Revision	Vol. 48	October 18, 1983	[48 FR 48335]
Revision	Vol. 50	December 27, 1985	[50 FR 53113]
Revision	Vol. 51	January 15, 1986	[51 FR 1790]
Revision	Vol. 51	January 21, 1986	[51 FR 2701]
Revision	Vol. 51	November 25, 1986	[51 FR 42796]
Revision	Vol. 52	March 26, 1987	[52 FR 9781, 9782]
Revision	Vol. 52	April 8, 1987	[52 FR 11428]
Revision	Vol. 52	May 11, 1987	[52 FR 17555]
Revision	Vol. 52	June 4, 1987	[52 FR 21007]
Revision	Vol. 54	February 14, 1989	[54 FR 6662]
Revision	Vol. 54	May 17, 1989	[54 FR 21344]
Revision	Vol. 55	December 13, 1990	[55 FR 51382]
Revision	Vol. 57	July 21, 1992	[57 FR 32338, 32339]
Revision	Vol. 59	March 16, 1994	[59 FR 12427, 12428]
Revision	Vol. 59	September 15, 1994	[59 FR 47265]
Revision	Vol. 61	March 12, 1996	[61 FR 9919]
Revision	Vol. 62	February 24, 1997	[62 FR 8328]
Revision	Vol. 62	September 15, 1997	[62 FR 48348]
Revision	Vol. 63	May 4, 1998	[63 FR 24444]
Revision	Vol. 64	February 12, 1999	[64 FR 7463]
Revision	Vol. 65	August 10, 2000	[65 FR 48914]
Revision	Vol. 65	October 17, 2000	[65 FR 61744]
Revision	Vol. 65	December 6, 2000	[65 FR 76350, 76378]
Revision	Vol. 65	December 14, 2000	[65 FR 78268]
Revision	Vol. 66	February 6, 2001	[66 FR 9034]
Revision	Vol. 67	June 28, 2002	[67 FR 43550]
Revision	Vol. 68	April 14, 2003	[68 FR 17990]
Revision	Vol. 68	May 28, 2003	[68 FR 31611]
Revision	Vol. 69	July 8, 2004	[69 FR 41346]
Revision	Vol. 70	December 16, 2005	[70 FR 74870]
Revision	Vol. 71	June 1, 2006	[71 FR 31100]
Revision	Vol. 71	July 6, 2006	[71 FR 38482]

40 CFR Part 60 Subpart A			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 72	May 16, 2007	[72 FR 27437]
Revision	Vol. 72	June 13, 2007	[72 FR 32710]
Revision	Vol. 73	January 18, 2008	[73 FR 3568]
Revision	Vol. 73	April 3, 2008	[73 FR 18162]
Revision	Vol. 73	May 6, 2008	[73 FR 24870]
Revision	Vol. 73	May 27, 2008	[73 FR 30308]
Revision	Vol. 73	June 24, 2008	[73 FR 35838]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 74	January 28, 2009	[74 FR 5072]
Revision	Vol. 74	October 6, 2009	[74 FR 51368]
Revision	Vol. 74	October 8, 2009	[74 FR 51950]
Revision	Vol. 74	December 17, 2009	[74 FR 66921]
Revision	Vol. 75	September 9, 2010	[75 FR 54970]
Revision	Vol. 75	September 13, 2010	[75 FR 55636]
Revision	Vol. 76	January 18, 2011	[76 FR 2832]
Revision	Vol. 76	March 21, 2011	[76 FR 15372]
Revision	Vol. 76	March 21, 2011	[76 FR 15704]
Revision	Vol. 77	February 16, 2012	[77 FR 9304]
Revision	Vol. 77	August 14, 2012	[77 FR 48433]
Revision	Vol. 77	September 12, 2012	[77 FR 56422]
Revision	Vol. 78	January 30, 2013	[78 FR 6674]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 79	April 4, 2014	[79 FR 18952]
Revision	Vol. 80	March 16, 2015	[80 FR 13671]
Revision	Vol. 81	June 3, 2016	[81 FR 35824]
Revision	Vol. 81	June 30, 2016	[81 FR 42542]
Revision	Vol. 81	August 29, 2016	[81 FR 59276, 59332]
Revision	Vol. 81	August 30, 2016	[81 FR 59800]
Revision	Vol. 82	June 23, 2017	[82 FR 28561]
Revision	Vol. 82	July 17, 2017	[82 FR 32644]
Revision	Vol. 83	November 14, 2018	[83 FR 56713]
Revision	Vol. 83	November 26, 2018	[83 FR 60696]
Revision	Vol. 85	October 7, 2020	[85 FR 63394]

Regulation 61-62.60, Subpart Cf, shall be revised as follows:

Subpart Cf - “Performance Standards and Compliance Times for Existing Municipal Solid Waste Landfills”

(A) All designated facilities as defined at 40 CFR 60.31f must comply with the requirements of this subpart.

(B) The compliance times, emission guideline conditions and requirements, operational standards for collection and control systems, test methods and procedures, compliance provisions, monitoring

requirements, reporting requirements, recordkeeping requirements, and specifications for active collection systems set forth in 40 CFR 60.32f through 60.40f, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein and applicable to each designated facility.

40 CFR Part 60 Subpart Cf			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 81	August 29, 2016	[81 FR 59276]
<u>Revision</u>	<u>Vol. 84</u>	<u>August 26, 2019</u>	<u>[84 FR 44547]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>March 26, 2020</u>	<u>[85 FR 17244]</u>

(C) 40 CFR 60.41f, Definitions, is adopted and incorporated by reference as if fully repeated herein, except as follows: the word “Administrator” as used in this subpart shall mean the Department of Health and Environmental Control, with the exception of the sections within this subpart that may not be delegated by the EPA.

(D) The following authorities will not be delegated to state, local, or tribal agencies:

(1) Approval of alternative methods to determine the NMOC concentration or a site-specific methane generation rate constant (k).

(2) [Reserved]

Regulation 61-62.60, Subpart BBa, shall be revised as follows:

Subpart BBa - “Standards of Performance for Kraft Pulp Mill Affected Sources for Which Construction, Reconstruction, or Modification Commenced After May 23, 2013”

The provisions of 40 CFR Part 60 Subpart BBa, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart BBa			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 79	April 4, 2014	[79 FR 18952]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 5, 2020</u>	<u>[85 FR 70487]</u>

Regulation 61-62.60, Subpart AAA, shall be revised as follows:

Subpart AAA - “Standards of Performance for New Residential Wood Heaters”

The provisions of 40 CFR Part 60 Subpart AAA, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart AAA			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 53	February 26, 1988	[53 FR 5873]
Revision	Vol. 53	April 12, 1988	[53 FR 12009]

40 CFR Part 60 Subpart AAA			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 53	April 26, 1988	[53 FR 14889]
Revision	Vol. 57	February 13, 1992	[57 FR 5328]
Revision	Vol. 60	June 29, 1995	[60 FR 33925]
Revision	Vol. 63	November 24, 1998	[63 FR 64874]
Revision	Vol. 64	February 12, 1999	[64 FR 7466]
Revision	Vol. 65	October 17, 2000	[65 FR 61744]
Revision	Vol. 80	March 16, 2015	[80 FR 13671]
<u>Revision</u>	<u>Vol. 85</u>	<u>April 2, 2020</u>	<u>[85 FR 18448]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>October 7, 2020</u>	<u>[85 FR 63394]</u>

Regulation 61-62.60, Subpart WWW, shall be revised as follows:

Subpart WWW - “Standards of Performance for Municipal Solid Waste Landfills”

The provisions of 40 CFR Part 60 Subpart WWW, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart WWW			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 61	March 12, 1996	[61 FR 9905]
Revision	Vol. 63	June 16, 1998	[63 FR 32743]
Revision	Vol. 64	February 24, 1999	[64 FR 9262]
Revision	Vol. 65	April 10, 2000	[65 FR 18906]
Revision	Vol. 65	October 17, 2000	[65 FR 61744]
Revision	Vol. 71	September 21, 2006	[71 FR 55119]
<u>Revision</u>	<u>Vol. 85</u>	<u>March 26, 2020</u>	<u>[85 FR 17244]</u>

Regulation 61-62.60, Subpart XXX, shall be revised as follows:

Subpart XXX - “Standards of Performance for Municipal Solid Waste Landfills that Commenced Construction, Reconstruction, or Modification After July 17, 2014”

The provisions of 40 CFR Part 60 Subpart XXX, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart XXX			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 81	August 29, 2016	[81 FR 59332]
<u>Revision</u>	<u>Vol. 85</u>	<u>March 26, 2020</u>	<u>[85 FR 17244]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>October 7, 2020</u>	<u>[85 FR 63394]</u>

Regulation 61-62.60, Subpart CCCC, shall be revised as follows:

Subpart CCCC - “Standards of Performance for Commercial and Industrial Solid Waste Incineration Units”

The provisions of 40 CFR Part 60 Subpart CCCC, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart CCCC			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 65	December 1, 2000	[65 FR 75338]
Revision	Vol. 66	March 27, 2001	[66 FR 16605]
Revision	Vol. 70	September 22, 2005	[70 FR 55568]
Revision	Vol. 76	May 18, 2011	[76 FR 28662]
Revision	Vol. 78	February 7, 2013	[78 FR 9112]
Revision	Vol. 81	June 23, 2016	[81 FR 40956]
Revision	Vol. 84	April 16, 2019	[84 FR 15846]
Revision	Vol. 85	October 7, 2020	[85 FR 63394]

Regulation 61-62.60, Subpart DDDD, shall be revised as follows:

Subpart DDDD - “Performance Standards and Compliance Times for Existing Commercial and Industrial Solid Waste Incineration Units”

(A) Except as provided in (B) below, incineration units that meet all three criteria set forth in 40 CFR 60.2550(a)(1) through (a)(3) are subject to this subpart and must comply with all applicable requirements of this subpart.

(B) This subpart exempts the types of units described in paragraphs (a) through (j) of 40 CFR 60.2555, but some units are required to provide notifications. For purposes of this paragraph, the words “Administrator” and “Agency” as used in 40 CFR 60.2555 shall be replaced by “Department” and “EPA Administrator” respectively.

(C) If the owner or operator of a CISWI unit or air curtain incinerator makes changes that meet the definition of modification or reconstruction after August 7, 2013, the CISWI unit becomes subject to 40 CFR Part 60, Subpart CCCC and Regulation 61-62.60, Subpart CCCC, and this subpart no longer applies to that unit.

(D) If the owner or operator of a CISWI unit makes physical or operational changes to an existing CISWI unit primarily to comply with this subpart, 40 CFR Part 60, Subpart CCCC and Regulation 61-62.60, Subpart CCCC do not apply to that unit. Such changes do not qualify as modifications or reconstructions under 40 CFR Part 60, Subpart CCCC or Regulation 61-62.60, Subpart CCCC.

(E) For purposes of this subpart, “you” means the owner or operator of a CISWI unit.

(F) Each owner or operator of an existing CISWI unit shall comply with the model rule standards, requirements, and provisions of 40 CFR Part 60, Subpart DDDD (Emissions Guidelines and Compliance Times for Commercial and Industrial Solid Waste Incineration Units), as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below:

40 CFR Part 60 Subpart DDDD			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 65	December 1, 2000	[65 FR 75338]
Revision	Vol. 70	September 22, 2005	[70 FR 55568]
Revision	Vol. 76	May 18, 2011	[76 FR 28662]
Revision	Vol. 78	February 7, 2013	[78 FR 9112]
Revision	Vol. 81	June 23, 2016	[81 FR 40956]
Revision	Vol. 84	April 16, 2019	[84 FR 15846]
Revision	Vol. 85	October 7, 2020	[85 FR 63394]

These standards, requirements, and provisions are hereby incorporated and adopted by reference as follows:

- (1) 40 CFR 60.2610 and 40 CFR 60.2615, Increments of Progress.
- (2) 40 CFR 60.2620, 40 CFR 60.2625, and 40 CFR 60.2630, Waste Management Plan, due no later than compliance date listed in Table 1 below.
- (3) 40 CFR 60.2635 through 40 CFR 60.2665, Operator Training and Qualification.
- (4) 40 CFR 60.2670 through 60.2680, Emission Limitations and Operating Limits.
- (5) 40 CFR 60.2690 through 60.2695, Performance Testing.
- (6) 40 CFR 60.2700 through 60.2706, Initial Compliance Requirements.
- (7) 40 CFR 60.2710 through 60.2725, Continuous Compliance Requirements.
- (8) 40 CFR 60.2730 through 60.2735, Monitoring.
- (9) 40 CFR 60.2740 through 60.2800, Recordkeeping and Reporting, including submission of waste management plan no later than compliance date listed in Table 1 below; with the exception of the following: all reports required under 40 CFR 60.2795(a), (b)(1), and (b)(2) must be submitted to the Department in addition to being sent to the EPA.
- (10) 40 CFR 60.2805, Title V Operating Permits.
- (11) 40 CFR 60.2810 and 40 CFR 60.2850(b) through 60.2870, Air Curtain Incinerators.
- (12) 40 CFR 60.2875, Definitions, except that the word “Administrator” shall mean the Department of Health and Environmental Control, with the exception of provisions within this subpart that may not be delegated by the EPA.
- (13) 40 CFR Part 60 Subpart DDDD Table 1, modified as follows:

TABLE 1 TO SUBPART DDDD OF PART 60 - COMPLIANCE SCHEDULES

COMPLY WITH COMPLIANCE SCHEDULE	BY THIS DATE
FINAL COMPLIANCE WITH PERFORMANCE STANDARDS	February 7, 2018.

(14) 40 CFR Part 60 Subpart DDDD Tables 2 through 9, retitled as follows:

(a) Table 2 to Subpart DDDD - Emission Limitations That Apply to Incinerators Before February 7, 2018;

(b) Table 3 to Subpart DDDD - Operating Limits for Wet Scrubbers;

(c) Table 4 to Subpart DDDD - Toxic Equivalency Factors;

(d) Table 5 to Subpart DDDD - Summary of Reporting Requirements;

(e) Table 6 to Subpart DDDD - Emission Limitations That Apply to Incinerators on and After February 7, 2018;

(f) Table 7 to Subpart DDDD - Emission Limitations That Apply to Energy Recovery Units After February 7, 2018;

(g) Table 8 to Subpart DDDD - Emission Limitations That Apply to Waste-Burning Kilns After February 7, 2018; and

(h) Table 9 to Subpart DDDD - Emission Limitations That Apply to Small, Remote Incinerators After February 7, 2018.

(G) For purposes of this subpart, the authorities referenced in 40 CFR 60.2542 will not be delegated to state, local, or tribal agencies.

Regulation 61-62.60, Subpart III, shall be revised as follows:

Subpart III - “Standards of Performance for Stationary Compression Ignition Internal Combustion Engines”

The provisions of 40 CFR Part 60 Subpart III, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart III			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 71	July 11, 2006	[71 FR 39154]
Revision	Vol. 76	June 28, 2011	[76 FR 37954]
Revision	Vol. 78	January 30, 2013	[78 FR 6674]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 81	July 7, 2016	[81 FR 44212]
Revision	Vol. 85	December 4, 2020	[85 FR 78412]

Regulation 61-62.60, Subpart JJJJ, shall be revised as follows:

Subpart JJJJ - “Standards of Performance for Stationary Spark Ignition Internal Combustion Engines”

The provisions of 40 CFR Part 60 Subpart JJJJ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart JJJJ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 73	January 18, 2008	[73 FR 3568]
Revision	Vol. 73	October 8, 2008	[73 FR 59034]
Revision	Vol. 78	January 30, 2013	[78 FR 6674]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 81	August 30, 2016	[81 FR 59800]
<u>Revision</u>	<u>Vol. 85</u>	<u>October 7, 2020</u>	<u>[85 FR 63394]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>December 4, 2020</u>	<u>[85 FR 78412]</u>

Regulation 61-62.60, Subpart KKKK, shall be revised as follows:

Subpart KKKK - “Standards of Performance for Stationary Combustion Turbines”

The provisions of 40 CFR Part 60 Subpart KKKK, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart KKKK			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 71	July 6, 2006	[71 FR 38482]
Revision	Vol. 74	March 20, 2009	[74 FR 11858]
Revision	Vol. 81	June 30, 2016	[81 FR 42542]
<u>Revision</u>	<u>Vol. 85</u>	<u>October 7, 2020</u>	<u>[85 FR 63394]</u>

Regulation 61-62.60, Subpart OOOO, shall be revised as follows:

Subpart OOOO - “Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced after August 23, 2011, and on or before September 18, 2015”

The provisions of 40 CFR Part 60 Subpart OOOO, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart OOOO			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 77	August 16, 2012	[77 FR 49490]
Revision	Vol. 78	September 23, 2013	[78 FR 58416]
Revision	Vol. 79	December 31, 2014	[79 FR 79018]
Revision	Vol. 80	August 12, 2015	[80 FR 48262]
Revision	Vol. 81	June 3, 2016	[81 FR 35824]
Revision	Vol. 81	June 30, 2016	[81 FR 42542]
Revision	Vol. 81	July 6, 2016	[81 FR 43950]

40 CFR Part 60 Subpart OOOO			
Federal Register Citation	Volume	Date	Notice
<u>Revision</u>	<u>Vol. 85</u>	<u>September 14, 2020</u>	<u>[85 FR 57018]</u>

Regulation 61-62.60, Subpart OOOOa, shall be revised as follows:

Subpart OOOOa - “Standards of Performance for Crude Oil and Natural Gas Facilities for Which Construction, Modification, or Reconstruction Commenced After September 18, 2015”

The provisions of 40 CFR Part 60 Subpart OOOOa, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart OOOOa			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 81	June 3, 2016	[81 FR 35824]
Revision	Vol. 83	March 12, 2018	[83 FR 10628]
<u>Revision</u>	<u>Vol. 85</u>	<u>September 14, 2020</u>	<u>[85 FR 57018]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>September 15, 2020</u>	<u>[85 FR 57398]</u>

Regulation 61-62.60, Subpart QQQQ, shall be revised as follows:

Subpart QQQQ - “Standards of Performance for New Residential Hydronic Heaters and Forced-Air Furnaces”

The provisions of 40 CFR Part 60 Subpart QQQQ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 60 Subpart QQQQ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 80	March 16, 2015	[80 FR 13671]
Revision	Vol. 83	November 14, 2018	[83 FR 56713]
<u>Revision</u>	<u>Vol. 85</u>	<u>April 2, 2020</u>	<u>[85 FR 18448]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>October 7, 2020</u>	<u>[85 FR 63394]</u>

61-62.63, National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories

Regulation 61-62.63, Subpart A, shall be revised as follows:

Subpart A - “General Provisions”

The provisions of 40 Code of Federal Regulations (CFR) Part 63 Subpart A, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart A			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	March 16, 1994	[59 FR 12430]
Revision	Vol. 59	April 22, 1994	[59 FR 19453]
Revision	Vol. 59	December 6, 1994	[59 FR 62589]
Revision	Vol. 60	January 25, 1995	[60 FR 4963]
Revision	Vol. 60	June 27, 1995	[60 FR 33122]
Revision	Vol. 60	September 1, 1995	[60 FR 45980]
Revision	Vol. 61	May 21, 1996	[61 FR 25399]
Revision	Vol. 61	December 17, 1996	[61 FR 66227]
Revision	Vol. 62	December 10, 1997	[62 FR 65024]
Revision	Vol. 63	May 4, 1998	[63 FR 24444]
Revision	Vol. 63	May 13, 1998	[63 FR 26465]
Revision	Vol. 63	September 21, 1998	[63 FR 50326]
Revision	Vol. 63	October 7, 1998	[63 FR 53996]
Revision	Vol. 63	December 1, 1998	[63 FR 66061]
Revision	Vol. 64	January 28, 1999	[64 FR 4300]
Revision	Vol. 64	February 12, 1999	[64 FR 7468]
Revision	Vol. 64	April 12, 1999	[64 FR 17562]
Revision	Vol. 64	June 10, 1999	[64 FR 31375]
Revision	Vol. 65	October 17, 2000	[65 FR 61744]
Revision	Vol. 67	February 14, 2002	[67 FR 6968]
Revision	Vol. 67	February 27, 2002	[67 FR 9156]
Revision	Vol. 67	April 5, 2002	[67 FR 16582]
Revision	Vol. 67	June 10, 2002	[67 FR 39794]
Revision	Vol. 67	July 23, 2002	[67 FR 48254]
Revision	Vol. 68	February 18, 2003	[68 FR 7706]
Revision	Vol. 68	April 21, 2003	[68 FR 19375]
Revision	Vol. 68	May 6, 2003	[68 FR 23898]
Revision	Vol. 68	May 8, 2003	[68 FR 24653]
Revision	Vol. 68	May 20, 2003	[68 FR 27646]
Revision	Vol. 68	May 23, 2003	[68 FR 28606]
Revision	Vol. 68	May 27, 2003	[68 FR 28774]
Revision	Vol. 68	May 28, 2003	[68 FR 31746]
Revision	Vol. 68	May 29, 2003	[68 FR 32172]
Revision	Vol. 68	May 30, 2003	[68 FR 32586]
Revision	Vol. 68	November 13, 2003	[68 FR 64432]
Revision	Vol. 68	December 19, 2003	[68 FR 70960]
Revision	Vol. 69	January 2, 2004	[69 FR 130]
Revision	Vol. 69	February 3, 2004	[69 FR 5038]
Revision	Vol. 69	April 9, 2004	[69 FR 18801]
Revision	Vol. 69	April 19, 2004	[69 FR 20968]
Revision	Vol. 69	April 22, 2004	[69 FR 21737]
Revision	Vol. 69	April 26, 2004	[69 FR 22602]
Revision	Vol. 69	June 15, 2004	[69 FR 33474]

40 CFR Part 63 Subpart A			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 69	July 30, 2004	[69 FR 45944]
Revision	Vol. 69	September 13, 2004	[69 FR 55218]
Revision	Vol. 70	April 15, 2005	[70 FR 19992]
Revision	Vol. 70	May 20, 2005	[70 FR 29400]
Revision	Vol. 70	October 12, 2005	[70 FR 59402]
Revision	Vol. 71	February 16, 2006	[71 FR 8342]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	July 28, 2006	[71 FR 42898]
Revision	Vol. 71	December 6, 2006	[71 FR 70651]
Revision	Vol. 72	January 3, 2007	[72 FR 26]
Revision	Vol. 72	January 23, 2007	[72 FR 2930]
Revision	Vol. 72	July 16, 2007	[72 FR 38864]
Revision	Vol. 72	October 29, 2007	[72 FR 61060]
Revision	Vol. 72	November 16, 2007	[72 FR 64860]
Revision	Vol. 72	December 26, 2007	[72 FR 73180]
Revision	Vol. 72	December 28, 2007	[72 FR 74088]
Revision	Vol. 73	January 2, 2008	[73 FR 226]
Revision	Vol. 73	January 9, 2008	[73 FR 1738]
Revision	Vol. 73	January 10, 2008	[73 FR 1916]
Revision	Vol. 73	January 18, 2008	[73 FR 3568]
Revision	Vol. 73	February 7, 2008	[73 FR 7210]
Revision	Vol. 73	March 7, 2008	[73 FR 12275]
Revision	Vol. 73	July 23, 2008	[73 FR 42978]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 74	June 25, 2009	[74 FR 30366]
Revision	Vol. 74	October 28, 2009	[74 FR 55670]
Revision	Vol. 75	September 9, 2010	[75 FR 54970]
Revision	Vol. 75	September 13, 2010	[75 FR 55636]
Revision	Vol. 76	February 17, 2011	[76 FR 9450]
Revision	Vol. 77	February 16, 2012	[77 FR 9304]
Revision	Vol. 77	April 17, 2012	[77 FR 22848]
Revision	Vol. 77	September 11, 2012	[77 FR 55698]
Revision	Vol. 78	January 30, 2013	[78 FR 6674]
Revision	Vol. 78	January 31, 2013	[78 FR 7138]
Revision	Vol. 78	February 1, 2013	[78 FR 7488]
Revision	Vol. 78	June 20, 2013	[78 FR 37133]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 79	March 27, 2014	[79 FR 17340]
Revision	Vol. 80	June 30, 2015	[80 FR 37365]
Revision	Vol. 80	August 19, 2015	[80 FR 50385]
Revision	Vol. 80	September 18, 2015	[80 FR 56699]
Revision	Vol. 80	October 15, 2015	[80 FR 62389]
Revision	Vol. 80	October 26, 2015	[80 FR 65469]

40 CFR Part 63 Subpart A			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 80	December 1, 2015	[80 FR 75178]
Revision	Vol. 80	December 4, 2015	[80 FR 75817]
Revision	Vol. 81	August 30, 2016	[81 FR 59800]
Revision	Vol. 82	January 18, 2017	[82 FR 5401]
Revision	Vol. 82	October 11, 2017	[82 FR 47328]
Revision	Vol. 82	October 16, 2017	[82 FR 48156]
Revision	Vol. 83	October 15, 2018	[83 FR 51842]
Revision	Vol. 83	November 14, 2018	[83 FR 56713]
Revision	Vol. 83	February 28, 2019	[84 FR 6676]
Revision	Vol. 84	March 4, 2019	[84 FR 7682]
Revision	Vol. 84	March 15, 2019	[84 FR 9590]
<u>Revision</u>	<u>Vol. 85</u>	<u>February 25, 2020</u>	<u>[85 FR 10828]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>March 9, 2020</u>	<u>[85 FR 13524]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>March 12, 2020</u>	<u>[85 FR 14526]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>March 26, 2020</u>	<u>[85 FR 17244]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 2, 2020</u>	<u>[85 FR 39980]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 6, 2020</u>	<u>[85 FR 40386]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 7, 2020</u>	<u>[85 FR 40594]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 7, 2020</u>	<u>[85 FR 40740]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 8, 2020</u>	<u>[85 FR 41100]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 9, 2020</u>	<u>[85 FR 41276]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 10, 2020</u>	<u>[85 FR 41411]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 10, 2020</u>	<u>[85 FR 41680]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 13, 2020</u>	<u>[85 FR 42074]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 22, 2020</u>	<u>[85 FR 44216]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 24, 2020</u>	<u>[85 FR 44960]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 28, 2020</u>	<u>[85 FR 45476]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>August 12, 2020</u>	<u>[85 FR 49084]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>August 13, 2020</u>	<u>[85 FR 49434]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>August 14, 2020</u>	<u>[85 FR 49724]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>October 7, 2020</u>	<u>[85 FR 63394]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart F, shall be revised as follows:

Subpart F - “National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry”

The provisions of 40 CFR Part 63 Subpart F, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart F			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	April 22, 1994	[59 FR 19402]
Revision	Vol. 59	September 20, 1994	[59 FR 48175]
Revision	Vol. 59	October 24, 1994	[59 FR 53359]
Revision	Vol. 59	October 28, 1994	[59 FR 54131]
Revision	Vol. 60	January 27, 1995	[60 FR 5321]
Revision	Vol. 60	April 10, 1995	[60 FR 18020]
Revision	Vol. 60	April 10, 1995	[60 FR 18026]
Revision	Vol. 60	December 12, 1995	[60 FR 63624]
Revision	Vol. 61	February 29, 1996	[61 FR 7716]
Revision	Vol. 61	June 20, 1996	[61 FR 31435]
Revision	Vol. 61	December 5, 1996	[61 FR 64572]
Revision	Vol. 62	January 17, 1997	[62 FR 2722]
Revision	Vol. 63	May 12, 1998	[63 FR 26078]
Revision	Vol. 64	April 26, 1999	[64 FR 20189]
Revision	Vol. 65	May 8, 2000	[65 FR 26491]
Revision	Vol. 66	January 22, 2001	[66 FR 6922]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	December 21, 2006	[71 FR 76603]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart G, shall be revised as follows:

Subpart G - “National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Process Vents, Storage Vessels, Transfer Operations, and Wastewater”

The provisions of 40 CFR Part 63 Subpart G, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart G			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	April 22, 1994	[59 FR 19402]
Revision	Vol. 59	June 6, 1994	[59 FR 29196]
Revision	Vol. 59	October 24, 1994	[59 FR 53359]
Revision	Vol. 60	January 27, 1995	[60 FR 5321]
Revision	Vol. 60	April 10, 1995	[60 FR 18020]
Revision	Vol. 60	April 10, 1995	[60 FR 18026]
Revision	Vol. 60	December 12, 1995	[60 FR 63624]
Revision	Vol. 61	February 29, 1996	[61 FR 7716]
Revision	Vol. 61	December 5, 1996	[61 FR 64572]
Revision	Vol. 62	January 17, 1997	[62 FR 2722]
Revision	Vol. 63	December 9, 1998	[63 FR 67787]

40 CFR Part 63 Subpart G			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 64	April 26, 1999	[64 FR 20189]
Revision	Vol. 65	October 17, 2000	[65 FR 61744]
Revision	Vol. 65	December 14, 2000	[65 FR 78268]
Revision	Vol. 66	January 22, 2001	[66 FR 6922]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 69	December 23, 2004	[69 FR 76859]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	December 21, 2006	[71 FR 76603]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart H, shall be revised as follows:

Subpart H - “National Emission Standards for Organic Hazardous Air Pollutants for Equipment Leaks”

The provisions of 40 CFR Part 63 Subpart H, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart H			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	April 22, 1994	[59 FR 19402]
Revision	Vol. 59	September 20, 1994	[59 FR 48175]
Revision	Vol. 59	October 24, 1994	[59 FR 53359]
Revision	Vol. 60	January 27, 1995	[60 FR 5321]
Revision	Vol. 60	April 10, 1995	[60 FR 18020]
Revision	Vol. 60	April 10, 1995	[60 FR 18026]
Revision	Vol. 60	December 12, 1995	[60 FR 63624]
Revision	Vol. 61	June 20, 1996	[61 FR 31435]
Revision	Vol. 62	January 17, 1997	[62 FR 2722]
Revision	Vol. 64	April 26, 1999	[64 FR 20189]
Revision	Vol. 65	December 14, 2000	[65 FR 78268]
Revision	Vol. 66	January 22, 2001	[66 FR 6922]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart J, shall be revised as follows:

Subpart J - “National Emission Standards for Hazardous Air Pollutants for Polyvinyl Chloride and Copolymers Production”

The provisions of 40 CFR Part 63 Subpart J, as originally published in the Federal Register and as

subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart J			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	July 10, 2002	[67 FR 45866]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart L, shall be revised as follows:

Subpart L - “National Emission Standards for Coke Oven Batteries”

The provisions of 40 CFR Part 63 Subpart L, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart L			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 58	October 27, 1993	[58 FR 57911]
Revision	Vol. 59	January 13, 1994	[59 FR 1992]
Revision	Vol. 65	October 17, 2000	[65 FR 61744]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 70	April 15, 2005	[70 FR 19992]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart M, shall be revised as follows:

Subpart M - “National Perchloroethylene Air Emission Standards for Dry Cleaning Facilities”

The provisions of 40 CFR Part 63 Subpart M, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart M			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 58	September 22, 1993	[58 FR 49354]
Revision	Vol. 58	December 20, 1993	[58 FR 66287]
Revision	Vol. 61	June 3, 1996	[61 FR 27785]
Revision	Vol. 61	June 11, 1996	[61 FR 29485]
Revision	Vol. 61	September 19, 1996	[61 FR 49263]
Revision	Vol. 64	December 14, 1999	[64 FR 69637]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 70	December 19, 2005	[70 FR 75320]
Revision	Vol. 71	July 27, 2006	[71 FR 42724]
Revision	Vol. 71	September 21, 2006	[71 FR 55280]
Revision	Vol. 73	April 1, 2008	[73 FR 17252]

40 CFR Part 63 Subpart M			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 73	July 11, 2008	[73 FR 39871]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart N, shall be revised as follows:

Subpart N - “National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks”

The provisions of 40 CFR Part 63 Subpart N, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart N			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 60	January 25, 1995	[60 FR 4948]
Revision	Vol. 60	May 24, 1995	[60 FR 27598]
Revision	Vol. 60	June 27, 1995	[60 FR 33122]
Revision	Vol. 61	June 3, 1996	[61 FR 27785]
Revision	Vol. 62	January 30, 1997	[62 FR 4463]
Revision	Vol. 64	December 14, 1999	[64 FR 69637]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 69	July 19, 2004	[69 FR 42885]
Revision	Vol. 70	December 19, 2005	[70 FR 75320]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 77	September 19, 2012	[77 FR 58220]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 80	April 21, 2015	[80 FR 22116]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart O, shall be revised as follows:

Subpart O - “Ethylene Oxide Emission Standards for Sterilization Facilities”

The provisions of 40 CFR Part 63 Subpart O, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart O			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	December 6, 1994	[59 FR 62585]
Revision	Vol. 61	June 3, 1996	[61 FR 27785]
Revision	Vol. 62	December 9, 1997	[62 FR 64736]
Revision	Vol. 63	December 4, 1998	[63 FR 66990]
Revision	Vol. 64	December 14, 1999	[64 FR 69637]
Revision	Vol. 66	November 2, 2001	[66 FR 55577]

40 CFR Part 63 Subpart O			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 70	December 19, 2005	[70 FR 75320]
Revision	Vol. 71	April 7, 2006	[71 FR 17712]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart Q, shall be revised as follows:

Subpart Q - “National Emission Standards for Hazardous Air Pollutants for Industrial Process Cooling Towers”

The provisions of 40 CFR Part 63 Subpart Q, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart Q			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	September 8, 1994	[59 FR 46350]
Revision	Vol. 63	July 23, 1998	[63 FR 39519]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 69	April 9, 2004	[69 FR 18801]
Revision	Vol. 71	April 7, 2006	[71 FR 17729]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart R, shall be revised as follows:

Subpart R - “National Emission Standards for Gasoline Distribution Facilities (Bulk Gasoline Terminals and Pipeline Breakout Stations)”

The provisions of 40 CFR Part 63 Subpart R, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart R			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	December 14, 1994	[59 FR 64303]
Revision	Vol. 60	February 8, 1995	[60 FR 7627]
Revision	Vol. 60	June 26, 1995	[60 FR 32912]
Revision	Vol. 60	August 18, 1995	[60 FR 43244]
Revision	Vol. 60	December 8, 1995	[60 FR 62991]
Revision	Vol. 61	February 29, 1996	[61 FR 7718]
Revision	Vol. 62	February 28, 1997	[62 FR 9087]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 68	December 19, 2003	[68 FR 70960]
Revision	Vol. 71	April 6, 2006	[71 FR 17352]

40 CFR Part 63 Subpart R			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>
Revision	Vol. 85	December 4, 2020	[85 FR 78412]

Regulation 61-62.63, Subpart S, shall be revised as follows:

Subpart S - “National Emission Standards for Hazardous Air Pollutants from the Pulp and Paper Industry”

The provisions of 40 CFR Part 63 Subpart S, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart S			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 63	April 15, 1998	[63 FR 18504]
Revision	Vol. 63	August 7, 1998	[63 FR 42238]
Revision	Vol. 63	September 16, 1998	[63 FR 49455]
Revision	Vol. 63	December 28, 1998	[63 FR 71385]
Revision	Vol. 64	April 12, 1999	[64 FR 17555]
Revision	Vol. 65	December 22, 2000	[65 FR 80755]
Revision	Vol. 66	May 14, 2001	[66 FR 24268]
Revision	Vol. 66	October 16, 2001	[66 FR 52537]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 77	September 11, 2012	[77 FR 55698]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart T, shall be revised as follows:

Subpart T - “National Emission Standards for Halogenated Solvent Cleaning”

The provisions of 40 CFR Part 63 Subpart T, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart T			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	December 2, 1994	[59 FR 61801]
Revision	Vol. 59	December 30, 1994	[59 FR 67750]
Revision	Vol. 60	June 5, 1995	[60 FR 29484]
Revision	Vol. 63	May 5, 1998	[63 FR 24749]
Revision	Vol. 63	December 11, 1998	[63 FR 68397]
Revision	Vol. 64	July 13, 1999	[64 FR 37683]
Revision	Vol. 64	August 19, 1999	[64 FR 45187]
Revision	Vol. 64	October 18, 1999	[64 FR 56173]

40 CFR Part 63 Subpart T			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 64	December 3, 1999	[64 FR 67793]
Revision	Vol. 64	December 14, 1999	[64 FR 69637]
Revision	Vol. 65	September 8, 2000	[65 FR 54419]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 70	December 19, 2005	[70 FR 75320]
Revision	Vol. 72	May 3, 2007	[72 FR 25138]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart U, shall be revised as follows:

Subpart U - “National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins”

The provisions of 40 CFR Part 63 Subpart U, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart U			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 61	September 5, 1996	[61 FR 46924]
Revision	Vol. 62	January 14, 1997	[62 FR 1837]
Revision	Vol. 62	March 17, 1997	[62 FR 12549]
Revision	Vol. 62	July 15, 1997	[62 FR 37722]
Revision	Vol. 64	March 9, 1999	[64 FR 11542]
Revision	Vol. 64	May 7, 1999	[64 FR 24511]
Revision	Vol. 64	June 30, 1999	[64 FR 35028]
Revision	Vol. 65	June 19, 2000	[65 FR 38030]
Revision	Vol. 66	July 16, 2001	[66 FR 36924]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 76	April 21, 2011	[76 FR 22566]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart W, shall be revised as follows:

Subpart W - “National Emission Standards for Hazardous Air Pollutants for Epoxy Resins Production and Non-Nylon Polyamides Production”

The provisions of 40 CFR Part 63 Subpart W, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart W			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 60	March 8, 1995	[60 FR 12676]
Revision	Vol. 65	May 8, 2000	[65 FR 26491]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart X, shall be revised as follows:

Subpart X - “National Emission Standards for Hazardous Air Pollutants from Secondary Lead Smelting”

The provisions of 40 CFR Part 63 Subpart X, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart X			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 60	June 23, 1995	[60 FR 32587]
Revision	Vol. 61	June 3, 1996	[61 FR 27785]
Revision	Vol. 61	December 12, 1996	[61 FR 65334]
Revision	Vol. 62	June 13, 1997	[62 FR 32210]
Revision	Vol. 63	August 24, 1998	[63 FR 45007]
Revision	Vol. 64	January 29, 1999	[64 FR 4570]
Revision	Vol. 64	December 14, 1999	[64 FR 69637]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 70	December 19, 2005	[70 FR 75320]
Revision	Vol. 77	January 5, 2012	[77 FR 556]
Revision	Vol. 79	January 3, 2014	[79 FR 367]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart Y, shall be revised as follows:

Subpart Y - “National Emission Standards for Marine Tank Vessel Loading Operations”

The provisions of 40 CFR Part 63 Subpart Y, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart Y			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 60	September 19, 1995	[60 FR 48388]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 76	April 21, 2011	[76 FR 22566]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 80	December 1, 2015	[80 FR 75178]

40 CFR Part 63 Subpart Y			
Federal Register Citation	Volume	Date	Notice
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart AA, shall be revised as follows:

Subpart AA - “National Emission Standards for Hazardous Air Pollutants from Phosphoric Acid Manufacturing Plants”

The provisions of 40 CFR Part 63 Subpart AA, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart AA			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 10, 1999	[64 FR 31376]
Revision	Vol. 66	December 17, 2001	[66 FR 65072]
Revision	Vol. 67	June 12, 2002	[67 FR 40578]
Revision	Vol. 67	June 13, 2002	[67 FR 40814]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 80	August 19, 2015	[80 FR 50385]
Revision	Vol. 82	September 28, 2017	[82 FR 45193]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 3, 2020</u>	<u>[85 FR 69508]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart BB, shall be revised as follows:

Subpart BB - “National Emission Standards for Hazardous Air Pollutants from Phosphate Fertilizer Production Plants”

The provisions of 40 CFR Part 63 Subpart BB, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart BB			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 10, 1999	[64 FR 31382]
Revision	Vol. 66	December 17, 2001	[66 FR 65072]
Revision	Vol. 67	June 13, 2002	[67 FR 40814]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 80	August 19, 2015	[80 FR 50385]
Revision	Vol. 82	September 28, 2017	[82 FR 45193]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart CC, shall be revised as follows:

Subpart CC - “National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries”

The provisions of 40 CFR Part 63 Subpart CC, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart CC			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 60	August 18, 1995	[60 FR 43260]
Revision	Vol. 60	September 27, 1995	[60 FR 49976]
Revision	Vol. 61	February 23, 1996	[61 FR 7051]
Revision	Vol. 61	June 12, 1996	[61 FR 29878]
Revision	Vol. 61	June 28, 1996	[61 FR 33799]
Revision	Vol. 62	February 21, 1997	[62 FR 7938]
Revision	Vol. 63	March 20, 1998	[63 FR 13537]
Revision	Vol. 63	May 18, 1998	[63 FR 27212]
Revision	Vol. 63	June 9, 1998	[63 FR 31361]
Revision	Vol. 63	August 18, 1998	[63 FR 44140]
Revision	Vol. 65	May 8, 2000	[65 FR 26491]
Revision	Vol. 65	July 6, 2000	[65 FR 41594]
Revision	Vol. 66	May 25, 2001	[66 FR 28840]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 74	October 28, 2009	[74 FR 55670]
Revision	Vol. 75	June 30, 2010	[75 FR 37730]
Revision	Vol. 76	July 18, 2011	[76 FR 42052]
Revision	Vol. 78	June 20, 2013	[78 FR 37133]
Revision	Vol. 80	December 1, 2015	[80 FR 75178]
Revision	Vol. 81	July 13, 2016	[81 FR 45232]
Revision	Vol. 83	November 26, 2018	[83 FR 60696]
Revision	Vol. 85	February 4, 2020	[85 FR 6064]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart DD, shall be revised as follows:

Subpart DD - “National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations”

The provisions of 40 CFR Part 63 Subpart DD, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart DD			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 61	July 1, 1996	[61 FR 34140]
Revision	Vol. 64	July 20, 1999	[64 FR 38950]

40 CFR Part 63 Subpart DD			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 66	January 8, 2001	[66 FR 1263]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 80	March 18, 2015	[80 FR 14247]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart EE, shall be revised as follows:

Subpart EE - “National Emission Standards for Magnetic Tape Manufacturing Operations”

The provisions of 40 CFR Part 63 Subpart EE, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart EE			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 59	December 15, 1994	[59 FR 64596]
Revision	Vol. 64	April 9, 1999	[64 FR 17464]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]
Revision	Vol. 85	December 28, 2020	[85 FR 84261]

Regulation 61-62.63, Subpart GG, shall be revised as follows:

Subpart GG - “National Emission Standards for Aerospace Manufacturing and Rework Facilities”

The provisions of 40 CFR Part 63 Subpart GG, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart GG			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 60	September 1, 1995	[60 FR 45956]
Revision	Vol. 61	February 9, 1996	[61 FR 4903]
Revision	Vol. 61	December 17, 1996	[61 FR 66227]
Revision	Vol. 63	March 27, 1998	[63 FR 15006]
Revision	Vol. 63	September 1, 1998	[63 FR 46526]
Revision	Vol. 65	October 17, 2000	[65 FR 61744]
Revision	Vol. 65	December 8, 2000	[65 FR 76941]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 80	December 7, 2015	[80 FR 76151]
Revision	Vol. 81	August 3, 2016	[81 FR 51114]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart HH, shall be revised as follows:

Subpart HH - “National Emission Standards for Hazardous Air Pollutants from Oil and Natural Gas Production Facilities”

The provisions of 40 CFR Part 63 Subpart HH, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart HH			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 17, 1999	[64 FR 32628]
Revisions	Vol. 66	June 29, 2001	[66 FR 34548]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 72	January 3, 2007	[72 FR 26]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 77	August 16, 2012	[77 FR 49490]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart II, shall be revised as follows:

Subpart II - “National Emission Standards for Shipbuilding and Ship Repair (Surface Coating)”

The provisions of 40 CFR Part 63 Subpart II, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart II			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 60	December 15, 1995	[60 FR 64330]
Revision	Vol. 61	June 18, 1996	[61 FR 30814]
Revision	Vol. 61	December 17, 1996	[61 FR 66226]
Revision	Vol. 65	October 17, 2000	[65 FR 61744]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	December 29, 2006	[71 FR 78392]
Revision	Vol. 72	February 27, 2007	[72 FR 8630]
Revision	Vol. 76	November 21, 2011	[76 FR 72050]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart JJ, shall be revised as follows:

Subpart JJ - “National Emission Standards for Wood Furniture Manufacturing Operations”

The provisions of 40 CFR Part 63 Subpart JJ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart JJ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 60	December 7, 1995	[60 FR 62930]
Revision	Vol. 62	June 3, 1997	[62 FR 30257]
Revision	Vol. 62	June 9, 1997	[62 FR 31361]
Revision	Vol. 63	December 28, 1998	[63 FR 71376]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 76	November 21, 2011	[76 FR 72050]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart KK, shall be revised as follows:

Subpart KK - “National Emission Standards for the Printing and Publishing Industry”

The provisions of 40 CFR Part 63 Subpart KK, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart KK			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 61	May 30, 1996	[61 FR 27132]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	May 24, 2006	[71 FR 29792]
Revision	Vol. 76	April 21, 2011	[76 FR 22566]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart LL, shall be revised as follows:

Subpart LL - “National Emission Standards for Hazardous Air Pollutants for Primary Aluminum Reduction Plants”

The provisions of 40 CFR Part 63 Subpart LL, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart LL			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 62	October 7, 1997	[62 FR 52407]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 70	November 2, 2005	[70 FR 66280]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 80	October 15, 2015	[80 FR 62389]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart MM, shall be revised as follows:

Subpart MM - “National Emission Standards for Hazardous Air Pollutants for Chemical Recovery Combustion Sources at Kraft, Soda, Sulfite, and Stand-Alone Semichemical Pulp Mills”

The provisions of 40 CFR Part 63 Subpart MM, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart MM			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 66	January 12, 2001	[66 FR 3180]
Revision	Vol. 66	March 26, 2001	[66 FR 16400]
Revision	Vol. 66	July 19, 2001	[66 FR 37591]
Revision	Vol. 66	August 6, 2001	[66 FR 41086]
Revision	Vol. 68	February 18, 2003	[68 FR 7706]
Revision	Vol. 68	May 8, 2003	[68 FR 24653]
Revision	Vol. 68	July 18, 2003	[68 FR 42603]
Revision	Vol. 68	December 5, 2003	[68 FR 67953]
Revision	Vol. 69	May 6, 2004	[69 FR 25321]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 82	October 11, 2017	[82 FR 47328]
Revision	Vol. 85	November 5, 2020	[85 FR 70487]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart SS, shall be revised as follows:

Subpart SS - “National Emission Standards for Closed Vent Systems, Control Devices, Recovery Devices and Routing to a Fuel Gas System or a Process”

The provisions of 40 CFR Part 63 Subpart SS, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart SS			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 29, 1999	[64 FR 34854]
Revision	Vol. 64	November 22, 1999	[64 FR 63702]
Revision	Vol. 67	July 12, 2002	[67 FR 46258]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 85	July 6, 2020	[85 FR 40386]

Regulation 61-62.63, Subpart XX, shall be revised as follows:

Subpart XX - “National Emission Standards for Ethylene Manufacturing Process Units: Heat Exchange Systems and Waste Operations”

The provisions of 40 CFR Part 63 Subpart XX, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart XX			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	July 12, 2002	[67 FR 46258]
Revision	Vol. 70	April 13, 2005	[70 FR 19266]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 6, 2020</u>	<u>[85 FR 40386]</u>

Regulation 61-62.63, Subpart YY, shall be revised as follows:

Subpart YY - “National Emission Standards for Hazardous Air Pollutants for Source Categories: Generic Maximum Achievable Control Technology Standards”

The provisions of 40 CFR Part 63 Subpart YY, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart YY			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 29, 1999	[64 FR 34854]
Revision	Vol. 64	November 22, 1999	[64 FR 63695]
Revision	Vol. 64	December 22, 1999	[64 FR 71852]
Revision	Vol. 66	November 2, 2001	[66 FR 55844]
Revision	Vol. 67	June 7, 2002	[67 FR 39301]
Revision	Vol. 67	July 12, 2002	[67 FR 46258, 46289]
Revision	Vol. 68	February 10, 2003	[68 FR 6635]
Revision	Vol. 70	April 13, 2005	[70 FR 19266]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 72	June 29, 2007	[72 FR 35663]
Revision	Vol. 79	October 8, 2014	[79 FR 60898]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 6, 2020</u>	<u>[85 FR 40386]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart CCC, shall be revised as follows:

Subpart CCC - “National Emission Standards for Hazardous Air Pollutants for Steel Pickling-HCl Process Facilities and Hydrochloric Acid Regeneration Plants”

The provisions of 40 CFR Part 63 Subpart CCC, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart CCC			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 22, 1999	[64 FR 33218]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 77	September 19, 2012	[77 FR 58220]

40 CFR Part 63 Subpart CCC			
Federal Register Citation	Volume	Date	Notice
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart DDD, shall be revised as follows:

Subpart DDD - “National Emission Standards for Hazardous Air Pollutants for Mineral Wool Production”

The provisions of 40 CFR Part 63 Subpart DDD, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart DDD			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 1, 1999	[64 FR 29503]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 76	December 1, 2011	[76 FR 74708]
Revision	Vol. 80	July 29, 2015	[80 FR 45279]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>December 28, 2020</u>	<u>[85 FR 84261]</u>

Regulation 61-62.63, Subpart EEE, shall be revised as follows:

Subpart EEE - “National Emission Standards for Hazardous Air Pollutants from Hazardous Waste Combustors”

The provisions of 40 CFR Part 63 Subpart EEE, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart EEE			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 63	June 19, 1998	[63 FR 33820]
Revision	Vol. 64	September 30, 1999	[64 FR 52828]
Revision	Vol. 64	November 19, 1999	[64 FR 63209]
Revision	Vol. 65	July 10, 2000	[65 FR 42292]
Revision	Vol. 65	November 9, 2000	[65 FR 67268]
Revision	Vol. 66	May 14, 2001	[66 FR 24270]
Revision	Vol. 66	July 3, 2001	[66 FR 35087]
Revision	Vol. 66	October 15, 2001	[66 FR 52361]
Revision	Vol. 66	December 6, 2001	[66 FR 63313]
Revision	Vol. 67	February 13, 2002	[67 FR 6792]
Revision	Vol. 67	February 14, 2002	[67 FR 6968]
Revision	Vol. 67	December 19, 2002	[67 FR 77687]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 69	April 9, 2004	[69 FR 18801]

40 CFR Part 63 Subpart EEE			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 70	June 14, 2005	[70 FR 34538]
Revision	Vol. 70	October 12, 2005	[70 FR 59402]
Revision	Vol. 70	December 19, 2005	[70 FR 75042]
Revision	Vol. 71	March 23, 2006	[71 FR 14655]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	October 25, 2006	[71 FR 62388]
Revision	Vol. 73	April 8, 2008	[73 FR 18970]
Revision	Vol. 73	October 28, 2008	[73 FR 64068]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart GGG, shall be revised as follows:

Subpart GGG - “National Emission Standards for Pharmaceuticals Production”

The provisions of 40 CFR Part 63 Subpart GGG, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart GGG			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 63	September 21, 1998	[63 FR 50280]
Revision	Vol. 65	August 29, 2000	[65 FR 52588]
Revision	Vol. 66	August 2, 2001	[66 FR 40121]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 70	May 13, 2005	[70 FR 25671]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 76	April 21, 2011	[76 FR 22566]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart HHH, shall be revised as follows:

Subpart HHH - “National Emission Standards for Hazardous Air Pollutants from Natural Gas Transmission and Storage Facilities”

The provisions of 40 CFR Part 63 Subpart HHH, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart HHH			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 17, 1999	[64 FR 32647]
Revision	Vol. 66	June 29, 2001	[66 FR 34548]
Revision	Vol. 66	September 27, 2001	[66 FR 49299]

40 CFR Part 63 Subpart HHH			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 77	August 16, 2012	[77 FR 49490]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart III, shall be revised as follows:

Subpart III - “National Emission Standards for Hazardous Air Pollutants for Flexible Polyurethane Foam Production”

The provisions of 40 CFR Part 63 Subpart III, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart III			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 63	October 7, 1998	[63 FR 53996]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 79	August 15, 2014	[79 FR 48073]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart JJJ, shall be revised as follows:

Subpart JJJ - “National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins”

The provisions of 40 CFR Part 63 Subpart JJJ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart JJJ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 61	September 12, 1996	[61 FR 48208]
Revision	Vol. 61	October 18, 1996	[61 FR 54342]
Revision	Vol. 62	January 14, 1997	[62 FR 1835]
Revision	Vol. 62	June 6, 1997	[62 FR 30993]
Revision	Vol. 62	July 15, 1997	[62 FR 37720]
Revision	Vol. 63	February 27, 1998	[63 FR 9944]
Revision	Vol. 63	March 31, 1998	[63 FR 15312]
Revision	Vol. 64	March 9, 1999	[64 FR 11536]
Revision	Vol. 64	June 8, 1999	[64 FR 30406]
Revision	Vol. 64	June 30, 1999	[64 FR 35023]
Revision	Vol. 65	June 19, 2000	[65 FR 38030]
Revision	Vol. 65	August 29, 2000	[65 FR 52319]

40 CFR Part 63 Subpart JJJ			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 65	October 26, 2000	[65 FR 64161]
Revision	Vol. 66	February 23, 2001	[66 FR 11233]
Revision	Vol. 66	February 26, 2001	[66 FR 11543]
Revision	Vol. 66	July 16, 2001	[66 FR 36924]
Revision	Vol. 66	August 6, 2001	[66 FR 40903]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 69	June 2, 2004	[69 FR 31008]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 79	March 27, 2014	[79 FR 17340]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart LLL, shall be revised as follows:

Subpart LLL - “National Emission Standards for Hazardous Air Pollutants from the Portland Cement Manufacturing Industry”

The provisions of 40 CFR Part 63 Subpart LLL, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart LLL			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 14, 1999	[64 FR 31898]
Revision	Vol. 64	September 30, 1999	[64 FR 52828]
Revision	Vol. 67	April 5, 2002	[67 FR 16614]
Revision	Vol. 67	December 6, 2002	[67 FR 72580]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	December 20, 2006	[71 FR 76518]
Revision	Vol. 75	September 9, 2010	[75 FR 54970]
Revision	Vol. 76	January 18, 2011	[76 FR 2832]
Revision	Vol. 78	February 12, 2013	[78 FR 10006]
Revision	Vol. 80	July 27, 2015	[80 FR 44771]
Revision	Vol. 80	September 11, 2015	[80 FR 54728]
Revision	Vol. 81	July 25, 2016	[81 FR 48356]
Revision	Vol. 82	June 23, 2017	[82 FR 28562]
Revision	Vol. 82	August 22, 2017	[82 FR 39671]
Revision	Vol. 83	July 25, 2018	[83 FR 35122]
Revision	Vol. 83	August 3, 2018	[83 FR 38036]
Revision	Vol. 85	October 7, 2020	[85 FR 63394]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart MMM, shall be revised as follows:

Subpart MMM - “National Emission Standards for Hazardous Air Pollutants for Pesticide Active Ingredient Production”

The provisions of 40 CFR Part 63 Subpart MMM, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart MMM			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 23, 1999	[64 FR 33550]
Revision	Vol. 66	November 21, 2001	[66 FR 58393, 58396]
Revision	Vol. 67	March 22, 2002	[67 FR 13508, 13514]
Revision	Vol. 67	May 1, 2002	[67 FR 21579]
Revision	Vol. 67	June 3, 2002	[67 FR 38200]
Revision	Vol. 67	September 20, 2002	[67 FR 59336]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 79	March 27, 2014	[79 FR 17340]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart NNN, shall be revised as follows:

Subpart NNN - “National Emission Standards for Hazardous Air Pollutants for Wool Fiberglass Manufacturing”

The provisions of 40 CFR Part 63 Subpart NNN, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart NNN			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 14, 1999	[64 FR 31695]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 80	July 29, 2015	[80 FR 45279]
Revision	Vol. 82	December 26, 2017	[82 FR 60873]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>December 28, 2020</u>	<u>[85 FR 84261]</u>

Regulation 61-62.63, Subpart OOO, shall be revised as follows:

Subpart OOO - “National Emission Standards for Hazardous Air Pollutant Emissions: Manufacture of Amino/Phenolic Resins”

The provisions of 40 CFR Part 63 Subpart OOO, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart OOO			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 65	January 20, 2000	[65 FR 3276]
Revision	Vol. 65	February 22, 2000	[65 FR 8768]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 79	October 8, 2014	[79 FR 60898]
Revision	Vol. 83	October 15, 2018	[83 FR 51842]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart PPP, shall be revised as follows:

Subpart PPP - “National Emission Standards for Hazardous Air Pollutant Emissions for Polyether Polyols Production”

The provisions of 40 CFR Part 63 Subpart PPP, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart PPP			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 1, 1999	[64 FR 29420]
Revision	Vol. 64	June 14, 1999	[64 FR 31895]
Revision	Vol. 65	May 8, 2000	[65 FR 26491]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 69	July 1, 2004	[69 FR 39862]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 79	March 27, 2014	[79 FR 17340]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart QQQ, shall be revised as follows:

Subpart QQQ - “National Emission Standards for Hazardous Air Pollutants for Primary Copper Smelting”

The provisions of 40 CFR Part 63 Subpart QQQ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart QQQ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	June 12, 2002	[67 FR 40478]
Revision	Vol. 70	July 14, 2005	[70 FR 40672]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart RRR, shall be revised as follows:

Subpart RRR - “National Emission Standards for Hazardous Air Pollutants for Secondary Aluminum Production”

The provisions of 40 CFR Part 63 Subpart RRR, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart RRR			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 65	March 23, 2000	[65 FR 15690]
Revision	Vol. 67	June 14, 2002	[67 FR 41118]
Revision	Vol. 67	August 13, 2002	[67 FR 52616]
Revision	Vol. 67	September 24, 2002	[67 FR 59787]
Revision	Vol. 67	November 8, 2002	[67 FR 68038]
Revision	Vol. 67	December 30, 2002	[67 FR 79808]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 69	September 3, 2004	[69 FR 53980]
Revision	Vol. 70	October 3, 2005	[70 FR 57513]
Revision	Vol. 70	December 19, 2005	[70 FR 75320]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
Revision	Vol. 80	September 18, 2015	[80 FR 56699]
Revision	Vol. 81	June 13, 2016	[81 FR 38085]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart TTT, shall be revised as follows:

Subpart TTT - “National Emission Standards for Hazardous Air Pollutants for Primary Lead Smelting”

The provisions of 40 CFR Part 63 Subpart TTT, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart TTT			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	June 4, 1999	[64 FR 30204]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 76	November 15, 2011	[76 FR 70834]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart UUU, shall be revised as follows:

Subpart UUU - “National Emission Standards for Hazardous Air Pollutants for Petroleum Refineries: Catalytic Cracking Units, Catalytic Reforming Units, and Sulfur Recovery Units”

The provisions of 40 CFR Part 63 Subpart UUU, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart UUU			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	April 11, 2002	[67 FR 17762]
Revision	Vol. 69	April 9, 2004	[69 FR 18801]
Revision	Vol. 70	February 9, 2005	[70 FR 6930]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 80	December 1, 2015	[80 FR 75178]
Revision	Vol. 81	July 13, 2016	[81 FR 45232]
Revision	Vol. 83	November 26, 2018	[83 FR 60696]
<u>Revision</u>	<u>Vol. 85</u>	<u>February 4, 2020</u>	<u>[85 FR 6064]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart VVV, shall be revised as follows:

Subpart VVV - “National Emission Standards for Hazardous Air Pollutants: Publicly Owned Treatment Works”

The provisions of 40 CFR Part 63 Subpart VVV, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart VVV			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	October 26, 1999	[64 FR 57572]
Revision	Vol. 66	March 23, 2001	[66 FR 16140]
Revision	Vol. 67	October 10, 2002	[67 FR 64742]
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 82	October 26, 2017	[82 FR 49513]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart XXX, shall be revised as follows:

Subpart XXX - “National Emission Standards for Hazardous Air Pollutants for Ferroalloys Production: Ferromanganese and Silicomanganese”

The provisions of 40 CFR Part 63 Subpart XXX, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart XXX			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 64	May 20, 1999	[64 FR 27458]
Revision	Vol. 66	March 22, 2001	[66 FR 16007]

40 CFR Part 63 Subpart XXX			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 68	June 23, 2003	[68 FR 37334]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 80	June 30, 2015	[80 FR 37365]
Revision	Vol. 82	January 18, 2017	[82 FR 5401]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart AAAA, shall be revised as follows:

Subpart AAAA - “National Emission Standards for Hazardous Air Pollutants: Municipal Solid Waste Landfills”

The provisions of 40 CFR Part 63 Subpart AAAA, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart AAAA			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	January 16, 2003	[68 FR 2227]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 85	March 26, 2020	[85 FR 17244]
Revision	Vol. 85	October 13, 2020	[85 FR 64398]

Regulation 61-62.63, Subpart DDDD, shall be revised as follows:

Subpart DDDD - “National Emission Standards for Hazardous Air Pollutants: Plywood and Composite Wood Products”

The provisions of 40 CFR Part 63 Subpart DDDD, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart DDDD			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	July 30, 2004	[69 FR 45944]
Revision	Vol. 71	February 16, 2006	[71 FR 8347]
Revision	Vol. 72	October 29, 2007	[72 FR 61060]
Revision	Vol. 85	August 13, 2020	[85 FR 49434]
Revision	Vol. 85	August 21, 2020	[85 FR 51668]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart EEEE, shall be revised as follows:

Subpart EEEE - “National Emission Standards for Hazardous Air Pollutants: Organic Liquids Distribution (Non-Gasoline)”

The provisions of 40 CFR Part 63 Subpart EEEE, as originally published in the Federal Register and as

subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart EEEE			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	February 3, 2004	[69 FR 5038]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	July 28, 2006	[71 FR 42898]
Revision	Vol. 73	April 23, 2008	[73 FR 21825]
Revision	Vol. 73	July 17, 2008	[73 FR 40977]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 7, 2020</u>	<u>[85 FR 40740]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 22, 2020</u>	<u>[85 FR 44216]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart FFFF, shall be revised as follows:

Subpart FFFF - “National Emission Standards for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing”

The provisions of 40 CFR Part 63 Subpart FFFF, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart FFFF			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	November 10, 2003	[68 FR 63852]
Revision	Vol. 70	July 1, 2005	[70 FR 38554]
Revision	Vol. 70	August 30, 2005	[70 FR 51269]
Revision	Vol. 71	March 1, 2006	[71 FR 10439]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	July 14, 2006	[71 FR 40316]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
<u>Revision</u>	<u>Vol. 85</u>	<u>August 12, 2020</u>	<u>[85 FR 49084]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart GGGG, shall be revised as follows:

Subpart GGGG - “National Emission Standards for Hazardous Air Pollutants: Solvent Extraction for Vegetable Oil Production”

The provisions of 40 CFR Part 63 Subpart GGGG, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart GGGG			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 66	April 12, 2001	[66 FR 19006]
Revision	Vol. 67	April 5, 2002	[67 FR 16317]
Revision	Vol. 69	September 1, 2004	[69 FR 53338]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>March 18, 2020</u>	<u>[85 FR 15608]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart HHHH, shall be revised as follows:

Subpart HHHH - “National Emission Standards for Hazardous Air Pollutants for Wet-Formed Fiberglass Mat Production”

The provisions of 40 CFR Part 63 Subpart HHHH, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart HHHH			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	April 11, 2002	[67 FR 17824]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 84	February 28, 2019	[84 FR 6676]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart IIII, shall be revised as follows:

Subpart IIII - “National Emission Standards for Hazardous Air Pollutants: Surface Coating of Automobiles and Light-Duty Trucks”

The provisions of 40 CFR Part 63 Subpart IIII, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart IIII			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	April 26, 2004	[69 FR 22602]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	December 22, 2006	[71 FR 76922]
Revision	Vol. 72	April 24, 2007	[72 FR 20227]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 8, 2020</u>	<u>[85 FR 41100]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart JJJJ, shall be revised as follows:

Subpart JJJJ - “National Emission Standards for Hazardous Air Pollutants: Paper and Other Web Coating”

The provisions of 40 CFR Part 63 Subpart JJJJ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart JJJJ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	December 4, 2002	[67 FR 72330]
Revision	Vol. 71	May 24, 2006	[71 FR 29792]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 9, 2020</u>	<u>[85 FR 41276]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart KKKK, shall be revised as follows:

Subpart KKKK - “National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Cans”

The provisions of 40 CFR Part 63 Subpart KKKK, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart KKKK			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	November 12, 2003	[68 FR 64432]
Revision	Vol. 71	January 6, 2006	[71 FR 1378]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>February 25, 2020</u>	<u>[85 FR 10828]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart MMMM, shall be revised as follows:

Subpart MMMM - “National Emission Standards for Hazardous Air Pollutants for Surface Coating of Miscellaneous Metal Parts and Products”

The provisions of 40 CFR Part 63 Subpart MMMM, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart MMMM			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	January 2, 2004	[69 FR 130]
Revision	Vol. 69	April 26, 2004	[69 FR 22602]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	December 22, 2006	[71 FR 76922]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 8, 2020</u>	<u>[85 FR 41100]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart NNNN, shall be revised as follows:

Subpart NNNN - “National Emission Standards for Hazardous Air Pollutants: Surface Coating of Large Appliances”

The provisions of 40 CFR Part 63 Subpart NNNN, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart NNNN			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	July 23, 2002	[67 FR 48254]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 84	March 15, 2019	[84 FR 9590]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 8, 2020</u>	<u>[85 FR 41100]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart OOOO, shall be revised as follows:

Subpart OOOO - “National Emission Standards for Hazardous Air Pollutants: Printing, Coating, and Dyeing of Fabrics and Other Textiles”

The provisions of 40 CFR Part 63 Subpart OOOO, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart OOOO			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	May 29, 2003	[68 FR 32172]
Revision	Vol. 69	August 4, 2004	[69 FR 47001]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	May 24, 2006	[71 FR 29792]
Revision	Vol. 84	March 15, 2019	[84 FR 9590]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 8, 2020</u>	<u>[85 FR 41100]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart PPPP, shall be revised as follows:

Subpart PPPP - “National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products”

The provisions of 40 CFR Part 63 Subpart PPPP, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart PPPP			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	April 19, 2004	[69 FR 20968]
Revision	Vol. 69	April 26, 2004	[69 FR 22602]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]

40 CFR Part 63 Subpart PPPP			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 71	December 22, 2006	[71 FR 76922]
Revision	Vol. 72	April 24, 2007	[72 FR 20227]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 8, 2020</u>	<u>[85 FR 41100]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart QQQQ, shall be revised as follows:

Subpart QQQQ - “National Emission Standards for Hazardous Air Pollutants: Surface Coating of Wood Building Products”

The provisions of 40 CFR Part 63 Subpart QQQQ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart QQQQ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	May 28, 2003	[68 FR 31746]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 84	March 4, 2019	[84 FR 7682]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart RRRR, shall be revised as follows:

Subpart RRRR - “National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Furniture”

The provisions of 40 CFR Part 63 Subpart RRRR, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart RRRR			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	May 23, 2003	[68 FR 28606]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 84	March 15, 2019	[84 FR 9590]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 8, 2020</u>	<u>[85 FR 41100]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart SSSS, shall be revised as follows:

Subpart SSSS - “National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Coil”

The provisions of 40 CFR Part 63 Subpart SSSS, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart SSSS			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	June 10, 2002	[67 FR 39794]
Revision	Vol. 68	March 17, 2003	[68 FR 12590]
<u>Revision</u>	<u>Vol. 85</u>	<u>February 25, 2020</u>	<u>[85 FR 10828]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart TTTT, shall be revised as follows:

Subpart TTTT - “National Emission Standards for Hazardous Air Pollutants for Leather Finishing Operations”

The provisions of 40 CFR Part 63 Subpart TTTT, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart TTTT			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	February 27, 2002	[67 FR 9156]
Revision	Vol. 70	February 7, 2005	[70 FR 6355]
Revision	Vol. 84	February 12, 2019	[84 FR 3308]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart UUUU, shall be revised as follows:

Subpart UUUU - “National Emission Standards for Hazardous Air Pollutants for Cellulose Products Manufacturing”

The provisions of 40 CFR Part 63 Subpart UUUU, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart UUUU			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	June 11, 2002	[67 FR 40044]
Revision	Vol. 70	June 24, 2005	[70 FR 36523]
Revision	Vol. 70	August 10, 2005	[70 FR 46684]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 2, 2020</u>	<u>[85 FR 39980]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart VVVV, shall be revised as follows:

Subpart VVVV - “National Emission Standards for Hazardous Air Pollutants for Boat Manufacturing”

The provisions of 40 CFR Part 63 Subpart VVVV, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart VVVV			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 66	August 22, 2001	[66 FR 44218]
Revision	Vol. 66	October 3, 2001	[66 FR 50504]
<u>Revision</u>	<u>Vol. 85</u>	<u>March 20, 2020</u>	<u>[85 FR 15960]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart WWWW, shall be revised as follows:

Subpart WWWW - “National Emissions Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production”

The provisions of 40 CFR Part 63 Subpart WWWW, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart WWWW			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	April 21, 2003	[68 FR 19375]
Revision	Vol. 70	August 25, 2005	[70 FR 50118]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>March 20, 2020</u>	<u>[85 FR 15960]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart XXXX, shall be revised as follows:

Subpart XXXX - “National Emission Standards for Hazardous Air Pollutants: Rubber Tire Manufacturing”

The provisions of 40 CFR Part 63 Subpart XXXX, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart XXXX			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	July 9, 2002	[67 FR 45588]
Revision	Vol. 68	March 12, 2003	[68 FR 11745]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 24, 2020</u>	<u>[85 FR 44752]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart YYYY, shall be revised as follows:

Subpart YYYY - “National Emission Standards for Hazardous Air Pollutants for Stationary Combustion Turbines”

The provisions of 40 CFR Part 63 Subpart YYYY, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart YYYY			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	March 5, 2004	[69 FR 10512]
Revision	Vol. 69	August 18, 2004	[69 FR 51184]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>March 9, 2020</u>	<u>[85 FR 13524]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart ZZZZ, shall be revised as follows:

Subpart ZZZZ - “National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines”

The provisions of 40 CFR Part 63 Subpart ZZZZ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart ZZZZ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	June 15, 2004	[69 FR 33474]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 73	January 18, 2008	[73 FR 3568]
Revision	Vol. 75	March 3, 2010	[75 FR 9648]
Revision	Vol. 75	June 30, 2010	[75 FR 37732]
Revision	Vol. 75	August 20, 2010	[75 FR 51570]
Revision	Vol. 76	March 9, 2011	[76 FR 12863]
Revision	Vol. 78	January 30, 2013	[78 FR 6674]
Revision	Vol. 78	March 6, 2013	[78 FR 14457]
Revision	Vol. 79	February 27, 2014	[79 FR 11228]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>December 4, 2020</u>	<u>[85 FR 78412]</u>

Regulation 61-62.63, Subpart AAAAA, shall be revised as follows:

Subpart AAAAA - “National Emission Standards for Hazardous Air Pollutants for Lime Manufacturing Plants”

The provisions of 40 CFR Part 63 Subpart AAAAA, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart AAAAA			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	January 5, 2004	[69 FR 394]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 24, 2020</u>	<u>[85 FR 44960]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>December 28, 2020</u>	<u>[85 FR 84261]</u>

Regulation 61-62.63, Subpart BBBBB, shall be revised as follows:

Subpart BBBBB - “National Emission Standards for Hazardous Air Pollutants for Semiconductor Manufacturing”

The provisions of 40 CFR Part 63 Subpart BBBBB, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart BBBBB			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	May 22, 2003	[68 FR 27913]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 73	July 22, 2008	[73 FR 42529]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart CCCCC, shall be revised as follows:

Subpart CCCCC - “National Emission Standards for Hazardous Air Pollutants for Coke Ovens: Pushing, Quenching, and Battery Stacks”

The provisions of 40 CFR Part 63 Subpart CCCCC, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart CCCCC			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	April 14, 2003	[68 FR 18008]
Revision	Vol. 69	October 13, 2004	[69 FR 60813]
Revision	Vol. 70	January 10, 2005	[70 FR 1670]
Revision	Vol. 70	August 2, 2005	[70 FR 44285]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart DDDDD, shall be revised as follows:

Subpart DDDDD - “National Emission Standards for Hazardous Air Pollutants for Industrial, Commercial, and Industrial Boilers and Process Heaters”

The provisions of 40 CFR Part 63, Subpart DDDDD as originally published in the Federal Register and

as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart DDDDD			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	September 13, 2004	[69 FR 55218]
Revision	Vol. 70	December 28, 2005	[70 FR 76918]
Revision	Vol. 71	April 20, 2006	[71 FR 20445]
Revision	Vol. 71	December 6, 2006	[71 FR70651]
Revision	Vol. 76	March 21, 2011	[76 FR 15608]
Revision	Vol. 76	May 18, 2011	[76 FR 28662]
Revision	Vol. 78	January 31, 2013	[78 FR 7138]
Revision	Vol. 80	November 20, 2015	[80 FR 72789]
Revision	Vol. 83	November 14, 2018	[83 FR 56713]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>December 28, 2020</u>	<u>[85 FR 84261]</u>

Regulation 61-62.63, Subpart EEEEE, shall be revised as follows:

Subpart EEEEE - “National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries”

The provisions of 40 CFR Part 63 Subpart EEEEE, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart EEEEE			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 69	April 22, 2004	[69 FR 21906]
Revision	Vol. 70	May 20, 2005	[70 FR 29400]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 73	February 7, 2008	[73 FR 7210]
<u>Revision</u>	<u>Vol. 85</u>	<u>September 10, 2020</u>	<u>[85 FR 56080]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart FFFFF, shall be revised as follows:

Subpart FFFFF - “National Emission Standards for Hazardous Air Pollutants for Integrated Iron and Steel Manufacturing Facilities”

The provisions of 40 CFR Part 63 Subpart FFFFF, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart FFFFF			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	May 20, 2003	[68 FR 27646]

40 CFR Part 63 Subpart FFFFF			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	July 13, 2006	[71 FR 39579]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 13, 2020</u>	<u>[85 FR 42074]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>July 24, 2020</u>	<u>[85 FR 44960]</u>

Regulation 61-62.63, Subpart GGGGG, shall be revised as follows:

Subpart GGGGG - “National Emission Standards for Hazardous Air Pollutants: Site Remediation”

The provisions of 40 CFR Part 63 Subpart GGGGG, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart GGGGG			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	October 8, 2003	[68 FR 58172]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	November 29, 2006	[71 FR 69011]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 10, 2020</u>	<u>[85 FR 41680]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart HHHHH, shall be revised as follows:

Subpart HHHHH - “National Emission Standards for Hazardous Air Pollutants: Miscellaneous Coating Manufacturing”

The provisions of 40 CFR Part 63 Subpart HHHHH, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart HHHHH			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	December 11, 2003	[68 FR 69164]
Revision	Vol. 68	December 29, 2003	[68 FR 75033]
Revision	Vol. 70	May 13, 2005	[70 FR 25676]
Revision	Vol. 70	July 6, 2005	[70 FR 38780]
Revision	Vol. 70	December 21, 2005	[70 FR 75924]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 71	October 4, 2006	[71 FR 58499]
Revision	Vol. 73	December 22, 2008	[73 FR 78199]
<u>Revision</u>	<u>Vol. 85</u>	<u>August 14, 2020</u>	<u>[85 FR 49724]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 25, 2020</u>	<u>[85 FR 75235]</u>

Regulation 61-62.63, Subpart IIII, shall be revised as follows:

Subpart IIII - “National Emission Standards for Hazardous Air Pollutants: Mercury Emissions from Mercury Cell Chlor-Alkali Plants”

The provisions of 40 CFR Part 63 Subpart IIII, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart IIII			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	December 19, 2003	[68 FR 70904]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]
Revision	Vol. 85	December 28, 2020	[85 FR 84261]

Regulation 61-62.63, Subpart JJJJJ, shall be revised as follows:

Subpart JJJJJ - “National Emission Standards for Hazardous Air Pollutants for Brick and Structural Clay Products Manufacturing”

The provisions of 40 CFR Part 63, Subpart JJJJJ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart JJJJJ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	May 16, 2003	[68 FR 26690]
Revision	Vol. 68	May 28, 2003	[68 FR 31744]
Revision	Vol. 71	April 20, 2006	[71 FR 20445]
Revision	Vol. 71	June 23, 2006	[71 FR 36014]
Revision	Vol. 80	October 26, 2015	[80 FR 65469]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart KKKKK, shall be revised as follows:

Subpart KKKKK - “National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing”

The provisions of 40 CFR Part 63, Subpart KKKKK, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart KKKKK			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	May 16, 2003	[67 FR 26690]
Revision	Vol. 68	May 28, 2003	[68 FR 31744]
Revision	Vol. 71	April 20, 2006	[71 FR 20445]

40 CFR Part 63 Subpart KKKKK			
Federal Register Citation	Volume	Date	Notice
Revision	Vol. 71	June 23, 2006	[71 FR 36014]
Revision	Vol. 80	October 26, 2015	[80 FR 65469]
Revision	Vol. 80	December 4, 2015	[80 FR 75817]
Revision	Vol. 84	November 1, 2019	[84 FR 58601]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart LLLLL, shall be revised as follows:

Subpart LLLLL - “National Emission Standards for Hazardous Air Pollutants: Asphalt Processing and Asphalt Roofing Manufacturing”

The provisions of 40 CFR Part 63 Subpart LLLLL, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart LLLLL			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	April 29, 2003	[68 FR 22976]
Revision	Vol. 68	May 7, 2003	[68 FR 24562]
Revision	Vol. 70	May 17, 2005	[70 FR 28360]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 85	March 12, 2020	[85 FR 14526]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart MMMMM, shall be revised as follows:

Subpart MMMMM - “National Emission Standards for Hazardous Air Pollutants: Flexible Polyurethane Foam Fabrication Operations”

The provisions of 40 CFR Part 63 Subpart MMMMM, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart MMMMM			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	April 14, 2003	[68 FR 18062]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart NNNNN, shall be revised as follows:

Subpart NNNNN - “National Emission Standards for Hazardous Air Pollutants: Hydrochloric Acid Production”

The provisions of 40 CFR Part 63 Subpart NNNNN, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by

reference as if fully repeated herein.

40 CFR Part 63 Subpart NNNNN			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	April 17, 2003	[68 FR 19076]
Revision	Vol. 71	April 7, 2006	[71 FR 17738]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>April 15, 2020</u>	<u>[85 FR 20855]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart P P P P P, shall be revised as follows:

Subpart P P P P P - “National Emission Standards for Hazardous Air Pollutants for Engine Test Cells/Standards”

The provisions of 40 CFR Part 63 Subpart P P P P P, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart P P P P P			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	May 27, 2003	[68 FR 28774]
Revision	Vol. 68	August 28, 2003	[68 FR 51830]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>June 3, 2020</u>	<u>[85 FR 34326]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart Q Q Q Q Q, shall be revised as follows:

Subpart Q Q Q Q Q - “National Emission Standards for Hazardous Air Pollutants for Friction Materials Manufacturing Facilities”

The provisions of 40 CFR Part 63 Subpart Q Q Q Q Q, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart Q Q Q Q Q			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 67	October 18, 2002	[67 FR 64498]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
Revision	Vol. 84	February 8, 2019	[84 FR 2742]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart R R R R R, shall be revised as follows:

Subpart R R R R R - “National Emission Standards for Hazardous Air Pollutants: Taconite Iron Ore Processing”

The provisions of 40 CFR Part 63 Subpart RRRRR, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart RRRRR			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	October 30, 2003	[68 FR 61868]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>July 28, 2020</u>	<u>[85 FR 45476]</u>
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart SSSSS, shall be revised as follows:

Subpart SSSSS - “National Emission Standards for Hazardous Air Pollutants for Refractory Products Manufacturing”

The provisions of 40 CFR Part 63 Subpart SSSSS, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart SSSSS			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	April 16, 2003	[68 FR 18730]
Revision	Vol. 71	February 13, 2006	[71 FR 7415]
Revision	Vol. 71	April 14, 2006	[71 FR 19435]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart TTTTT, shall be revised as follows:

Subpart TTTTT - “National Emissions Standards for Hazardous Air Pollutants for Primary Magnesium Refining”

The provisions of 40 CFR Part 63 Subpart TTTTT, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart TTTTT			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 68	October 10, 2003	[68 FR 58615]
Revision	Vol. 71	April 20, 2006	[71 FR 20446]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart UUUUU, shall be revised as follows:

Subpart UUUUU - “National Emission Standards for Hazardous Air Pollutants: Coal- and Oil-Fired Electric Utility Steam Generating Units”

The provisions of 40 CFR Part 63 Subpart UUUUU, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart UUUUU			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 77	February 16, 2012	[77 FR 9304]
Revision	Vol. 77	April 19, 2012	[77 FR 23399]
Revision	Vol. 77	August 2, 2012	[77 FR 45967]
Revision	Vol. 78	April 24, 2013	[78 FR 24073]
Revision	Vol. 79	November 19, 2014	[79 FR 68777, 68795]
Revision	Vol. 80	March 24, 2015	[80 FR 15510]
Revision	Vol. 81	April 6, 2016	[81 FR 20172]
Revision	Vol. 82	April 6, 2017	[82 FR 16736]
Revision	Vol. 83	November 14, 2018	[83 FR 56713]
Revision	Vol. 85	April 15, 2020	[85 FR 20838]
Revision	Vol. 85	September 9, 2020	[85 FR 55744]

Regulation 61-62.63, Subpart WWWW, shall be revised as follows:

Subpart WWWW - “National Emission Standards for Hospital Ethylene Oxide Sterilizers”

The provisions of 40 CFR Part 63 Subpart WWWW, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart WWWW			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 72	December 28, 2007	[72 FR 73611]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart ZZZZ, shall be revised as follows:

Subpart ZZZZ - “National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries Area Sources”

The provisions of 40 CFR Part 63 Subpart ZZZZ, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart ZZZZ			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 73	January 2, 2008	[73 FR 226]
Revision	Vol. 85	September 10, 2020	[85 FR 56080]

Regulation 61-62.63, Subpart BBBB, shall be revised as follows:

Subpart BBBBBB - “National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities”

The provisions of 40 CFR Part 63 Subpart BBBBBB, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart BBBBBB			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 73	January 10, 2008	[73 FR 1916]
Revision	Vol. 73	March 7, 2008	[73 FR 12275]
Revision	Vol. 76	January 24, 2011	[76 FR 4156]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart CCCCCC, shall be revised as follows:

Subpart CCCCCC - “National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities”

The provisions of 40 CFR Part 63 Subpart CCCCCC, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart CCCCCC			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 73	January 10, 2008	[73 FR 1916]
Revision	Vol. 73	March 7, 2008	[73 FR 12275]
Revision	Vol. 73	June 25, 2008	[73 FR 35939]
Revision	Vol. 76	January 24, 2011	[76 FR 4156]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart HHHHHH, shall be revised as follows:

Subpart HHHHHH - “National Emission Standards for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources”

The provisions of 40 CFR Part 63 Subpart HHHHHH, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart HHHHHH			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 73	January 9, 2008	[73 FR 1738]
Revision	Vol. 73	February 13, 2008	[73 FR 8408]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart PPPPPP, shall be revised as follows:

Subpart P P P P P P - “National Emission Standards for Hazardous Air Pollutants for Lead Acid Battery Manufacturing Area Sources”

The provisions of 40 CFR Part 63 Subpart P P P P P P, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart P P P P P P			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 72	July 16, 2007	[72 FR 38864]
Revision	Vol. 73	March 26, 2008	[73 FR 15923]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart Q Q Q Q Q Q, shall be revised as follows:

Subpart Q Q Q Q Q Q - “National Emission Standards for Hazardous Air Pollutants for Wood Preserving Area Sources”

The provisions of 40 CFR Part 63 Subpart Q Q Q Q Q Q, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart Q Q Q Q Q Q			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 72	July 16, 2007	[72 FR 38864]
Revision	Vol. 73	March 26, 2008	[73 FR 15923]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart R R R R R R, shall be revised as follows:

Subpart R R R R R R - “National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing Area Sources”

The provisions of 40 CFR Part 63 Subpart R R R R R R, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart R R R R R R			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 72	December 26, 2007	[72 FR 73180]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart T T T T T T, shall be revised as follows:

Subpart T T T T T T - “National Emission Standards for Hazardous Air Pollutants for Secondary Nonferrous Metals Processing Area Sources”

The provisions of 40 CFR Part 63 Subpart T T T T T T, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by

reference as if fully repeated herein.

40 CFR Part 63 Subpart TTTTTT			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 72	December 26, 2007	[72 FR 73180]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart WWWWWW, shall be revised as follows:

Subpart WWWWWW - “National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Plating and Polishing Operations”

The provisions of 40 CFR Part 63 Subpart WWWWWW, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart WWWWWW			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 73	July 1, 2008	[73 FR 37728]
Revision	Vol. 76	June 20, 2011	[76 FR 35744]
Revision	Vol. 76	September 19, 2011	[76 FR 57913]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart XXXXXX, shall be revised as follows:

Subpart XXXXXX - “National Emission Standards for Hazardous Air Pollutants Area Source Standards for Nine Metal Fabrication and Finishing Source Categories”

The provisions of 40 CFR Part 63 Subpart XXXXXX, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart XXXXXX			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 73	July 23, 2008	[73 FR 42978]
Revision	Vol. 85	November 19, 2020	[85 FR 73854]

Regulation 61-62.63, Subpart YYYYYY, shall be revised as follows:

Subpart YYYYYY - “National Emission Standards for Hazardous Air Pollutants for Area Sources: Ferroalloys Production Facilities”

The provisions of 40 CFR Part 63 Subpart YYYYYY, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart YYYYYY			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 73	December 23, 2008	[73 FR 78637]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart AAAAAAA, shall be revised as follows:

Subpart AAAAAAA - “National Emission Standards for Hazardous Air Pollutants for Area Sources: Asphalt Processing and Asphalt Roofing Manufacturing”

The provisions of 40 CFR Part 63 Subpart AAAAAAA, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart AAAAAAA			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 74	December 2, 2009	[74 FR 63236]
Revision	Vol. 75	March 18, 2010	[75 FR 12988]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart BBBBBBB, shall be revised as follows:

Subpart BBBBBBB - “National Emission Standards for Hazardous Air Pollutants for Area Sources: Chemical Preparations Industry”

The provisions of 40 CFR Part 63 Subpart BBBBBBB, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart BBBBBBB			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 74	December 30, 2009	[74 FR 69194]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart CCCCCC, shall be revised as follows:

Subpart CCCCCC - “National Emission Standards for Hazardous Air Pollutants for Area Sources: Paints and Allied Products Manufacturing”

The provisions of 40 CFR Part 63 Subpart CCCCCC, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart CCCCCC			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 74	December 3, 2009	[74 FR 63504]
Revision	Vol. 75	March 5, 2010	[75 FR 10184]
Revision	Vol. 75	June 3, 2010	[75 FR 31317]

40 CFR Part 63 Subpart CCCCCC			
Federal Register Citation	Volume	Date	Notice
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

Regulation 61-62.63, Subpart HHHHHHH, shall be revised as follows:

Subpart HHHHHHH - “National Emission Standards for Hazardous Air Pollutant Emissions for Polyvinyl Chloride and Copolymers Production”

The provisions of 40 CFR Part 63 Subpart HHHHHHH, as originally published in the Federal Register and as subsequently amended upon publication in the Federal Register as listed below, are incorporated by reference as if fully repeated herein.

40 CFR Part 63 Subpart HHHHHHH			
Federal Register Citation	Volume	Date	Notice
Original Promulgation	Vol. 77	April 17, 2012	[77 FR 22848]
<u>Revision</u>	<u>Vol. 85</u>	<u>November 19, 2020</u>	<u>[85 FR 73854]</u>

61-62.70, Title V Operating Permit Program.

Regulation 61-62.70.3 (a)(4) and (a)(5), shall be revised as follows:

- (4) Any affected source under the Title IV Acid Rain Program; and
- (5) Any source in a source category designated by the Administrator pursuant to this Section; ~~and~~.

Regulation 61-62.70.6 (e)(2) and (e)(3), shall be revised as follows:

- (2) Requirements that the owner or operator notify the Department at least 10 days in advance of each change in location; ~~and~~
- (3) Conditions that assure compliance with all other provisions of this Section; ~~and~~ and

Regulation 61-62.70.7 (h)(2) shall be revised as follows:

(2) The notice shall identify the affected facility; the name and address of the permittee; the name and address of the Department; the activity or activities involved in the permit action; the emissions change involved in any permit modification; the name, address, and telephone number of a person (or an email or website address) from whom interested persons may obtain additional information, including copies of the permit draft, the statement required by Section 70.7(a)(5) (sometimes referred to as the ‘statement of basis’), the application, all relevant supporting materials, including any permit application, statement of basis, compliance plan, permit, and monitoring and compliance certification report pursuant to Section 503(e) of the Act, except for information entitled to confidential treatment pursuant to Section 114(c) of the Act (the contents of a Part 70 permit shall not be entitled to protection under Section 114(c) of the Act), and all other materials available to the Department (except for publicly-available materials and publications) that are relevant to the permit decision; a brief description of the comment procedures required by this part; and the time and place of any hearing that may be held, including a statement of procedures to request a hearing (unless a hearing has already been scheduled);

Regulation 61-62.70.7 (h)(3), shall be revised as follows:

(3) The Department shall provide such notice and opportunity for participation by affected States as is provided for by Section 70.8; ~~and~~

Regulation 61-62.70.7 (h)(5), shall be revised as follows:

(5) The Department shall keep a record of the commenters and also of the issues raised during the public participation process as well as records of the written comments submitted during that process, so that the Administrator may fulfill his obligation under Section 505(b)(2) of the Act to determine whether a citizen petition may be granted, and such records shall be available to the public.

Regulation 61-62.70.7 (h)(6), shall be added in alpha-numeric order as follows:

(6) The Department must respond in writing to all significant comments raised during the public participation process, including any such written comments submitted during the public comment period and any such comments raised during any public hearing on the permit.

Regulation 61-62.70.8 (a)(1), shall be revised as follows:

(1) Unless otherwise agreed to between the Department and the Administrator, the Department shall provide to the Administrator a copy of each permit application (including any application for significant or minor permit modification), the statement required by Section 70.7(a)(5) (sometimes referred to as the 'statement of basis'), each proposed permit, ~~and~~ each final Part 70 permit, and, if significant comment is received during the public participation process, the written response to comments (which must include a written response to all significant comments raised during the public participation process on the draft permit and recorded under Section 70.7(h)(5)), and an explanation of how those public comments and the Department's responses are available to the public. The applicant may be required by the Department to provide a copy of the permit application (including the compliance plan) directly to the Administrator. Upon agreement with the Administrator, the Department may submit to the Administrator a permit application summary form and any relevant portion of the permit application and compliance plan, in place of the complete permit application and compliance plan. To the extent practicable, the preceding information shall be provided in a computer-readable format compatible with EPA's national database management system.

(i) Where the public participation process for a draft permit concludes before the proposed permit is submitted to the Administrator, the statement required by Section 70.7(a)(5) (sometimes referred to as the 'statement of basis') and the written response to comments, if significant comment was received during the public participation process, must be submitted with the proposed permit along with other supporting materials required in Section 70.8(a)(1), excepting the final permit. The Administrator's forty-five (45) day review period for this proposed permit will not begin until such materials have been received by the EPA.

(ii) In instances where the Administrator has received a proposed permit from the Department before the public participation process on the draft permit has been completed, the statement required by Section 70.7(a)(5) (sometimes referred to as the 'statement of basis') must be submitted with the proposed permit along with other supporting materials, required in Section 70.8(a)(1), excepting the final permit and the written response to comments. If the Department receives significant comment on the draft permit during the public participation process, but after the submission of the proposed permit to the Administrator, the Administrator will no longer consider the submitted proposed permit as a permit proposed to be issued under section 505 of the Act. In such instances, the Department must make any revisions to the permit and permit record necessary to address such public comments, including preparation of a written response to comments (which must include a written response to all significant comments raised during the public

participation process on the draft permit and recorded under Section 70.7(h)(5)), and must submit the proposed permit and the supporting material required under Section 70.8(a)(1)(i), excepting the final permit, to the Administrator after the public comment period has closed. This later-submitted permit will then be considered as a permit proposed to be issued under section 505 of the Act, and the Administrator's review period for the proposed permit will not begin until all required materials have been received by the EPA.

Regulation 61-62.70.8 (c)(1), shall be revised as follows:

(1) No permit for which an application must be transmitted to the Administrator under Section 70.8(a) shall be issued if the Administrator objects to its issuance in writing within 45 days of receipt of the proposed permit and all necessary supporting information required under Section 70.8(a)(1), including under Section 70.8(a)(1)(i) or (ii) where applicable.

Regulation 61-62.70.8 (d), shall be revised as follows:

(d) Public petitions to the Administrator. If the Administrator does not object in writing under Section 70.8(c), any person may petition the Administrator within 60 days after the expiration of the Administrator's 45-day review period to make such objection. The petitioner shall provide a copy of such petition to the Department and the applicant. Any such petition shall be based only on objections to the permit that were raised with reasonable specificity during the public comment period provided for in Section 70.7(h), unless the petitioner demonstrates that it was impracticable to raise such objections within such period, or unless the grounds for such objection arose after such period. If the Administrator objects to the permit as a result of a petition filed under this paragraph, the Department shall not issue the permit until EPA's objection has been resolved, except that a petition for review does not stay the effectiveness of a permit or its requirements if the permit was issued after the end of the 45-day review period and prior to an EPA objection. If the Department has issued a permit prior to receipt of an EPA objection under this paragraph, the Administrator will modify, terminate, or revoke such permit, and shall do so consistent with the procedures in Sections 70.7(g)(4) or (5)(i) and (ii) except in unusual circumstances, and the Department may thereafter issue only a revised permit that satisfies EPA's objection. In any case, the source will not be in violation of the requirement to have submitted a timely and complete application.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: Amendment of R.61-62, Air Pollution Control Regulations and Standards, and the South Carolina Air Quality Implementation Plan (SIP).

Purpose: The EPA promulgated amendments to federal air quality regulations in 2020. The recent federal amendments include clarification, guidance, and technical revisions to the SIP requirements promulgated pursuant to 42 U.S.C. Sections 7410 and 7413; New Source Performance Standards (NSPS) and Emission Guidelines mandated by 42 U.S.C. Section 7411; and federal National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories mandated by 42 U.S.C. Section 7412. The Department, therefore, amends R.61-62 and the SIP to incorporate these amendments to federal standards promulgated from January 1, 2020, through December 31, 2020. The Department also amends R.61-62.70, Title V Operating Permit Program, to codify relevant federal amendments to Title V provisions to comply with federal law. Additionally, the Department amends R.61-62.5, Standard No. 7, Prevention of Significant Deterioration (PSD), and R.61-62.5, Standard No. 7.1, Nonattainment New Source Review (NSR), to incorporate EPA's clarification of Project Emissions Accounting, to incorporate EPA's corrections to NSR

regulations, and to make other amendments, as necessary, to maintain compliance with federal law. The Department makes corrections for internal consistency, clarification, and codification, to improve the overall text as necessary for compliance with federal law.

Legal Authority: 1976 Code Sections 48-1-10 et seq., and the Clean Air Act, 42 U.S.C. Sections 7410, 7413, and 7416.

Plan for Implementation: The amendments will take legal effect upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The EPA promulgates amendments to its air quality regulations throughout each calendar year. Federal amendments in 2020 included revised NSPS and Emission Guideline rules and NESHAPs for Source Categories, and amendments to PSD, NSR, and Title V permitting provisions. The Department adopts these federal amendments to maintain compliance with federal law, as the EPA has delegated South Carolina authority for implementation and enforcement of these federal regulations. These amendments are reasonable, as they promote consistency and ensure compliance with both state and federal regulations. These amendments also include corrections for internal consistency, clarification, chemical nomenclature, codification, and spelling to improve the overall text as necessary to ensure compliance with federal law.

DETERMINATION OF COSTS AND BENEFITS:

There is no anticipated increase in costs to the state or its political subdivisions resulting from these revisions. The standards adopted are already in effect and applicable to the regulated community as a matter of federal law, thus the amendments do not present a new cost to the regulated community. The amendments incorporate the revisions to the EPA regulations, which the Department implements pursuant to federal delegation and the authority granted by Section 48-1-50 of the Pollution Control Act. The amendments benefit the regulated community by clarifying and updating the regulations and increasing their ease of use.

UNCERTAINTIES OF ESTIMATES:

There are no uncertainties of estimates relative to the costs to the state or its political subdivisions.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

Adoption of the recent changes in federal regulations through the amendments to Regulation 61-62, Air Pollution Control Regulations and Standards, provides continued protection of the environment and public health.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

The state's authority to implement federal requirements, which are beneficial to the public health and environment, would be compromised if these amendments were not adopted in South Carolina.

ATTACHMENT B

SUMMARY OF PUBLIC COMMENTS AND DEPARTMENT RESPONSES

**Document No. 5056
R.61-62, Air Pollution Control Regulations and Standards**

As of the September 27, 2021, close of the Notice of Proposed Regulation comment period:

Name	Section
EPA Region 4	R.61-62.5 Std. 7 (AA)(12)(b)
<p>Comment: Thank you for allowing us the opportunity to review the 2020 End of Year revisions package. In reviewing Regulation 61-62.5, Standard No. 7, "Prevention of Significant Deterioration," we noticed a typographical error in paragraph (AA)(12)(b). The second citation of that paragraph "(AA)(12)(b)(i)" is a typographical error that should be amended to read "(AA)(12)(i)". To correspond to the federal citation 40 CFR 52.21(aa)(12)(ii), the phrase should read:</p> <p>(b) Minimum performance requirements for approved monitoring approaches. The following are acceptable general monitoring approaches when conducted in accordance with the minimum requirements in paragraphs (AA)(12)(c) through (AA)(12)(i):</p>	
<p>Department Response: Adopted. The Department amended R.61-62.5 Standard No. 7 paragraph (AA)(12)(b) to correct the second citation, as written above.</p>	
Name	Section
EPA Region 4	R.61-62.5 Std. 7.1 (A)(10)(t) and (B)(22)(c)(xx)
<p>Comment: On June 1, 2021, South Carolina submitted to the EPA a withdrawal letter, which withdrew the Ethanol Rule provisions found in the nonattainment new source review regulations, Standard No. 7.1. This language is still present in the State rules. The EPA is requesting South Carolina to be very clear and specific in the cover letter when submitting this as a final, that they are NOT requesting for the EPA to approve the portion of paragraphs (A)(10)(t) and (B)(22)(c)(xx) related to the Ethanol Rule into the state implementation plan.</p>	
<p>Department Response: The Department sent a letter on June 21, 2021, to request a partial withdrawal of previous SIP submittals, specifically the addition of a phrase related to the EPA Ethanol Rule that appears at paragraphs (A)(10)(t) and (B)(22)(c)(xx) of Standard No. 7.1. The Department's June 21, 2021, SIP partial withdrawal request is not implicated by these amendments to R.61-62. The Department agrees to include a statement in its cover letter to EPA to reiterate its request that the EPA not act on the portion of paragraphs (A)(10)(t) and (B)(22)(c)(xx) related to the Ethanol Rule, and to affirm that the Department is not requesting the EPA to approve the portions of these paragraphs related to the Ethanol Rule into the SIP.</p>	
Name	Section
Patrick Augustine of Bart Fireside	R.61-62.60, Subpart AAA
<p>Comment: 1. The Step 2 that was promulgated to the wood stove industry, going into effect on May 15th 2020, was the second such regulation done within a period of five years. Step 1 went into effect on February</p>	

3rd, 2015. Both NSPS had the effect that appliances that met these standards could no longer be sold or offered for sale anywhere in the United States - in fact these appliances could only be donated or sent for sale overseas. The result for small businesses like my own was that we had to replace all our display models and any noncompliant models we had in stock for sale - for Step Two this amounted to a total of 26 stoves. Therefore, these new NSPS represent a significant regulatory burden on my business and those of similar businesses in South Carolina - many of whom are members of HPBA (Hearth, Patio & Barbeque Association). The HPBA has worked with the EPA as an intermediary to ensure the appliances we sell as home heaters for many residents of South Carolina are safe and economical as a primary source of heat.

2. The reduction in particulate emissions that the NSPS have achieved were significant and represented an effort by the wood stove industry to reduce air effects and increase efficiency in these appliances in partnership with the EPA. It is the hope of the industry that this voluntary compliance with two sizable regulatory efforts in such a short span will ensure that the EPA, and thus DHEC, will consider wood stoves to be a clean energy alternative to other heating sources and not pursue additional regulations that impact wood stoves. Especially during a pandemic, forcing businesses to conform to new standards means we have fewer opportunities to remain a profitable employer. Furthermore, the NSPS have increased the price of stoves to the end consumer, effectively becoming a larger burden on South Carolinians who want to install a new wood stove, or update an existing, inefficient stove. Many SC residents still heat with wood in the winter as a matter of economics and having wood heat as a viable option is important with unpredictable weather.

Department Response:

The NSPS regulations discussed by the commenter are promulgated and made effective at the federal level. The Department has delegated authority from EPA to implement and enforce these regulations, but lacks authority to relax the federal standards or timelines. The NSPS are therefore incorporated by reference as they appear in the federal regulations. The wood heater NSPS referenced by the commenter (including Subparts AAA and QQQQ) were previously incorporated by reference into Department regulations in 2016 (though, as noted by the commenter, certain requirements of those regulations went into effect in 2020). The current amendment to the Department's Subpart AAA and Subpart QQQQ regulations is a limited amendment that serves only to incorporate EPA's own limited 2020 revisions to the NSPS (related to pellet fuel requirements and certification testing). The federal revisions being incorporated by reference appear at 85 Fed. Reg. 18,448 and 85 Fed. Reg. 63,394.

Date: November 10, 2021

To: S.C. Board of Health and Environmental Control

From: Bureau of Land and Waste Management

Re: Public Hearing for Notice of Final Regulation Amending R.61-79, Hazardous Waste Management Regulations, Document No. 5058

I. Introduction

The Bureau of Land and Waste Management (“Bureau”) proposes the attached Notice of Final Regulation amending R.61-79, *Hazardous Waste Management Regulations*. Legal authority resides in the South Carolina Hazardous Waste Management Act, S.C. Code Ann. Sections 44-56-10 *et seq.*, which authorizes the Department of Health and Environmental Control (“Department”) to promulgate hazardous waste management regulations, procedures, or standards as may be necessary to protect human health and the environment. The Administrative Procedures Act, S.C. Code Ann. Section 1-23-120(A), requires General Assembly review of these proposed amendments.

II. Facts

1. The Bureau proposes amending R.61-79 to adopt the final Environmental Protection Agency (“EPA”) rule, “Modernizing Ignitable Liquids Determinations,” published in the *Federal Register* on July 7, 2020, at 85 FR 40594-40608. This rule updates flash point test methods used to determine if a liquid waste is hazardous and will allow the use of non-mercury thermometers in approved analytical methods that currently require mercury thermometers. This rule will reduce the burden on the regulated community by providing greater clarity to determinations of hazardous waste, providing more flexibility in testing requirements, and improving environmental compliance, thereby enhancing the protection of human health and the environment.
2. The EPA has given authorized states, including South Carolina, the discretion to adopt this rule. The Ignitability Rule will make the regulations neither more nor less stringent than current requirements.
3. The proposed amendments also include changes such as corrections for clarity and readability, grammar, punctuation, codification, and other such regulatory text improvements.
4. The Bureau had a Notice of Drafting published in the April 23, 2021, *South Carolina State Register*. The Bureau received no comments during the public comment period.
5. The Bureau updated its “Hazardous Waste Management Regulations Update Status” webpage on April 29, 2021, to include a summary of the proposed amendments.
6. The Bureau conducted an outreach meeting on June 4, 2021, with the Environmental Technical Committee of the South Carolina Manufacturers Alliance.
7. Appropriate Department staff conducted an internal review of the proposed amendments on June 14, 2021.
8. Upon receiving approval during the August 12, 2021, Board meeting, the Bureau had a Notice of Proposed Regulation published in the August 27, 2021, *South Carolina State Register*. The Bureau received no comments during the public comment period.

III. Request for Approval

The Bureau respectfully requests the Board to find need and reasonableness of the attached proposed amendment of R.61-79, *Hazardous Waste Management Regulations*, for submission to the General Assembly.



Henry Porter
Bureau Chief



Myra Reece
Director

Attachment:
A. Notice of Final Regulation

ATTACHMENT A

**STATE REGISTER NOTICE OF FINAL REGULATION
FOR R.61-79, Hazardous Waste Management Regulations**

November 10, 2021

Document No. 5058

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61**

Statutory Authority: 1976 Code Sections 44-56-10 et seq.

61-79. Hazardous Waste Management Regulations.

Synopsis:

Pursuant to R.61-79, Hazardous Waste Management Regulations, the Department of Health and Environmental Control (“Department”) promulgates regulations establishing and enforcing procedures, standards, and other requirements for the proper management of hazardous waste in South Carolina. The Department amends R.61-79 to adopt the Environmental Protection Agency (“EPA”) final rule, “Modernizing Ignitable Liquids Determinations,” published in the *Federal Register* on July 7, 2020, at 85 FR 40594-40608. This rule updates flash point test methods used to determine if a liquid waste is hazardous. It allows the use of non-mercury thermometers in approved analytical methods that currently require mercury thermometers. This rule also provides greater clarity to determinations of hazardous waste, provides more flexibility in testing requirements, and improves environmental compliance, thereby enhancing the protection of human health and the environment. Because this rule is no more or less stringent than current Federal requirements, the EPA has made state adoption optional.

The Department had a Notice of Proposed Regulation published in the August 27, 2021, *South Carolina State Register*.

Instructions:

Amend R.61-79 pursuant to each individual instruction provided with the text of the amendments below.

Section-by-Section Discussion of Amendments:

Section	Type of Change	Purpose
260.10		
Contained	Revision	Remove incorrect reference.
Designated facility	Revision	Add needed reference.
Facility	Revision	Remove incorrect reference.
Hazardous secondary material generator	Revision	Remove unnecessary reference.
260.11	Revision	Delete existing text and add new text with references to the current flash point test methods approved by the EPA.

Section	Type of Change	Purpose
260.33(c) and (d)	Revision	Correct instances of “Administrator” to “Department.”
260.42(b)	Revision	Correct instances of “Regional Administrator” to “Department.”
260.43(a)(4)	Deletion	Remove existing text.
260.43(b)(1)(ii)	Revision	Correct reference.
261.2(a)	Revision	Add missing sentence in 261.2(a)(1). Delete existing text in 261.2(a)(2). Insert text in (2)(i) that defines “discarded material” and reserve (2)(ii).
261.2(c)(4)	Revision	Correct reference.
261.4(a)(9)(iii)(E)	Revision	Remove unnecessary language.
261.4(a)(24)(v)(B)	Technical Correction	Remove erroneous punctuation.
261.4(a)(24)(v)(B)(3)	Revision	Remove instances of “the South Carolina Hazardous Waste Management” and “with the Department” from the paragraph and adding “RCRA hazardous waste.”
261.4(a)(27)(vi)(A)	Revision	Delete reference and unnecessary language.
261.21(a)(1)	Revision and Technical Corrections	Update testing methods for liquid waste; correct spelling and grammatical errors.
261.21(a)(3)(ii)	Revision and Deletion	Update testing methods for compressed gases in items (A) and (B). Remove items (C) and (D).
261.21(a)(4)	Revision and Deletion	Remove references to Note 3 and Note 4. Change references of explosive types.
261.21 Notes	Deletion	Remove Notes 1-4.
261.31(b)(4)(ii)	Revision	Remove unnecessary language.
261.41(a)	Revision and Technical Corrections	Correct identifying language and grammatical error.
261.41(a)(2)	Revision	Update the instructions for those sending notifications of intent to export CRTs with the correct address.
261.147(g)(2)(i)(B)	Technical Correction	Correct punctuation error.
261.151(d)	Revision	Correct reference.
261.151 Appendix E, Financial Test, paragraph 4	Revision	Add needed reference to the EPA.
261.197	Revision	Remove incorrect reference.
261.420(g)	Addition	Add text that requires employees to be familiar with relevant

Section	Type of Change	Purpose
		proper methods of handling waste and emergency procedures.
261 Appendix IX Table 1	Revision	Remove Michigan's wastes excluded from Non-specific sources and replace with the listing of South Carolina's excluded wastes.
262.12	Revision	Change all instances of "Notification Form" to "Site Identification Form."
262.15(a)	Revision	Remove incorrect reference.
262.17	Revision	Remove incorrect reference.
262.17(a)(8)(iii)(A)(3)	Revision	Correct the label of RCRA Subtitle C hazardous waste permitted facilities.
262.17(c)	Revision	Remove incorrect reference.
262.18(d)(1) and (d)(2)	Revision	Remove language and reserve to match federal language.
262.20(a)(2)	Revision	Add needed reference.
262.21(f)(4)	Revision	Update printing requirements.
262.21(h)(2)	Technical Correction	Correct grammatical errors.
262.41(a)	Revision	Clarify the text by referencing "large quantity generators" rather than their specifications.
262.81 – Exporter	Revision	Delete unnecessary language.
262.83(a)(6)(i)(B)(2)	Revision	Remove incorrect reference.
262.203(b)	Revision	Correct "Notification and Reporting Form" to read "Site Identification Form."
262.204(b)	Revision	Correct "Notification and Reporting Form" to read "Site Identification Form."
262.214	Revision	Add missing text regarding Laboratory Management plans.
263.11(b)	Revision	Correct all instances of "Notification Form" to "Site Identification Form."
263.13	Revision	Correct all instances of "Notification Form" to "Site Identification Form."
264.1(g)(1)	Revision	Correct reference.
264.5(a-d).	Revision	Correct all instances of "Notification Form" to "Site Identification Form."
264.11(b)	Revision	Correct all instances of "Notification Form" to "Site Identification Form."
264.13(a)(2)	Revision	Correct reference.

Section	Type of Change	Purpose
264.314(e)	Technical Correction	Correct punctuation.
264.340(b)(1)	Revision	Add language regarding RCRA permit conditions.
264.552(e)(4)(iv)(F)	Revision and Technical Correction	Remove unnecessary reference and correct punctuation.
264.1312(a)	Revision	Correct formula.
265.1(c)(7)	Revision	Correct reference.
265.1(c)(11)	Revision	Remove unnecessary header text.
265.5	Revision	Correct all instances of “Notification Form” to “Site Identification Form.”
265.71(a)(2)(i)	Revision	Clarify manifest instructions.
265.71(f)(1)	Revision	Remove unnecessary reference.
265.71(f)(3)	Revision	Clarify waste shipment.
265.71(h)(3)	Technical Correction	Correct punctuation error.
265.193(i)(2)	Technical Correction	Correct punctuation error.
265.1035(c)(4)(i)	Technical Correction	Correct punctuation error.
266.80(a) Table 1	Revision	Add missing text and make the format consistent across the table.
266.80(b)(1)(iv)	Technical Correction	Correct spacing error.
266.80(b)(2)(iv) and (v)	Revision and Technical Correction	Correct spacing error. Add and delete language to correct sentence.
266.100(b)(3)	Revision	Remove unnecessary references.
266.100(b)(4)	Revision	Remove unnecessary references.
268.7(a)(5)(i-iii)	Revision	Add language to clarify waste analysis plans.
268.7(a)(7)	Technical Correction	Correct spelling and punctuation errors.
268.9(a)	Revision	Remove unnecessary references.
Table 268.40	Technical Correction and Deletion	Correct punctuation error in K088 listing; delete duplicated text in footnotes.
268.50(a)	Revision	Remove unnecessary reference.
270.1(a)(3)	Revision	Remove incorrect reference.
270.6(a)	Technical Correction and Revision	Correct capitalization error and correct “regulations” to “chapter.”
270.6(b)	Revision	Correct contact information and insert acronym for clarification.
270.14(b)(11)(iv)(c)(2)	Revision	Remove incorrect reference.
270.19(e)	Revision	Correct by adding in the appropriate references for each section.
270.22	Revision	Correct by adding in the appropriate references for each section.

Section	Type of Change	Purpose
270.25(e)(3)	Revision	Correct acronym.
270.29	Technical Correction	Add missing word.
270.31(c)	Revision	Remove incorrect reference.
270.32(b)(3)	Revision	Correct by adding in the appropriate references for each section.
270.42(j)(1)	Technical Correction	Correct verb tense.
270.62	Technical Correction	Correct punctuation error.
270.65(a)	Technical Correction	Correct punctuation error.
270.65(b)	Technical Correction	Correct punctuation error.
273.4(b)(2)	Technical Correction	Correct punctuation error.
273.13(c)(2)	Revision	Correct the references.

~~Indicates Matter Stricken~~

Indicates New Matter

Text:

61-79. Hazardous Waste Management Regulations.

Statutory Authority: 1976 Code Ann. Section 44-56-30

Revise the definition of “Contained” in 260.10 to read:

"Contained" means held in a unit (including a land-based unit as defined in this subpart) that meets the following criteria:

(1) The unit is in good condition, with no leaks or other continuing or intermittent unpermitted releases of the hazardous secondary materials to the environment, and is designed, as appropriate for the hazardous secondary materials, to prevent releases of hazardous secondary materials to the environment. Unpermitted releases are releases that are not covered by a permit (such as a permit to discharge to water or air) and may include, but are not limited to, releases through surface transport by precipitation runoff, releases to soil and groundwater, wind-blown dust, fugitive air emissions, and catastrophic unit failures;

(2) The unit is properly labeled or otherwise has a system (such as a log) to immediately identify the hazardous secondary materials in the unit; and

(3) The unit holds hazardous secondary materials that are compatible with other hazardous secondary materials placed in the unit and is compatible with the materials used to construct the unit and addresses any potential risks of fires or explosions.

(4) Hazardous secondary materials in units that meet the applicable requirements of ~~40 CFR~~ parts 264 or 265 are presumptively contained.

Revise the definition of “Designated facility” in 260.10 to read:

"Designated facility" means:

(1) A hazardous waste treatment, storage, or disposal facility which:

(i) has received a permit (or interim status) in accordance with the requirements of parts 270 and 124 of these regulations; or

(ii) has received a permit (or interim status) from a state authorized in accordance with 40 CFR part 271 of this chapter; or

(iii) is regulated under 261.6(c)(2) or subpart F of part 266; and

(iv) that has been designated on the manifest by the generator pursuant to 262.20.

(2) Designated facility also means a generator site designated on the manifest to receive its waste as a return shipment from a facility that has rejected the waste in accordance with 264.72(f) or 265.72(f) of this chapter.

(3) If a waste is destined to a facility in an authorized state which has not yet obtained authorization to regulate that particular waste as hazardous, then the designated facility must be a facility allowed by the receiving state to accept such waste. ~~(12/92; 12/93; 12/94; 6/95).~~

Revise the definition of “Facility” in 260.10 to read:

“Facility” means:

(1) All contiguous land, and structures, other appurtenances, and improvements on the land, used for treating, storing, or disposing of hazardous waste, or for managing hazardous secondary materials prior to reclamation. A facility may consist of several treatment, storage, or disposal operational units (e.g., one or more landfills, surface impoundments, or combinations of them).

(2) For the purpose of implementing corrective action under sections 264.101 ~~or 267.101~~, all contiguous property under the control of the owner or operator seeking a permit under subtitle C of RCRA. This definition also applies to facilities implementing corrective action under RCRA Section 3008(h).

(3) Notwithstanding paragraph (2) of this definition, a remediation waste management site is not a facility that is subject to section 264.101, but is subject to corrective action requirements if the site is located within such a facility.

Revise the definition of “Hazardous secondary material generator” in 260.10 to read:

“Hazardous secondary material generator” means any person whose act or process produces hazardous secondary materials at the generating facility. For purposes of this paragraph, “generating facility” means all contiguous property owned, leased, or otherwise controlled by the hazardous secondary material generator. For the purposes of sections ~~261.2(a)(2)(ii) and 261.4(a)(23)~~, a facility that collects hazardous secondary materials from other persons is not the hazardous secondary material generator.

Revise 260.11 to read:

~~(a) When used in R.61-79.260 through R.61-79.270, the following publications are incorporated by reference. These references will be applied to necessary testing to be performed by a certified laboratory.~~

~~(1) "ASTM Standard Test Methods for Flash Point of Liquids by Setaflash Closed Tester," ASTM Standard D 3278-78, available from American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(2) "ASTM Standard Test Methods for Flash Point by Pensky Martens Closed Tester," ASTM Standard D 93-79 or D 93-80. D 93-80 is available from American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(3) "ASTM Standard Method for Analysis of Reformed Gas by Gas Chromatography," ASTM Standard D 1946-82, available from American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(4) "ASTM Standard Test Method for Heat of Combustion of Hydrocarbon Fuels by Bomb Calorimeter(High Precision Method)," ASTM Standard D 2382-83, available from American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(5) "ASTM Standard Practices for General Techniques of Ultraviolet Visible Quantitative Analysis," ASTM Standard E 169-87, available from American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(6) "ASTM Standard Practices for General Techniques of Infrared Quantitative Analysis," ASTM Standard E 168-88, available from American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(7) "ASTM Standard Practice for Packed Column Gas Chromatography," ASTM Standard E 260-85, available from American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(8) "ASTM Standard Test Method for Aromatics in Light Naphthas and Aviation Gasolines by Gas Chromatography," ASTM Standard D 2267-88, available from American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(9) "APTI Course 415: Control of Gaseous Emissions," EPA Publication EPA450/281005, December 1981, available from National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.~~

~~(10) "Flammable and Combustible Liquids Code" (NFPA 30), 1977 or 1981, IBR approved for sections 262.16(b), 264.198(b), and 265.198(b).~~

~~(11) "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods," EPA Publication SW 846 [Third Edition (November 1986), as amended by Updates I, (dated July 1992), II (dated September 1994), IIA (dated August 1993), IIB (dated January 1995) and III] (dated December 1996) and IIIA (dated April 1998)]. The Third Edition of SW 846 and Updates I, II, IIA, IIB, and III (document number 955-001-0000-1) are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (202) 512-1800. Update IIIA is available through EPA's Methods Information Communication Exchange (MICE) Service. MICE can be contacted by phone at (703) 821-4690. Update IIIA can also be obtained by contacting the U.S. Environmental Protection Agency, Office of Solid Waste (5307W), OSW Methods Team, 1200 Pennsylvania Ave. NW, Washington, DC, 20460. Copies of the Third Edition and all of its updates are also available from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, VA 22161, (703) 605-6000 or (800) 553-6847. Copies may be inspected at the Library, U.S. Environmental Protection Agency, 1200 Pennsylvania Ave. NW, Washington, DC 20460; or at the Office of the Federal Register, 800 North Capitol Street, NW, suite 700, Washington, DC. (11/99; 8/00)~~

~~(12) "Screening Procedures for Estimating the Air Quality Impact of Stationary Sources, Revised," October 1992, EPA Publication No. EPA 450/R 92-019, Environmental Protection Agency, Research Triangle Park, NC. (Revised 12/94)~~

~~(13) "ASTM Standard Test Methods for Preparing Refuse-Derived Fuel (RDF) Samples for Analysis of Metals," ASTM Standard E926-88, Test Method C—Bomb, Acid Digestion Method, available from American Society for Testing Materials, 1916 Race Street, Philadelphia, PA 19103.~~

~~(14) "API Publication 2517, Third Edition," February 1989, "Evaporative Loss from External Floating Roof Tanks," available from the American Petroleum Institute, 1220 L Street, Northwest, Washington, DC 20005.~~

~~(15) "ASTM Standard Test Method for Vapor Pressure-Temperature Relationship and Initial Decomposition Temperature of Liquids by Isoteniscope," ASTM Standard D 2879-92, available from American Society for Testing and Materials (ASTM), 1916 Race Street, Philadelphia, PA 19103.~~

~~(16) Method 1664, Revision A, n-Hexane Extractable Material (HEM; Oil and Grease) and Silica Gel Treated n-Hexane Extractable Material (SGT-HEM; Non-polar Material) by Extraction and Gravimetry. Available at NTIS, PB99-121949, U.S. Department of Commerce, 5285 Port Royal, Springfield, Virginia 22161.~~

~~(b) The references listed in paragraph (a) of this section are also available for inspection at the Office of the Federal Register, 800 North Capitol Street NW, Suite 700, Washington DC. These incorporations by reference were approved by the Director of the Federal Register. These materials are incorporated as they exist on the date of approval and a notice of any change in these materials will be published in the Federal Register (revised 12/93).~~

When used in R.61-79.260 through R.61-79.268, the following materials are incorporated by reference. All approved materials are available for inspection at the OLEM Docket in the Environmental Protection Agency Docket Center (EPA/DC), West William Jefferson Clinton Bldg., Rm. 3334, 1301 Constitution Ave. NW., Washington, DC. The EPA/DC Public Reading Room hours of operation are 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number of the EPA/DC Public Reading room is (202) 566-1744, and the telephone number for the OLEM Docket is (202) 566-0270. These approved materials are available for inspection at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, email fedreg.legal@nara.gov or go to www.archives.gov/federal-register/cfr/ibr-locations.html. In addition, these materials are available from the following sources:

(a) American Petroleum Institute (API). 1220 L Street, Northwest, Washington, DC 20005, (855) 999-9870, www.api.org.

(1) API Publication 2517, Third Edition, February 1989, "Evaporative Loss from External Floating-Roof Tanks," IBR approved for section 265.1084.

(2) [Reserved]

(b) ASTM International (ASTM). 100 Barr Harbor Drive, P.O. Box C700, West Conshohocken, PA 19428-2959, (877) 909-ASTM, www.astm.org.

(1) ASTM D93-79, “Standard Test Methods for Flash Point by Pensky-Martens Closed Cup Tester.”
IBR approved for section 261.21(a).

(2) ASTM D93-80, “Standard Test Methods for Flash Point by Pensky-Martens Closed Cup Tester.”
IBR approved for section 261.21(a).

(3) ASTM D1946-82, “Standard Method for Analysis of Reformed Gas by Gas Chromatography.”
IBR approved for sections 264.1033 and 265.1033.

(4) ASTM D2267-88, “Standard Test Method for Aromatics in Light Naphthas and Aviation Gasolines
by Gas Chromatography.” IBR approved for section 264.1063.

(5) ASTM D2382-83, “Standard Test Method for Heat of Combustion of Hydrocarbon Fuels by Bomb
Calorimeter (High-Precision Method).” IBR approved for sections 264.1033 and 265.1033.

(6) ASTM D2879-92, “Standard Test Method for Vapor Pressure—Temperature Relationship and
Initial Decomposition Temperature of Liquids by Isoteniscope.” IBR approved for section 265.1084.

(7) ASTM D3278-78, “Standard Test Methods for Flash Point for Liquids by Setaflash Closed Tester.”
IBR approved for section 261.21(a).

(8) ASTM D8174-18, “Standard Test Method for Finite Flash Point Determination of Liquid Wastes
by Small Scale Closed Cup Tester.” Approved March 15, 2018, IBR approved for section 261.21(a).

(9) ASTM D8175-18, “Standard Test Method for Finite Flash Point Determination of Liquid Wastes
by Pensky-Martens Closed Cup Tester.” Approved March 15, 2018, IBR approved for section 261.21(a).

(10) ASTM E168-88, “Standard Practices for General Techniques of Infrared Quantitative Analysis.”
IBR approved for section 264.1063.

(11) ASTM E169-87, “Standard Practices for General Techniques of Ultraviolet-Visible Quantitative
Analysis.” IBR approved for section 264.1063.

(12) ASTM E260-85, “Standard Practice for Packed Column Gas Chromatography.” IBR approved
for section 264.1063.

(13) ASTM E681-85, “Standard Test Method for Concentration Limits of Flammability of Chemicals
(Vapors and gases).” Approved November 14, 1985, IBR approved for section 261.21(a).

(c) Environmental Protection Agency (EPA). Material cited in paragraphs (d)(1) through (3) is available
from: National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161; the
Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (202) 512-1800;
EPA’s National Service Center for Environmental Publications at <https://www.epa.gov/nscep>. Material
cited in paragraph (d)(4) of this section is available at <https://www.epa.gov/hw-sw846>.

(1) “APTI Course 415: Control of Gaseous Emissions,” EPA Publication EPA-450/2-81-005,
December 1981, IBR approved for sections 264.1035 and 265.1035.

(2) Method 1664, n-Hexane Extractable Material (HEM; Oil and Grease) and Silica Gel Treated
n-Hexane Extractable Material SGT-HEM; (Non-polar Material) by Extraction and Gravimetry:

- (i) Revision A, EPA-821-R-98-002, February 1999, IBR approved for appendix IX to part 261.
- (ii) Revision B, EPA-821-R-10-001, February 2010, IBR approved for appendix IX to part 261.
- (3) “Screening Procedures for Estimating the Air Quality Impact of Stationary Sources, Revised,” October 1992, EPA Publication No. EPA-450/R-92-019, IBR approved for appendix IX to part 266.
- (4) The following methods as published in the test methods compendium known as “Test Methods for Evaluating Solid Waste, Physical/Chemical Methods,” EPA Publication SW-846, Third Edition.
- (i) Method 0010, Modified Method 5 Sampling Train, Revision 1, dated August 2018, IBR approved for appendix IX to part 261.
- (ii) Method 0011, Sampling for Selected Aldehyde and Ketone Emissions from Stationary Sources, Revision 1, dated August 2018, IBR approved for appendix IX to part 261 and appendix IX to part 266.
- (iii) Method 0020, Source Assessment Sampling System (SASS), Revision 1, dated August 2018, IBR approved for appendix IX to part 261.
- (iv) Method 0023A, Sampling Method for Polychlorinated Dibenzo-p-Dioxins and Polychlorinated Dibenzofuran Emissions from Stationary Sources, Revision 2, dated August 2018, IBR approved for appendix IX to part 261, section 266.104(e), and appendix IX to part 266.
- (v) Method 0030, Volatile Organic Sampling Train, dated September 1986 and in the Basic Manual, IBR approved for appendix IX to part 261.
- (vi) Method 0031, Sampling Method for Volatile Organic Compounds (SMVOC), dated December 1996 and in Update III, IBR approved for appendix IX to part 261.
- (vii) Method 0040, Sampling of Principal Organic Hazardous Constituents from Combustion Sources Using Tedlar® Bags, dated December 1996 and in Update III, IBR approved for appendix IX to part 261.
- (viii) Method 0050, Isokinetic HCl/Cl₂ Emission Sampling Train, dated December 1996 and in Update III, IBR approved for appendix IX to part 261, section 266.107, and appendix IX to part 266.
- (ix) Method 0051, Midget Impinger HCl/Cl₂ Emission Sampling Train, Revision 1, dated August 2018, IBR approved for appendix IX to part 261, section 266.107, and appendix IX to part 266.
- (x) Method 0060, Determination of Metals in Stack Emissions, dated December 1996 and in Update III, IBR approved for appendix IX to part 261, section 266.106, and appendix IX to part 266.
- (xi) Method 0061, Determination of Hexavalent Chromium Emissions from Stationary Sources, dated December 1996 and in Update III, IBR approved for appendix IX to part 261, section 266.106, and appendix IX to part 266.
- (xii) Method 1010B, Test Methods for Flash Point by Pensky-Martens Closed-Cup Tester, dated December 2018, IBR approved for section 261.21 and appendix IX to part 261.
- (xiii) Method 1020C, Standard Test Methods for Flash Point by Setaflash (Small Scale) Closed-Cup Apparatus, dated December 2018, IBR approved for section 261.21 and appendix IX to part 261.

(xiv) Method 1110A, Corrosivity Toward Steel, dated November 2004 and in Update IIIB, IBR approved for section 261.22 and appendix IX to part 261.

(xv) Method 1310B, Extraction Procedure (EP) Toxicity Test Method and Structural Integrity Test, dated November 2004 and in Update IIIB, IBR approved for appendix IX to part 261.

(xvi) Method 1311, Toxicity Characteristic Leaching Procedure, dated July 1992 and in Update I, IBR approved for appendix IX to part 261, and sections 261.24, 268.7, and 268.40.

(xvii) Method 1312, Synthetic Precipitation Leaching Procedure, dated September 1994 and in Update III, IBR approved for appendix IX to part 261.

(xviii) Method 1320, Multiple Extraction Procedure, dated September 1986 and in the Basic Manual, IBR approved for appendix IX to part 261.

(xix) Method 1330A, Extraction Procedure for Oily Wastes, dated July 1992 and in Update I, IBR approved for appendix IX to part 261.

(xx) Method 9010C, Total and Amenable Cyanide: Distillation, dated November 2004 and in Update IIIB, IBR approved for appendix IX to part 261 and sections 268.40, 268.44, and 268.48.

(xxi) Method 9012B, Total and Amenable Cyanide (Automated Colorimetric, with Off-Line Distillation), dated November 2004 and in Update IIIB, IBR approved for appendix IX to part 261 and sections 268.40, 268.44, and 268.48.

(xxii) Method 9040C, pH Electrometric Measurement, dated November 2004 and in Update IIIB, IBR approved for appendix IX to part 261 and section 261.22.

(xxiii) Method 9045D, Soil and Waste pH, dated November 2004 and in Update IIIB, IBR approved for appendix IX to part 261.

(xxiv) Method 9060A, Total Organic Carbon, dated November 2004 and in Update IIIB, IBR approved for appendix IX to part 261, and sections 264.1034, 264.1063, 265.1034, and 265.1063.

(xxv) Method 9070A, n-Hexane Extractable material (HEM) for Aqueous Samples, dated November 2004 and in Update IIIB, IBR approved for appendix IX to part 261.

(xxvi) Method 9071B, n-Hexane Extractable Material (HEM) for Sludge, Sediment, and Solid Samples, dated April 1998 and in Update IIIA, IBR approved for appendix IX to part 261.

(xxvii) Method 9095B, Paint Filter Liquids Test, dated November 2004 and in Update IIIB, IBR approved, appendix IX to part 261, and sections 264.190, 264.314, 265.190, 265.314, 265.1081, and 268.32.

(d) National Fire Protection Association (NFPA). 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101, (800) 344-3555, www.nfpa.org/.

(1) NFPA 30, "Flammable and Combustible Liquids Code," 1977 Edition, IBR approved for sections 262.16(b), 264.198(b), and 265.198(b).

(2) NFPA 30, “Flammable and Combustible Liquids Code,” 1981 Edition, IBR approved for sections 262.16(b), 264.198(b), and 265.198(b).

(e) Organization for Economic Cooperation and Development (OECD). Economic Cooperation and Development, Environment Directorate, 2 rue André Pascal, F-75775 Paris Cedex 16, France, owww.oecd-ilibrary.org/.

(1) Guidance Manual for the Control of Transboundary Movements of Recoverable Wastes, copyright 2009, Annex B: OECD Consolidated List of Wastes Subject to the Green Control Procedure and Annex C: OECD Consolidated List of Wastes Subject to the Amber Control Procedure, IBR approved for sections 262.82(a), 262.83(b), (d), and (g), and 262.84(b) and (d).

(2) [Reserved]

Revise 260.33(c) and (d) to read:

(c) In the event of a change in circumstances that affect how a hazardous secondary material meets the relevant criteria contained in Section 260.31, Section 260.32, or Section 260.34 upon which a variance or non-waste determination has been based, the applicant must send a description of the change in circumstances to the AdministratorDepartment. The AdministratorDepartment may issue a determination that the hazardous secondary material continues to meet the relevant criteria of the variance or non-waste determination or may require the facility to re-apply for the variance or non-waste determination.

(d) Variances and non-waste determinations shall be effective for a fixed term not to exceed ten (10) years. No later than six (6) months prior to the end of this term, facilities must re-apply for a variance or non-waste determination. If a facility re-applies for a variance or non-waste determination within six (6) months, the facility may continue to operate under an expired variance or non-waste determination until receiving a decision on their re-application from the AdministratorDepartment.

Revise 260.42(b) to read:

(b) If a facility managing hazardous secondary materials has submitted a notification, but then subsequently stops managing hazardous secondary materials in accordance with the regulation(s) listed above, the facility must notify the Regional AdministratorDepartment within thirty (30) days using EPA Form 8700-12. For purposes of this section, a facility has stopped managing hazardous secondary materials if the facility no longer generates, manages and/or reclaims hazardous secondary materials under the regulation(s) above and does not expect to manage any amount of hazardous secondary materials for at least one (1) year.

Remove 260.43(a)(4):

~~(4) The product of the recycling process must be comparable to a legitimate product or intermediate:~~
~~(i) Where there is an analogous product or intermediate, the product of the recycling process is comparable to a legitimate product or intermediate if:~~
~~(A) The product of the recycling process does not exhibit a hazardous characteristic (as defined in part 261 subpart C) that analogous products do not exhibit, and~~
~~(B) The concentrations of any hazardous constituents found in appendix VIII of part 261 of this chapter that are in the product or intermediate are at levels that are comparable to or lower than those found in analogous products or at levels that meet widely recognized commodity standards and specifications, in the case where the commodity standards and specifications include levels that specifically address those hazardous constituents.~~

~~(ii) Where there is no analogous product, the product of the recycling process is comparable to a legitimate product or intermediate if:~~

~~(A) The product of the recycling process is a commodity that meets widely recognized commodity standards and specifications (for example, commodity specification grades for common metals), or~~

~~(B) The hazardous secondary materials being recycled are returned to the original process or processes from which they were generated to be reused (for example, closed loop recycling).~~

~~(iii) If the product of the recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate per paragraph (a)(4)(i) or (ii) of this section, the recycling still may be shown to be legitimate, if it meets the following specified requirements. The person performing the recycling must conduct the necessary assessment and prepare documentation showing why the recycling is, in fact, still legitimate. The recycling can be shown to be legitimate based on lack of exposure from toxics in the product, lack of the bioavailability of the toxics in the product, or other relevant considerations which show that the recycled product does not contain levels of hazardous constituents that pose a significant human health or environmental risk. The documentation must include a certification statement that the recycling is legitimate and must be maintained on site for three years after the recycling operation has ceased. The person performing the recycling must notify the Regional Administrator of this activity using EPA Form 8700-12.~~

Revise 260.43(b)(1)(ii) to read:

(ii) contain concentrations of hazardous constituents found in R.61-79.2641 appendix VIII at levels that are significantly elevated from those found in analogous products, or

Revise 261.2(a) to read:

(a)(1) A solid waste is any discarded material that is not excluded by Section 261.4(a) or that is not excluded by variance granted under R.61-79.260.30 and 260.31, or that is not excluded by a non-waste determination under R.61-79.260.30 and 260.34.

~~(2) A discarded material is any material which is:~~

~~(i) Abandoned, as explained in paragraph (b) of this section; or~~

~~(ii) [Reserved]~~

~~(iii) Considered inherently waste-like, as explained in paragraph (d) of this section; or~~

~~(iv) A "military munition" identified as a solid waste in 266.202.~~

(2)

(i) A discarded material is any material that is:

(A) Abandoned, as explained in paragraph (b) of this section; or

(B) Recycled, as explained in paragraph (c) of this section; or

(C) Considered inherently waste-like, as explained in paragraph (d) of this section; or

(D) A military munition identified as a solid waste in section 266.202.

(ii) [Reserved]

Replace Table 1 in 261.2(c)(4) to read:

261.2 Table 1 Summary of definitions of Solid Waste				
	Use Constituting Disposal (261.2(c)(1))	Energy Recovery/Fuel (261.2(c)(2))	Reclamation (261.2(c)(3)), except as provided in 261.4(a)(17), 261.4(a)(23), 261.4(a)(24), or 261.4(a)(25)	Speculative Accumulation (261.2(c)(4))
	(1)	(2)	(3)	(4)
Spent Materials	(*)	(*)	(*)	(*)
Sludges (listed in sections 261.31 or 261.32)	(*)	(*)	(*)	(*)
Sludges exhibiting a characteristic of hazardous waste	(*)	(*)	---	(*)
By-products exhibiting a characteristic of hazardous waste	(*)	(*)	(*)	(*)
Commercial chemical products listed in section 261.33	(*)	(*)	---	---
Scrap metal that is not excluded under section 261.4(a)(13)	(*)	(*)	(*)	(*)

Revise 261.4(a)(9)(iii)(E) to read:

(E) Prior to operating pursuant to this exclusion, the plant owner or operator prepares a one-time notification stating that the plant intends to claim the exclusion, giving the date on which the plant intends to begin operating under the exclusion, and containing the following language: "I have read the applicable regulation establishing an exclusion for wood preserving wastewaters and spent wood preserving solutions and understand it requires me to comply at all times with the conditions set out in the regulation." The plant must maintain a copy of that document in its on-site records until closure of the facility. The exclusion applies so long as the plant meets all of the conditions. If the plant goes out of compliance with any condition, it may apply to the appropriate Department for reinstatement. The Department may reinstate the exclusion upon finding that the plant has returned to compliance with all conditions and that the violations are not likely to recur.

Revise 261.4(a)(24)(v)(B) to read:

(B) Prior to arranging for transport of hazardous secondary materials to a reclamation facility (or facilities) where the management of the hazardous secondary materials is not addressed under a RCRA part B permit (~~a federally issued RCRA permit or a hazardous waste permit issued by the Department~~) or interim status standards, the hazardous secondary material generator must make reasonable efforts to ensure that each reclaimer intends to properly and legitimately reclaim the hazardous secondary material and not discard it, and that each reclaimer will manage the hazardous secondary material in a manner that is protective of human health and the environment. If the hazardous secondary material will be passing through an intermediate facility where the management of the hazardous secondary materials is not addressed under a RCRA part B permit or interim status standards, the hazardous secondary material generator must make contractual arrangements with the intermediate facility to ensure that the hazardous secondary material is sent to the reclamation facility identified by the hazardous secondary material generator, and the hazardous secondary material generator must perform reasonable efforts to ensure that the intermediate facility will manage the hazardous secondary material in a manner that is protective of human health and the environment. Reasonable efforts must be repeated at a minimum of every three (3) years for the hazardous secondary material generator to claim the exclusion and to send the hazardous secondary materials to each reclaimer and any intermediate facility. In making these reasonable efforts, the generator may use any credible evidence available, including information gathered by the hazardous secondary material generator, provided by the reclaimer or intermediate facility, and/or provided by a third party. The hazardous secondary material generator must affirmatively answer all of the following questions for each reclamation facility and any intermediate facility:

Revise 261.4(a)(24)(v)(B)(3) to read:

(3) Does publicly available information indicate that the reclamation facility or any intermediate facility that is used by the hazardous secondary material generator has not had any formal enforcement actions taken against the facility in the previous three (3) years for violations of RCRA hazardous waste ~~the South Carolina Hazardous Waste Management Regulations~~ and has not been classified as a significant non-complier ~~with the Department~~? In answering this question, the hazardous secondary material generator can rely on the publicly available information from EPA or the state. If the reclamation facility or any intermediate facility that is used by the hazardous secondary material generator has had a formal enforcement action taken against the facility in the previous three (3) years for violations of RCRA hazardous waste ~~the South Carolina Hazardous Waste Management Regulations~~ and has been classified as a significant non-complier ~~with the Department~~, does the hazardous secondary material generator have credible evidence that the facilities will manage the hazardous secondary materials properly? In answering this question, the hazardous secondary material generator can obtain additional information from EPA, the state, or the facility itself that the facility has addressed the violations, taken remedial steps to address the violations and prevent future violations, or that the violations are not relevant to the proper management of the hazardous secondary materials.

Revise 261.4(a)(27)(vi)(A) to read:

(A) ~~Notify EPA or the Department, if the state is authorized for the program,~~ and update the notification every two (2) years per section 260.42;

Revise 261.21(a)(1) to read:

(1) It is a liquid, other than an ~~aqueous~~ solution containing less than twenty-four percent (24%) percent alcohol by volume and at least fifty percent (50%) water by weight, that has flash point less than 60 degrees_C (140 degrees_°F), as determined by a ~~Pensky-Martens Closed Cup Tester, using the test method specified in ASTM Standard D-93-79 or D-93-80 (incorporated by reference, see 260.11) or a Setaflash~~

~~Closed Cup Tester, using the test method specified in ASTM Standard D 3278-78 (incorporated by reference, see 260.11) or as determined by an equivalent test method approved by the Department under procedures set forth in R.61-79.260.20 and 260.21. (Amended 11/90) using one of the following ASTM standards: ASTM D93-79, D93-80, D3278-78, D8174-18, or D8175-18 as specified in SW-846 Test Methods 1010B or 1020C (all incorporated by reference, see section 260.11).~~

Revise 261.21(a)(3)(ii) to read:

(ii) A compressed gas shall be characterized as ignitable if any one of the following occurs:

(A) Either a mixture of thirteen percent (13%) percent or less (by volume) with air forms a flammable mixture or the flammable range with air is wider than twelve percent (12%) percent regardless of the lower limit. These limits shall be determined at atmospheric temperature and pressure. ~~The method of sampling and test procedure shall be acceptable to the Bureau of Explosives and approved by the Department, Pipeline and Hazardous Materials Technology, U.S. Department of Transportation (see Note 2).~~ The method of sampling and test procedure shall be the ASTM E681-85 (incorporated by reference, see section 260.11), or other equivalent methods approved by the Associate Administrator, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation.

~~(B) Using the Bureau of Explosives' Flame Projection Apparatus (see Note 1), the flame projects more than 18 inches beyond the ignition source with valve opened fully, or, the flame flashes back and burns at the valve with any degree of valve opening.~~ It is determined to be flammable or extremely flammable using 49 CFR 173.115(l).

~~(C) Using the Bureau of Explosives' Open Drum Apparatus (see Note 1), there is any significant propagation of flame away from the ignition source.~~

~~(D) Using the Bureau of Explosives' Closed Drum Apparatus (see Note 1), there is any explosion of the vapor-air mixture in the drum.~~

Revise 261.21(a)(4) to read:

(4) It is an oxidizer. An oxidizer for the purpose of this subchapter is a substance such as a chlorate, permanganate, inorganic peroxide, or a nitrate, that yields oxygen readily to stimulate the combustion of organic matter. ~~(See Note 4)~~

(i) An organic compound containing the bivalent -O-O- structure and which may be considered a derivative of hydrogen peroxide where one or more of the hydrogen atoms have been replaced by organic radicals must be classed as an organic peroxide unless:

(A) The material meets the definition of a ~~Class A explosive or a Class B~~ Division 1.1, 1.2, or 1.3 explosive, as defined in 261.23(a)(8), in which case it must be classed as an explosive,

(B) The material is forbidden to be offered for transportation according to 49 CFR 172.101 and 49 CFR 173.21,

(C) It is determined that the predominant hazard of the material containing an organic peroxide is other than that of an organic peroxide, or

(D) According to data on file with the Pipeline and Hazardous Materials Safety Administration in the U.S. Department of Transportation (~~see Note 3~~), it has been determined that the material does not present a hazard in transportation.

Remove Note 1, Note 2, Note 3, and Note 4 from 261.21:

~~**Note 1:** A description of the Bureau of Explosives' Flame Projection Apparatus, Open Drum Apparatus, Closed Drum Apparatus, and method of tests may be procured from the Bureau of Explosives.~~

~~**Note 2:** As part of a U.S. Department of Transportation (DOT) reorganization, the Office of Hazardous Materials Technology (OHMT), which was the office listed in the 1980 publication of 49 CFR 173.300 for the purposes of approving sampling and test procedures for a flammable gas, ceased operations on February 20, 2005. OHMT programs have moved to the Pipeline and Hazardous Materials Safety Administration (PHMSA) in the DOT.~~

~~**Note 3:** As part of a U.S. Department of Transportation (DOT) reorganization, the Research and Special Programs Administration (RSPA), which was the office listed in the 1980 publication of 49 CFR 173.151a for the purposes of determining that a material does not present a hazard in transport, ceased operations on February 20, 2005. RSPA programs have moved to the Pipeline and Hazardous Materials Safety Administration (PHMSA) in the DOT.~~

~~**Note 4:** The DOT regulatory definition of an oxidizer was contained in 173.151 of 49 CFR and the definition of an organic peroxide was contained in paragraph 173.151a. An organic peroxide is a type of oxidizer.~~

Revise 261.31(b)(4)(ii) to read:

(ii) Generators must maintain in their on-site records, documentation and information sufficient to prove that the wastewater treatment sludges to be exempted from the F019 listing meet the conditions of the listing. These records must include: the volume of waste generated and disposed of off-site; documentation showing when the wastes volumes were generated and sent off site; the name and address of the receiving facility; and documentation confirming receipt of the waste by the receiving facility. Generators must maintain these documents on site for no less than three (3) years. The retention period for the documentation is automatically extended during the course of any enforcement action or as requested by the Department ~~or the state regulatory authority~~.

Revise 261.41(a) to read:

(a) ~~Persons~~ CRT exporters who export used, intact CRTs for reuse must send a notification to ~~the Regional Administrator~~ the EPA. ~~The~~ This notification may cover export activities extending over a twelve (12) month or lesser period.

Revise 261.41(a)(2) to read:

(2) Notifications submitted by mail should be sent to the following mailing address: ~~Office of Enforcement and Compliance Assurance, Office of Federal Activities, International Compliance Assurance Division, (Mail Code 2254A), Environmental Protection Agency, 1200 Pennsylvania Ave. NW., Washington, DC 20460. Hand delivered notifications should be sent to: Office of Enforcement and Compliance Assurance, Office of Federal Activities, International Compliance Assurance Division, (Mail Code 2254A), Environmental Protection Agency, William Jefferson Clinton Building, Room 6144, 1200 Pennsylvania Ave. NW., Washington, DC 20004.~~ Office of Land and Emergency Management, Office of

Resource Conservation and Recovery, Materials Recovery and Waste Management Division, International Branch (Mail Code 2255A), Environmental Protection Agency, 1200 Pennsylvania Ave. NW, Washington, DC 20460. Hand-delivered notifications should be sent to: Office of Land and Emergency Management, Office of Resource Conservation and Recovery, Materials Recovery and Waste Management Division, International Branch (Mail Code 2255A), Environmental Protection Agency, William Jefferson Clinton South Building, Room 6144, 1200 Pennsylvania Ave. NW, Washington, DC 20004. In both cases, the following shall be prominently displayed on the front of the envelope: "Attention: Notification of Intent to Export CRTs."

Revise 261.147(g)(2)(i)(B) to read:

(B) Each state in which a facility covered by the guarantee is located have submitted a written statement to the Department that a guarantee executed as described in this section and section 264.151(g)(2) is a legally valid and enforceable obligation in South Carolina.

Revise 261.151(d) to read:

(d) A certificate of insurance, as specified in section 261.143(ed), must be worded as noted in section 261.151 Appendix D, except that instructions in brackets are to be replaced with the relevant information and the brackets deleted.

Revise 261.151 Appendix E, Financial Test, paragraph 4 to read:

4. This firm is the owner or operator of the following hazardous secondary materials management facilities for which financial assurance is not demonstrated ~~to either to the EPA or the Department through the financial test or any other financial assurance mechanism specified in subpart H of R.61-79.261 or equivalent or substantially equivalent state mechanisms.~~ The current cost estimates not covered by such financial assurance are shown for each facility:_____.

Revise 261.197 to read:

Hazardous secondary material stored in units more than ninety (90) days after the unit ceases to operate under the remanufacturing exclusion at section 261.4(a)(27) or otherwise ceases to be operated for manufacturing, or for storage of a product or a raw material, then becomes subject to regulation as hazardous waste under R.61-79.124, 261 through 266, 268, and 270, ~~and 271~~, as applicable.

Add 261.420(g) to read:

(g) Personnel training. All employees must be thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities during normal facility operations and emergencies.

Replace 261 Appendix IX Table 1 to read:

Appendix IX Table 1 — Wastes Excluded from Non-specific Sources		
Facility	Address	Waste Description
Ford Motor Company, Michigan Truck Plant and Wayne Integrated	Wayne, Michigan	Waste water treatment plant sludge, F019, that is generated by Ford Motor Company at the Wayne Integrated Stamping and Assembly Plant from

Appendix IX Table 1—Wastes Excluded from Non-specific Sources

Facility	Address	Waste Description
Stamping and Assembly Plant.		wastewaters from both the Wayne Integrated Stamping and Assembly Plant and the Michigan Truck Plant, Wayne, Michigan at a maximum annual rate of 2,000 cubic yards per year. The sludge must be disposed of in a lined landfill with leachate collection, which is licensed, permitted, or otherwise authorized to accept the delisted wastewater treatment sludge in accordance with 40 CFR part 258. The exclusion becomes effective as of July 30, 2003, per 68 FR 44657, 44658.
Ford Motor Company, Wixom Assembly Plant.	Wixom, Michigan	Waste water treatment plant sludge, F019, that is generated by Ford Motor Company at the Wixom Assembly Plant, Wixom, Michigan at a maximum annual rate of 2,000 cubic yards per year. The sludge must be disposed of in a lined landfill with leachate collection, which is licensed, permitted, or otherwise authorized to accept the delisted wastewater treatment sludge in accordance with 40 CFR Part 258. The exclusion becomes effective as of July 30, 2003, per 68 FR 44657, 44658.
General Motors Corporation, Flint Truck.	Flint, Michigan	Waste water treatment plant sludge, F019, that is generated by General Motors Corporation at Flint Truck, Flint, Michigan at a maximum annual rate of 3,000 cubic yards per year. The sludge must be disposed of in a lined landfill with leachate collection, which is licensed, permitted, or otherwise authorized to accept the delisted wastewater treatment sludge in accordance with 40 CFR part 258. The exclusion becomes effective as of July 30, 2003, per 68 FR 44657, 44658.
General Motors Corporation, Hamtramck.	Detroit, Michigan	Waste water treatment plant sludge, F019, that is generated by General Motors Corporation at Hamtramck, Detroit, Michigan at a maximum annual rate of 3,000 cubic yards per year. The sludge must be disposed of in a lined landfill with leachate collection, which is licensed, permitted, or otherwise authorized to accept the delisted wastewater treatment sludge in accordance with 40 CFR part 258. The exclusion becomes effective as of July 30, 2003, per 68 FR 44657, 44658.
General Motors Corporation, Pontiac East.	Pontiac, Michigan	Waste water treatment plant sludge, F019, that is generated by General Motors Corporation at Pontiac East, Pontiac, Michigan at a maximum annual rate of 3,000 cubic yards per year. The sludge must be

Appendix IX Table 1 – Wastes Excluded from Non-specific Sources

Facility	Address	Waste Description
		disposed of in a lined landfill with leachate collection, which is licensed, permitted, or otherwise authorized to accept the delisted wastewater treatment sludge in accordance with 40 CFR part 258. The exclusion becomes effective as of July 30, 2003, per 68 FR 44657, 44658.
Trigen/Cinergy USFOS of Lansing LLC at General Motors Corporation, Lansing Grand River.	Lansing, Michigan	Waste water treatment plant sludge, F019, that is generated at General Motors Corporation's Lansing Grand River (GM Grand River) facility by Trigen/Cinergy USFOS of Lansing LLC exclusively from wastewaters from GM Grand River, Lansing, Michigan at a maximum annual rate of 2,000 cubic yards per year. The sludge must be disposed of in a lined landfill with leachate collection, which is licensed, permitted, or otherwise authorized to accept the delisted wastewater treatment sludge in accordance with 40 CFR Part 258. The exclusion becomes effective as of July 30, 2003, per 68 FR 44657, 44658.

Appendix IX Table 1 – Wastes Excluded from Non-specific Sources

<u>Facility</u>	<u>Address</u>	<u>Waste Description</u>
<u>BMW Manufacturing Co., LLC</u>	<u>Greer, South Carolina</u>	<u>Wastewater treatment sludge (EPA Hazardous Waste No. F019) that BMW Manufacturing Corporation (BMW) generates by treating wastewater from automobile assembly plant located on Highway 101 South in Greer, South Carolina. This is a conditional exclusion for up to 2,850 cubic yards of waste (hereinafter referred to as "BMW Sludge") that will be generated each year and disposed in a Subtitle D landfill after August 31, 2005. With prior approval by the EPA, following a public comment period, BMW may also beneficially reuse the sludge. BMW must demonstrate that the following conditions are met for the exclusion to be valid.</u>
		<u>(1) Delisting Levels: All leachable concentrations for these metals and cyanide must not exceed the following levels (ppm): Barium-100; Cadmium-1; Chromium-5; Cyanide-33.6; Lead-5; and Nickel-70.3. These metal and cyanide concentrations must be measured in the waste leachate obtained by the method specified in 40 CFR 261.24, except that for cyanide, deionized water must be the leaching medium. Cyanide concentrations in waste or</u>

Appendix IX Table 1 – Wastes Excluded from Non-specific Sources

<u>Facility</u>	<u>Address</u>	<u>Waste Description</u>
		leachate must be measured by the method specified in 268.40, Note 7.
		<p><u>(2) Annual Verification Testing Requirements: Sample collection and analyses, including quality control procedures, must be performed using appropriate methods. As applicable to the method-defined parameters of concern, analyses requiring the use of SW-846 methods incorporated by reference in 40 CFR 260.11 must be used without substitution. As applicable, the SW-846 methods might include Methods 0010, 0011, 0020, 0023A, 0030, 0031, 0040, 0050, 0051, 0060, 0061, 1010B, 1020C, 1110A, 1310B, 1311, 1312, 1320, 1330A, 9010C, 9012B, 9040C, 9045D, 9060A, 9070A, (uses EPA Method 1664, Rev. A), 9071B, and 9095B. Methods must meet Performance Based Measurement System Criteria in which the Data Quality Objectives are to demonstrate that representative samples of the BMW Sludge meet the delisting levels in Condition (1). (A) Annual Verification Testing: BMW must implement an annual testing program to demonstrate that constituent concentrations measured in the TCLP extract do not exceed the delisting levels established in Condition (1).</u></p>
		<p><u>(3) Waste Holding and Handling: BMW must hold sludge containers utilized for verification sampling until composite sample results are obtained. If the levels of constituents measured in the composite samples of BMW Sludge do not exceed the levels set forth in Condition (1), then the BMW Sludge is non-hazardous and must be managed in accordance with all applicable solid waste regulations. If constituent levels in a composite sample exceed any of the delisting levels set forth in Condition (1), the batch of BMW Sludge generated during the time period corresponding to this sample must be managed and disposed of in accordance with Subtitle C of RCRA.</u></p>
		<p><u>(4) Changes in Operating Conditions: BMW must notify EPA in writing when significant changes in the manufacturing or wastewater treatment processes are implemented. EPA will determine whether these changes will result in additional constituents of concern. If so, EPA will notify BMW in writing that the BMW Sludge must be managed as hazardous waste F019 until BMW has demonstrated that the wastes meet the delisting levels set forth in Condition (1) and any levels established by EPA for the additional constituents of concern, and BMW has</u></p>

Appendix IX Table 1 – Wastes Excluded from Non-specific Sources

<u>Facility</u>	<u>Address</u>	<u>Waste Description</u>
		<p><u>received written approval from EPA. If EPA determines that the changes do not result in additional constituents of concern, EPA will notify BMW, in writing, that BMW must verify that the BMW Sludge continues to meet Condition (1) delisting levels.</u></p>
		<p><u>(5) Data Retention: Records of analytical data from Condition (2) must be compiled, summarized, and maintained by BMW for a minimum of three (3) years, and must be furnished upon request by EPA or the Department, and made available for inspection. Failure to maintain the required records for the specified time will be considered by EPA, at its discretion, sufficient basis to revoke the exclusion to the extent directed by EPA. All data must be accompanied by a signed copy of the certification statement in 40 CFR 260.22(i)(12).</u></p>
		<p><u>(6) Reopener Language: (A) If, at any time after disposal of the delisted waste, BMW possesses or is otherwise made aware of any environmental data (including, but not limited to, leachate data or groundwater monitoring data) or any other data relevant to the delisted waste indicating that any constituent identified in the delisting verification testing is at a level higher than the delisting level allowed by EPA in granting the petition, BMW must report the data, in writing, to EPA and the Department within ten (10) days of first possessing or being made aware of that data. (B) If the testing of the waste, as required by Condition (2)(A), does not meet the delisting requirements of Condition (1), BMW must report the data, in writing, to EPA and the Department within ten (10) days of first possessing or being made aware of that data. (C) Based on the information described in paragraphs (6)(A) or (6)(B) and any other information received from any source, EPA will make a preliminary determination as to whether the reported information requires that EPA take action to protect human health or the environment. Further action may include suspending or revoking the exclusion, or other appropriate response necessary to protect human health and the environment. (D) If EPA determines that the reported information does require Agency action, EPA will notify the facility in writing of the action believed necessary to protect human health and the environment. The notice shall include a statement of the proposed action and a statement providing BMW with an opportunity to present information as to why the proposed action is not necessary. BMW shall have 10 days</u></p>

Appendix IX Table 1 – Wastes Excluded from Non-specific Sources

<u>Facility</u>	<u>Address</u>	<u>Waste Description</u>
		<p>from the date of EPA’s notice to present such information. (E) Following the receipt of information from BMW, as described in paragraph (6)(D), or if no such information is received within ten (10) days, EPA will issue a final written determination describing the Agency actions that are necessary to protect human health or the environment, given the information received in accordance with paragraphs (6)(A) or (6)(B). Any required action described in EPA’s determination shall become effective immediately, unless EPA provides otherwise.</p>
		<p>(7) Notification Requirements: BMW must provide a one-time written notification to any State Regulatory Agency in a state to which or through which the delisted waste described above will be transported, at least sixty (60) days prior to the commencement of such activities. Failure to provide such a notification will result in a violation of the delisting conditions and a possible revocation of the decision to delist.</p>
<u>Bommer Industries Inc.</u>	<u>Landrum, SC</u>	<p>Wastewater treatment sludges (EPA Hazardous Waste No. F006) generated from their electroplating operations and contained in evaporation ponds #1 and #2 on August 12, 1987.</p>
<u>Hoechst Celanese Corporation</u>	<u>Leeds, South Carolina</u>	<p>Distillation bottoms generated (at a maximum annual rate of 38,500 cubic yards) from the production of sodium hydrosulfite (EPA Hazardous Waste No. F003). This exclusion was published on July 17, 1990.</p>
<u>Michelin Tire Corp.</u>	<u>Sandy Springs, South Carolina</u>	<p>Dewatered wastewater treatment sludge (EPA Hazardous Wastes No. F006) generated from electroplating operations after November 14, 1986.</p>
<u>Savannah River Site (SRS)</u>	<u>Aiken, South Carolina</u>	<p>Vitrified waste (EPA Hazardous Waste Nos. F006 and F028) that the United States Department of Energy Savannah River Operations Office (DOE-SR) generated by treating the following waste streams from the M-Area of the Savannah River Site (SRS) in Aiken, South Carolina, as designated in the SRS Site Treatment Plan: W-004, Plating Line Sludge from Supernate Treatment; W-995, Mark 15 Filter Cake; W-029, Sludge Treatability Samples (glass and cementitious); W-031, Uranium/Chromium Solution; W-037, High Nickel Plating Line Sludge; W-038, Plating Line Sump Material; W-039, Nickel Plating Line Solution; W-048, Soils from Spill Remediation and Sampling Programs; W-054,</p>

Appendix IX Table 1 – Wastes Excluded from Non-specific Sources

<u>Facility</u>	<u>Address</u>	<u>Waste Description</u>
		<p><u>Uranium/Lead Solution; W-082, Soils from Chemicals, Metals, and Pesticides Pits Excavation; and Dilute Effluent Treatment Facility (DETF) Filtercake (no Site Treatment Plan code). This is a one-time exclusion for 538 cubic yards of waste (hereinafter referred to as “DOE-SR Vitrified Waste”) that was generated from 1996 through 1999 and 0.12 cubic yard of cementitious treatability samples (hereinafter referred to as “CTS”) generated from 1988 through 1991 (EPA Hazardous Waste No. F006). The one-time exclusion for these wastes is contingent on their being disposed in a low-level radioactive waste landfill, in accordance with the Atomic Energy Act, after August 21, 2002. DOE-SR has demonstrated that concentrations of toxic constituents in the DOE-SR Vitrified Waste and CTS do not exceed the following levels:</u></p>
		<p><u>(1) TCLP Concentrations: All leachable concentrations for these metals did not exceed the Land Disposal Restrictions (LDR) Universal Treatment Standards (UTS): (mg/l TCLP): Arsenic-5.0; Barium-21; Beryllium-1.22; Cadmium-0.11; Chromium-0.60; Lead-0.75; Nickel-11; and Silver-0.14. In addition, none of the metals in the DOE-SR Vitrified Waste exceeded the allowable delisting levels of the EPA, Region 6 Delisting Risk Assessment Software (DRAS): (mg/l TCLP): Arsenic-0.0649; Barium-100.0; Beryllium-0.40; Cadmium-1.0; Chromium-5.0; Lead-5.0; Nickel-10.0; and Silver-5.0. These metal concentrations were measured in the waste leachate obtained by the method specified in 40 CFR 261.24.</u></p>
		<p><u>Total Concentrations in Unextracted Waste: The total concentrations in the DOE-SR Vitrified Waste, not the waste leachate, did not exceed the following levels (mg/kg): Arsenic-10; Barium-200; Beryllium-10; Cadmium-10; Chromium-500; Lead-200; Nickel-10,000; Silver-20; Acetonitrile-1.0, which is below the LDR UTS of 38 mg/kg; and Fluoride-1.0</u></p>
		<p><u>(2) Data Records: Records of analytical data for the petitioned waste must be maintained by DOE-SR for a minimum of three (3) years, and must be furnished upon request by EPA or the Department, and made available for inspection. Failure to maintain the required records for the specified time will be considered by EPA, at its discretion, sufficient basis to revoke the exclusion to the extent</u></p>

Appendix IX Table 1 – Wastes Excluded from Non-specific Sources

<u>Facility</u>	<u>Address</u>	<u>Waste Description</u>
		<p><u>directed by EPA. All data must be maintained with a signed copy of the certification statement in 40 CFR 260.22(i)(12).</u></p>
		<p><u>(3) Reopener Language: (A) If, at any time after disposal of the delisted waste, DOE-SR possesses or is otherwise made aware of any environmental data (including, but not limited to, leachate data or groundwater monitoring data) or any other data relevant to the delisted waste indicating that any constituent is identified at a level higher than the delisting level allowed by EPA in granting the petition, DOE-SR must report the data, in writing, to EPA within ten (10) days of first possessing or being made aware of that data. (B) Based on the information described in paragraph (3)(A) and any other information received from any source, EPA will make a preliminary determination as to whether the reported information requires that EPA take action to protect human health or the environment. Further action may include suspending or revoking the exclusion, or other appropriate response necessary to protect human health and the environment. (C) If EPA determines that the reported information does require Agency action, EPA will notify the facility in writing of the action believed necessary to protect human health and the environment. The notice shall include a statement of the proposed action and a statement providing DOE-SR with an opportunity to present information as to why the proposed action is not necessary. DOE-SR shall have ten (10) days from the date of EPA’s notice to present such information. (E) Following the receipt of information from DOE-SR, as described in paragraph (3)(D), or if no such information is received within ten (10) days, EPA will issue a final written determination describing the Agency actions that are necessary to protect human health or the environment, given the information received in accordance with paragraphs (3)(A) or (3)(B). Any required action described in EPA’s determination shall become effective immediately, unless EPA provides otherwise.</u></p>
		<p><u>(4) Notification Requirements: DOE-SR must provide a one-time written notification to any State Regulatory Agency in a state to which or through which the delisted waste described above will be transported, at least sixty (60) days prior to the commencement of such activities. Failure to provide such a notification will result in a</u></p>

<u>Appendix IX Table 1 – Wastes Excluded from Non-specific Sources</u>		
<u>Facility</u>	<u>Address</u>	<u>Waste Description</u>
		<u>violation of the delisting conditions and a possible revocation of the decision to delist.</u>

Revise 262.12 to read:

(a) Every generator within the Sstate who produces a hazardous waste and has not previously done so shall file with the Department a ~~Notification Form~~ Site Identification Form for that waste within thirty (30) days of the effective date of this regulation.

(b) Every generator within the Sstate who produces a new hazardous waste shall file with the Department a revised or new ~~Notification Form~~ Site Identification Form for that waste within thirty (30) days after such waste is first produced.

(c) Every generator within the Sstate who produces a hazardous waste which is classified or listed for the first time by a revision of R.61-79.261 shall file with the Department a revised or new ~~Notification Form~~ Site Identification Form for that waste within ninety (90) days after the effective date of such revision.

(d) The notification shall be on a form designated by the Department, and shall be completed as required by the instructions supplied with such forms. The information to be furnished on the form shall include, but not be limited to, the location and general description of such activity, the identified or listed hazardous wastes handled by such person and, if applicable, a description of the production of energy recovery activity carried out at the facility and such other information as the Department deems necessary. A generator shall file a revised or new ~~Notification form~~ Site Identification Form whenever the information previously provided becomes outdated or inaccurate.

(e) Persons engaged in the following activities are required to make a separate notification:

(1) Producers of fuels from;

(i) Any hazardous waste identified or listed in R.61-79.261;

(ii) Used oil; and

(iii) Used oil and any other material.

(2) Burners (other than a single two-family residence) for purposed of energy recovery any fuel produced as identified in paragraph one (1).

(3) Distributors or marketers of any fuel as identified in paragraph one (1).

(f) Every generator within the Sstate who no longer produces any hazardous waste shall file with the Department one subsequent ~~Notification form~~ Site Identification Form.

Revise 262.15(a) to read:

(a) A generator may accumulate as much as fifty-five (55) gallons of non-acute hazardous waste and/or either one (1) quart of liquid acute hazardous waste listed in R.61-79.261.31 or section 261.33(e), or one (1) kg (2.2 pounds) of solid acute hazardous waste listed in R.61-79.261.31 or section 261.33(e) in containers at or near any point of generation where wastes initially accumulate which is under the control of the operator of the process generating the waste, without a permit or interim status and without complying with the requirements of R.61-79.124, 264 through 267, and 270, provided that all of the conditions for exemption in this section are met. A generator may comply with the conditions for exemption in this section instead of complying with the conditions for exemption in section 262.16(b) or section 262.17(a), except as required in section 262.15(a)(7) and (8). The conditions for exemption for satellite accumulation are:

Revise 262.17 introductory paragraph to read:

A large quantity generator may accumulate hazardous waste on site without a permit or interim status, and without complying with the requirements of R.61-79.124, 264 through 267, and 270, or the notification requirements of the SC Hazardous Waste Management Act Section 44-56-120 and section 3010 of RCRA, provided that all of the following conditions for exemption are met:

Revise 262.17(a)(8)(iii)(A)(3) to read:

(3) Any hazardous waste generated in the process of closing either the generator's facility or unit(s) accumulating hazardous waste must be managed in accordance with all applicable standards of R.61-79.262, 263, 265, and 268 of this chapter, including removing any hazardous waste contained in these units within ninety (90) days of generating it and managing these wastes in a RCRA Subtitle C hazardous waste permitted treatment, storage, and disposal facility or interim status facility.

Revise 262.17(c) to read:

(c) Accumulation of F006. A large quantity generator who also generates wastewater treatment sludges from electroplating operations that meet the listing description for the EPA hazardous waste number F006, may accumulate F006 waste on site for more than 90 days, but not more than 180 days without being subject to R.61-79.124, 264 through 267, and 270, and the notification requirements of the SC Hazardous Waste Management Act Section 44-56-120 and section 3010 of RCRA, provided that it complies with all of the following additional conditions for exemption:

Strike and reserve 262.18(d)(1) and (d)(2):

~~(1) A small quantity generator must renotify the Department starting in 2021 and every four (4) years thereafter using EPA Form 8700-12. This renotification must be submitted by September 1st of each year in which renotifications are required. [Reserved]~~

~~(2) A large quantity generator must renotify the Department by March 1st of each even-numbered year thereafter using EPA Form 8700-12. A large quantity generator may submit this renotification as part of its Quarterly Reporting required under section 262.41. [Reserved]~~

Revise 262.20(a)(2) to read:

(2) The revised manifest form and procedures in sections 260.10, 261.7, 262.20, 262.21, 262.27, 262.32, 262.34, 262.54 and 262.60, shall not apply until September 5, 2006. The manifest form and procedures in sections 260.10, 261.7, 262.20, 262.21, 262.32, 262.34, 262.54 and 262.60, edition revised as of July 1, 2004, shall be applicable until September 5, 2006.

Revise 262.21(f)(4) to read:

(4) The manifest and continuation sheet must be printed in black ink that can be legibly photocopied, scanned, and faxed, except that the marginal words indicating copy distribution must be in red ink printed with a distinct ink color or with another method (e.g., white text against black background in text box, or black text against grey background in text box) that clearly distinguishes the copy distribution notations from the other text and data entries on the form.

Revise 262.21(h)(2) to read:

(2) If the registrant would like a new tracking number suffix, the registrant must submit a proposed suffix to the EPA Director of the Office of Resource Conservation and Recovery, along with the reason for requesting it. The Agency will either approve the suffix or deny the suffix and provide an explanation why it is not acceptable.

Revise 262.41(a) to read:

(a) ~~Each~~ A large quantity generator of more than 1000 kg/mo of hazardous waste who ships any hazardous waste offsite to a treatment, storage, or disposal facility within the United States must prepare and, no later than thirty (30) days after the end of each calendar quarter, submit a written report to the Department including, but not limited to, the following information unless otherwise indicated ~~(amended 11/90).~~

Revise the definition of “Exporter” in 262.81 to read:

“**Exporter**”, also known as primary exporter on the RCRA hazardous waste manifest, means the person domiciled in the United States who is required to originate the movement document in accordance with R.61-79.262.83(d) or the manifest for a shipment of hazardous waste in accordance with R.61-79.262 subpart B of this part, ~~or equivalent State provision,~~ which specifies a foreign receiving facility as the facility to which the hazardous wastes will be sent, or any recognized trader who proposes export of the hazardous wastes for recovery or disposal operations in the country of import.

Revise 262.83(a)(6)(i)(B)(2) to read:

(2) Providing the transporter with an additional copy of the manifest, and instructing the transporter via mail, email, or fax to deliver that copy to the U.S. Customs official at the point the hazardous waste leaves the United States in accordance with ~~40 CFR~~ 263.20(g)(4)(ii).

Revise 262.203(b) to read:

(b) When submitting the ~~Notification and Reporting Form~~ Site Identification Form, the eligible academic entity must, at a minimum, fill out the following fields on the form:

Revise 262.204(b) to read:

(b) When submitting the ~~Notification and Reporting Form~~ Site Identification Form, the eligible academic entity must, at a minimum, fill out the following fields on the form:

Revise 262.214 introductory paragraph to read:

An eligible academic entity must develop and retain a written Laboratory Management Plan, or revise an existing written plan. The Laboratory Management Plan is a site-specific document that describes how the eligible academic entity will manage unwanted materials in compliance with this subpart. An eligible academic entity may write one Laboratory Management Plan for all the laboratories owned by the eligible academic entity that have opted into this subpart, even if the laboratories are located at sites with different EPA Identification Numbers. The Laboratory Management Plan must contain two parts with a total of nine elements identified in paragraphs (a) and (b) of this section. In Part I of its Laboratory Management Plan, an eligible academic entity must describe its procedures for each of the elements listed in paragraph (a) of this section. An eligible academic entity must implement and comply with the specific provisions that it develops to address the elements in Part I of the Laboratory Management Plan. In Part II of its Laboratory Management Plan, an eligible academic entity must describe its best management practices for each of the elements listed in paragraph (b) of this section. The specific actions taken by an eligible academic entity to implement each element in Part II of its Laboratory Management Plan may vary from the procedures described in the eligible academic entity's Laboratory Management Plan, without constituting a violation of this subpart. An eligible academic entity may include additional elements and best management practices in Part II of its Laboratory Management Plan if it chooses.

Revise 263.11(b) to read:

(b) A transporter who has not received an identification number may obtain one by submitting the ~~Notification Form~~ Site Identification Form required under Section 263.13. Upon receipt, the Department will assign an identification number to the transporter.

Revise 263.13 to read:

(a) Any person who transports hazardous waste within the ~~S~~state and has not previously done so shall file with the Department a ~~Notification Form~~ Site Identification Form for that activity within thirty (30) days after the effective date of this regulation.

(b) Any person who transports or accepts for transportation within the ~~S~~state a hazardous waste which is classified or listed for the first time by a revision of R.61-79.261 shall file with the Department a revised or new ~~Notification Form~~ Site Identification Form for that waste within ninety (90) days after the effective date of such revision.

Revise 264.1(g)(1) to read:

(1) The owner or operator of a facility permitted, licensed, or registered by the Department to manage municipal or industrial solid waste, if the only hazardous waste the facility treats, stores, or disposes of is excluded under R.61-79.2642.14;

Revise 264.5(a-d) to read:

(a) Any person who owns or operates a facility within the ~~S~~state which treats, stores, or disposeds of a hazardous waste and has not previously done so shall file a completed ~~Notification Form~~ Site Identification Form with the Department within thirty (30) days of the effective date of this regulation.

(b) Any person who plans to construct a new facility to treat, store, or dispose of hazardous waste shall file a completed ~~Notification Form~~ Site Identification Form with the Department as part of ~~his~~the permit application.

(c) This notification shall be on a form designated by the Department and shall be completed as required by the instructions supplied with such form.

(d) Any person who owns or operates a facility which treats, stores, or disposes of a hazardous waste which is classified or listed for the first time by a revision of R.61-79.261 and has not previously done so shall file a revised or new ~~Notification Form~~Site Identification Form for that waste within ninety (90) days after the effective date of such revision. The information to be furnished on the form shall include, but not be limited to, the location and general description of such activity, the identified or listed hazardous wastes handled by such person and, if applicable, a description of the production or energy recovery activity carried out at the facility and such other information as the Department deems necessary.

Revise 264.11(b) to read:

(b) An owner or operator of a hazardous waste facility who has not previously received an EPA identification number may obtain one by submitting the ~~Notification Form~~Site Identification Form required under 264.5. Every facility owner or operator must apply for an EPA identification number in accordance with the notification procedures under 264.5. ~~(revised 12/92).~~

Revise 264.13(a)(2) to read:

(2) The analysis may include data developed under R.~~part 61-79.261~~, and existing published or documented data on the hazardous waste or on hazardous waste generated from similar processes.

Revise 264.314(e) to read:

(e) The placement of any liquid which is not a hazardous waste in a landfill is prohibited unless the owner or operator of such landfill demonstrates to the Department, or the Department determines, that:

Revise 264.340(b)(1) to read:

(1) Except as provided by paragraphs (b)(2) through (b)(4) of this section, the standards of this part do not apply to a new hazardous waste incineration unit that becomes subject to RCRA permit requirements after October 12, 2005; or no longer apply when an owner or operator of an existing hazardous waste incineration unit demonstrates compliance with the maximum achievable control technology (MACT) requirements of part 63, subpart EEE, of this chapter by conducting a comprehensive performance test and submitting to the Administrator a Notification of Compliance under 40 CFR 63.1207(j) and 63.1210(d) of this chapter documenting compliance with the requirements of part 63, subpart EEE. Nevertheless, even after this demonstration of compliance with the MACT standards, RCRA permit conditions that were based on the standards of this part will continue to be in effect until they are removed from the permit or the permit is terminated or revoked, unless the permit expressly provides otherwise.

Revise 264.552(e)(4)(iv)(F) to read:

(F) Alternatives to TCLP. For metal bearing wastes for which metals removal treatment is not used, the Department may specify a leaching test other than the TCLP (SW846 Method 1311, 260.11 ~~(e)(3)(v)~~) to measure treatment effectiveness, provided the Department determines that an alternative leach testing protocol is appropriate for use, and that the alternative more accurately reflects conditions at the site that affect leaching.

Revise 264.1312(a) to read:

(a) The fee calculation formula or methodology that EPA will use initially to determine per manifest fees is as follows:

$$Fee_i = (\text{System Setup Cost}/[\text{Years} \times N_i]) + (\text{Marginal Cost}_{t_i} + [\text{O\&M Cost}/N_i]) \times (1 + \text{Indirect Cost Factor})$$

$$\text{System Setup Cost} = \text{Procurement Cost} + \text{EPA Program Cost}$$

$$\text{O\&M Cost} = \text{Electronic System O\&M Cost} + \text{Paper Center O\&M Cost} + \text{Help Desk Cost} + \text{EPA Program Cost} + \text{CROMERR Cost} + \text{LifeCycle Cost to Modify or Upgrade eManifest System Related Services}$$

Where Fee_i represents the per manifest fee for each manifest submission type “i” and N_i refers to the total number of manifests completed in a year.

Revise 265.1(c)(7) to read:

(7) A generator accumulating waste onsite in compliance with applicable conditions for exemption in R.61-79.262.14 through 262.17, and R.61-79.262 subparts K and L, except to the extent the requirements of R.61-79.2625 are included in those sections and subparts;

Revise 265.1(c)(11) to read:

(11) [~~Header Reserved 12/92, following text retained~~]

Revise 265.5 to read:

(a) Any person who owns or operates a facility within the State which treats, stores, or disposes of a hazardous waste and has not previously done so shall file a completed ~~Notification Form~~ Site Identification Form with the Department within thirty (30) days of the effective date of this regulation.

(b) Any person who plans to construct a new facility to treat, store, or dispose of hazardous waste shall file a completed ~~Notification Form~~ Site Identification Form with the Department as part of ~~his~~ the permit application.

(c) Any person who owns or operates a facility which treats, stores, or disposes of a hazardous waste which is classified or listed for the first time by a revision of R.61-79.261 shall file a revised or new ~~Notification Form~~ Site Identification Form for that waste with the Department within ninety (90) days after the effective date of such revision.

Revise 265.71(a)(2)(i) to read:

(i) Sign and date, by hand, each copy of the manifest;

Revise 265.71(f)(1) to read:

(1) Any requirement in these regulations for the owner or operator of a facility to sign a manifest or manifest certification by hand, or to obtain a handwritten signature, is satisfied by signing with or obtaining a valid and enforceable electronic signature within the meaning of ~~40 CFR 262.25~~.

Revise 265.71(f)(3) to read:

(3) Any requirement in these regulations for a manifest to accompany a hazardous waste shipment is satisfied when a copy of an electronic manifest is accessible during transportation and forwarded to the person or persons who are scheduled to receive delivery of the hazardous waste shipment.

Revise 265.71(h)(3) to read:

(3) Within thirty ~~(30)~~ days of delivery of the waste to the designated facility, the owner or operator of the facility must send one signed and dated copy of the paper replacement manifest to the generator, and send an additional signed and dated copy of the paper replacement manifest to the electronic manifest system, and

Revise 265.193(i)(2) to read:

(2) For other than non-enterable underground tanks,} and for all ancillary equipment, the owner or operator must either conduct a leak test as in paragraph (i)(1) of this section or an internal inspection or other tank integrity examination by a qualified Professional Engineer that addresses cracks, leaks, and corrosion or erosion at least annually. The owner or operator must remove the stored waste from the tank, if necessary, to allow the condition of all internal tanks surfaces to be assessed.

Revise 265.1035(c)(4)(i) to read:

(i) For a thermal vapor incinerator designed to operate with a minimum residence time of 0.50 seconds at a minimum temperature of 760-°C-, period when the combustion temperature is below 760-°C.

Replace 266.80(a) Table 1 to read:

Table 1 – 266.80 Applicability and requirements			
If your batteries...	And if you...	Then you...	And you...
(1) Will be reclaimed through regeneration (such as by electrolyte replacement).		are exempt from 40-CFR parts 262 (except for section 262.11), 263, 264, 265, 266, 268, 270, 124 of this chapter, and the notification requirements of the <u>South Carolina HWMA 44-56-120 and at section 3010 of RCRA.</u>	are subject to <u>part 261 and section 262.11.</u>
(2) Will be reclaimed other than through regeneration.	store these batteries but you aren't the reclaimer generate, collect, and/or transport these batteries.	are exempt from <u>parts 262 (except for section 262.11), 263, 264, 265, 266, 270, 124 of this chapter, and the notification requirements of South Carolina HWMA 44-56-120 and at section 3010 of RCRA</u>	are subject to <u>part 261, section 262.11, and applicable provisions under part 268.</u>
(3) Will be reclaimed other than through regeneration	store these batteries but you aren't the reclaimer.	are exempt from <u>parts 262 (except for section 262.11), 263, 264, 265, 266, 270, 124, and the notification requirements of South Carolina HWMA 44-56-120 and at section 1310 of RCRA.</u>	are subject to <u>part 261, section 262.11, and applicable provisions under part 268.</u>

Table 1 – 266.80 Applicability and requirements

If your batteries...	And if you...	Then you...	And you...
(4) Will be reclaimed other than regeneration.	through batteries before you reclaim them.	Store these batteries 266.80(b) and as regulatory provisions described in <u>section 266.80(b)</u>	Must comply with 40-CFR <u>section</u> are subject to <u>part 261</u> , <u>section 262.11</u> , and applicable provisions under <u>part 268</u> .
(5) Will be reclaimed other than regeneration.	through batteries before you reclaim them.	don't store these are exempt from <u>parts 262</u> (except for <u>section 262.11</u>), 263, 264, 265, 266, 270, 124, and the notification requirements of South Carolina HWMA 44-56-120 and at section 3010 of RCRA	are subject to <u>part 261</u> , <u>section 262.11</u> , and applicable provisions under <u>part 268</u>
(6) Will be reclaimed through any other means	regeneration or for reclamation in a foreign country	export these batteries are exempt from R-61-79-parts <u>parts 262</u> (except for R-61-79-sections <u>sections 262.11</u> , R-61-79-part <u>part 262.18</u> and subpart H), 263, 264, 265, 266, 268, 270, 124, and the notification requirements at the SC Hazardous Waste Management Act 44-56-120 and section 3010 of RCRA.	are subject to <u>part 261</u> , <u>sections 262.11</u> , <u>part 262.18</u> , and applicable provisions under <u>part 262</u> subpart H.
(7) Will be reclaimed through any other means	regeneration or batteries in the U.S. to export them for reclamation in a foreign country	Transport these are exempt from R-61-79. <u>parts 263</u> , 264, 265, 266, 268, 270, 124, and the notification requirements at the SC Hazardous Waste Management Act 44-56-120 and section 3010 of RCRA	must comply with applicable requirements in R-61-79-part <u>part 262</u> , subpart H.
(8) Will be reclaimed other than regeneration	through batteries from a foreign country and store these batteries but you aren't the reclaimer	Import these are exempt from R-61-79-parts <u>parts 262</u> (except for R-61-79-sections <u>sections 262.11</u> , R-61-79-part <u>part 262.18</u> , and subpart H), 263, 264, 265, 266, 270, 124, and the notification requirements at the SC Hazardous Waste Management Act 44-56-120 and section 3010 of RCRA	are subject to <u>part 261</u> , <u>sections 262.11</u> , <u>part 262</u> subpart H, and applicable provisions under R-61-79-part <u>part 268</u> .
(9) Will be reclaimed other than regeneration	through batteries from a foreign country and store these batteries	Import these must comply with section 266.80(b) and as appropriate other regulatory provisions described in <u>section 266.80(b)</u>	are subject to R-61-79-part <u>part 261</u> , <u>sections 262.11</u> ,

Table 1 – 266.80 Applicability and requirements

If your batteries...	And if you...	Then you...	And you...
	before you reclaim them		262.18, <u>part 262 subpart H</u> , and applicable provisions under R.61-79-part <u>268</u> .
(10) Will be reclaimed other than regeneration	Import through batteries from a foreign country and don't store batteries before you reclaim them	these are exempt from R.61-79.parts <u>a</u> (except for R.61-79.sections <u>262.11</u> , 263, 264, 265, 261, 266, 270, 124, and the notification requirements at SC Hazardous Waste Management Act 44-56-120 and section 3010 of RCRA	262 are subject to <u>sections 262.11</u> , R.61-79-part <u>sections 262.11</u> , <u>part 262 subpart H</u> , and applicable provisions under R.61-79-part <u>268</u> .

Revise 266.80(b)(1)(iv) to read:

(iv) All applicable provisions in subparts C and D of part 265 of this chapter.

Revise 266.80(b)(2)(iv) to read:

(iv) All applicable provisions in subparts C and D of part 264 of this chapter.

Revise 266.80(b)(2)(v) to read:

(v) All applicable provisions in subpart E of part 264 of this chapter (~~but not except~~ 264.71 or 264.72 (dealing with the use of the manifest and manifest discrepancies).

Revise 266.100(b)(3) to read:

(3) If you own or operate a boiler or hydrochloric acid production furnace that is an area source under ~~Sec. 40 CFR part section~~ 63.2 and you elect not to comply with the emission standards under ~~40 CFR part sections~~ 63.1216, 63.1217, and 63.1218 for particulate matter, semivolatile and low volatile metals, and total chlorine, you also remain subject to:

Revise 266.100(b)(4) to read:

(4) The particulate matter standard of 266.105 remains in effect for boilers that elect to comply with the alternative to the particulate matter standard under ~~40 CFR part sections~~ 63.1216(e) and 63.1217(e).

Add 268.7(a)(5)(i-iii) to read:

(i) The waste analysis plan must be based on a detailed chemical and physical analysis of a representative sample of the prohibited waste(s) being treated, and contain all information necessary to treat the waste(s) in accordance with the requirements of this part, including the selected testing frequency.

(ii) Such plan must be kept in the facility’s on-site files and made available to inspectors.

(iii) Wastes shipped off site pursuant to this paragraph must comply with the notification requirements of section 268.7(a)(3).

Revise 268.7(a)(7) to read:

(7) If a generator determines that he or she is managing a prohibited waste that ~~is~~ excluded from the definition of hazardous or solid waste or is exempted from Subtitle C regulation under 261.2 through 261.6 subsequent to the point of generation (including deactivated characteristic hazardous wastes managed in wastewater treatment systems subject to the Clean Water Act (CWA) as specified at 261.4(a)(2), or are CWA equivalent), or are managed in an underground injection well regulated by R.61-9 and R.61-68), he or she must place a one-time notice describing such generation, subsequent exclusion from the definition of hazardous or solid waste or exemption from RCRA Subtitle C regulation, and the disposition of the waste, in the facility’s on-site files.

Revise 268.9(a) to read:

(a) The initial generator of a solid waste must determine each EPA Hazardous Waste Number (waste code) applicable to the waste in order to determine the applicable treatment standards under subpart D of this part. This determination may be made concurrently with the hazardous waste determination required in 262.11. For purposes of part 268, the waste will carry the waste code for any applicable listed waste (~~40 CFR~~ part 261, subpart D). In addition, where the waste exhibits a characteristic, the waste will carry one or more of the characteristic waste codes (~~40 CFR~~ part 261, subpart C), except when the treatment standard for the listed waste operates in lieu of the treatment standard for the characteristic waste, as specified in paragraph (b) of this section. If the generator determines that their waste displays a hazardous characteristic (and is not D001 nonwastewaters treated by CMBST, RORGS, OR POLYM of 268.42, Table 1), the generator must determine the underlying hazardous constituents (as defined at 268.2(i)) in the characteristic waste.

Replace Table 268.40 under waste code “K088” to read:

268.40 – Treatment Standards for Hazardous Waste					
WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
D001 ⁹	Ignitable Characteristic Wastes, except for the 261.21(a)(1) High TOC Subcategory.	NA	NA	DEACT and meet 268.48 standards ⁸ ; or RORGS; or CMBST	DEACT and meet 268.48 standards ⁸ ; or RORGS; or CMBST
	High TOC Ignitable Characteristic Liquids	NA	NA	NA	RORGS; CMBST; or POLYM

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	Subcategory based on 261.21(a)(1) – Greater than or equal to 10% total organic carbon. (Note: This subcategory consists of nonwastewaters only.)				
D002 ⁹	Corrosive Characteristic Wastes.	NA	NA	DEACT and meet 268.48 standards ⁸	DEACT and meet 268.48 standards ⁸
D002, D004, D005, D006, D007, D008, D009, D010, D011	Radioactive high level wastes generated during the reprocessing of fuel rods. (Note: This subcategory consists of nonwastewaters only.)	Corrosivity (pH)	NA	NA	HLVIT
		Arsenic	7440-38-2	NA	HLVIT
		Barium	7440-39-3	NA	HLVIT
		Cadmium	7440-43-9	NA	HLVIT
		Chromium (Total)	7440-47-3	NA	HLVIT
		Lead	7439-92-1	NA	HLVIT
		Mercury	7439-97-6	NA	HLVIT
		Selenium	7782-49-2	NA	HLVIT
D003 ⁹	Reactive Sulfides Subcategory based on 261.23(a)(5)	NA	NA	DEACT	DEACT
	Explosives Subcategory based on 261.23(a)(6), (7), and (8)	NA	NA	DEACT and meet 268.48 standards ⁸	DEACT and meet 268.48 standards ⁸
	Unexploded ordnance and other explosive devices which have been the subject of an emergency response.	NA	NA	DEACT	DEACT
	Other Reactives Subcategory based on 261.23(a)(1).	NA	NA	DEACT and meet 268.48 standards ⁸	DEACT and meet 268.48 standards ⁸
	Water Reactive Subcategory based on 261.23(a)(2), (3), and (4). (Note: This subcategory consists of nonwastewaters only.)	NA	NA	NA	DEACT and meet 268.48 standards ⁸
	Reactive Cyanides Subcategory based on 261.23(a)(5).	Cyanides (Total) ⁷	57-12-5	Reserved	590
Cyanides (Amenable) ⁷		57-12-5	0.86	30	
D004 ⁹	Wastes that exhibit, or are expected to exhibit, the characteristic of toxicity for arsenic based on the toxicity characteristic leaching procedure (TCLP) in SW846.	Arsenic	7440-38-2	1.4 and meet 268.48 standards ⁸	5.0 mg/l TCLP and meet 268.48 standards ⁸
D005 ⁹	Wastes that exhibit, or are expected to exhibit, the characteristic of toxicity for barium based on the toxicity characteristic leaching procedure (TCLP) in SW846.	Barium	7440-39-3	1.2 and meet 268.48 standards ⁸	21 mg/l TCLP and meet 268.48 standards ⁸
D006 ⁹	Wastes that exhibit, or are expected to exhibit, the characteristic of toxicity for cadmium based on the	Cadmium	7440-43-9	0.69 and meet 268.48 standards ⁸	0.11 mg/l TCLP and meet 268.48 standards ⁸

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	toxicity characteristic leaching procedure (TCLP) in SW846.				
	Cadmium Containing Batteries Subcategory. (Note: This subcategory consists of nonwastewaters only.)	Cadmium	7440-43-9	NA	RTHRM
	Radioactively contaminated cadmium containing batteries. (Note: This subcategory consists of nonwastewaters only) (6/04)	Cadmium	7440-43-9	NA	Macroencapsulation in accordance with 268.45
D007 ⁹	Wastes that exhibit, or are expected to exhibit, the characteristic of toxicity for chromium based on the toxicity characteristic leaching procedure (TCLP) in SW846.	Chromium (Total)	7440-47-3	2.77 and meet 268.48 standards ⁸	0.60 mg/l TCLP and meet 268.48 standards ⁸
D008 ⁹	Wastes that exhibit, or are expected to exhibit, the characteristic of toxicity for lead based on the toxicity characteristic leaching procedure (TCLP) in SW846.	Lead	7439-92-1	0.69 and meet 268.48 standards ⁸	0.75 mg/l TCLP and meet 268.48 standards ⁸
	Lead Acid Batteries Subcategory (Note: This standard only applies to lead acid batteries that are identified as RCRA hazardous wastes and that are not excluded elsewhere from regulation under the land disposal restrictions of 268 or exempted under other EPA regulations (see 266.80). This subcategory consists of nonwastewaters only.)	Lead	7439-92-1	NA	RLEAD
	Radioactive Lead Solids Subcategory (Note: these lead solids include, but are not limited to, all forms of lead shielding and other elemental forms of lead. These lead solids do not include treatment residuals such as hydroxide sludges, other wastewater treatment residuals, or incinerator ashes that can undergo conventional pozzolanic stabilization, nor do they include organo-lead materials that can be incinerated and stabilized as ash. This subcategory consists of nonwastewaters only.)	Lead	7439-92-1	NA	MACRO
D009 ⁹	Nonwastewaters that exhibit, or are expected to exhibit, the characteristic of toxicity for mercury based on the toxicity characteristic leaching procedure (TCLP) in SW846; and contain greater than or equal to 260 mg/kg total mercury	Mercury	7439-97-6	NA	IMERC; OR RMERC

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	that also contain organics and are not incinerator residues. (High Mercury-Organic Subcategory)				
	Nonwastewaters that exhibit, or are expected to exhibit, the characteristic of toxicity for mercury based on the toxicity characteristic leaching procedure (TCLP) in SW846; and contain greater than or equal to 260 mg/kg total mercury that are inorganic, including incinerator residues and residues from RMERC. (High Mercury-Inorganic Subcategory)	Mercury	7439-97-6	NA	RMERC
	Nonwastewaters that exhibit, or are expected to exhibit, the characteristic of toxicity for mercury based on the toxicity characteristic leaching procedure (TCLP) in SW846; and contain less than 260 mg/kg total mercury and that are residues from RMERC only. (Low Mercury Subcategory)	Mercury	7439-97-6	NA	0.20 mg/l TCLP and meet 268.48 standards ⁸
	All other nonwastewaters that exhibit, or are expected to exhibit, the characteristic of toxicity for mercury based on the toxicity characteristic leaching procedure (TCLP) in SW846, and contain less than 260 mg/kg total mercury and that are not residues from RMERC. (Low Mercury Subcategory)	Mercury	7439-97-6	NA	0.025 mg/l TCLP and meet 268.48 standards ⁸
	All D009 wastewaters.	Mercury	7439-97-6	0.15 and meet 268.48 standards ⁸	NA
	Elemental mercury contaminated with radioactive materials. (Note: This subcategory consists of nonwastewaters only.)	Mercury	7439-97-6	NA	AMLGM
	Hydraulic oil contaminated with Mercury Radioactive Materials Subcategory. (Note: This subcategory consists of nonwastewaters only.)	Mercury	7439-97-6	NA	IMERC
	Radioactively contaminated mercury containing batteries. (Note: This subcategory consists of nonwastewaters only) (6/04)	Mercury	7439-97-6	NA	Macroencapsulation in accordance with 268.45
D010 ⁹	Wastes that exhibit, or are expected to exhibit, the characteristic of toxicity for selenium based on the	Selenium	7782-49-2	0.82 and meet 268.48 standards ⁸	5.7 mg/l TCLP and meet 268.48

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	toxicity characteristic leaching procedure (TCLP) in SW846.				standards ⁸
	Radioactively contaminated silver containing batteries. (Note: This subcategory consists of nonwastewaters only) (6/04)	Silver	7440-22-4	NA	Macroencapsulation in accordance with 268.45
D011 ⁹	Wastes that exhibit, or are expected to exhibit, the characteristic of toxicity for silver based on the toxicity characteristic leaching procedure (TCLP) in SW846.	Silver	7440-22-4	0.43 and meet 268.48 standards ⁸	0.14 mg/l TCLP and meet 268.48 standards ⁸
D012 ⁹	Wastes that are TC for Endrin based on the TCLP in SW846 Method 1311.	Endrin	72-20-8	BIODG; or CMBST	0.13 and meet 268.48 standards ⁸
		Endrin aldehyde	7421-93-4	BIODG; or CMBST	0.13 and meet 268.48 standards ⁸
D013 ⁹	Wastes that are TC for Lindane based on the TCLP in SW846 Method 1311.	alpha-BHC	319-84-6	CARBON; or CMBST	0.066 and meet 268.48 standards ⁸
		beta-BHC	319-85-7	CARBON; or CMBST	0.066 and meet 268.48 standards ⁸
		delta-BHC	319-86-8	CARBON; or CMBST	0.066 and meet 268.48 standards ⁸
		gamma-BHC (Lindane)	58-89-9	CARBON; or CMBST	0.066 and meet 268.48 standards ⁸
D014 ⁹	Wastes that are TC for Methoxychlor based on the TCLP in SW846 Method 1311.	Methoxychlor	72-43-5	WETOX or CMBST	0.18 and meet 268.48 standards ⁸
D015 ⁹	Wastes that are TC for Toxaphene based on the TCLP in SW846 Method 1311.	Toxaphene	8001-35-2	BIODG or CMBST	2.6 and meet 268.48 standards ⁸
D016 ⁹	Wastes that are TC for 2,4-D (2,4-Dichlorophenoxyacetic acid) based on the TCLP in SW846 Method 1311.	2,4-D (2,4-Dichlorophenoxyacetic acid)	94-75-7	CHOXD, BIODG, or CMBST	10 and meet 268.48 standards ⁸
D017 ⁹	Wastes that are TC for 2,4,5-TP (Silvex) based on the TCLP in SW846 Method 1311.	2,4,5-TP (Silvex)	93-72-1	CHOXD or CMBST	7.9 and meet 268.48 standards ⁸
D018 ⁹	Wastes that are TC for Benzene based on the TCLP in SW846 Method 1311.	Benzene	71-43-2	0.14 and meet 268.48 standards ⁸	10 and meet 268.48 standards ⁸
D019 ⁹	Wastes that are TC for Carbon tetrachloride based on the TCLP in SW846 Method 1311.	Carbon tetrachloride	56-23-5	0.057 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
D020 ⁹	Wastes that are TC for Chlordane based on the TCLP in SW846 Method 1311.	Chlordane (alpha and gamma isomers)	57-74-9	0.0033 and meet 268.48 standards ⁸	0.26 and meet 268.48 standards ⁸
D021 ⁹	Wastes that are TC for Chlorobenzene based on the TCLP in SW846 Method 1311.	Chlorobenzene	108-90-7	0.057 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸
D022 ⁹	Wastes that are TC for Chloroform based on the TCLP in SW846 Method 1311.	Chloroform	67-66-3	0.046 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸
D023 ⁹	Wastes that are TC for o-Cresol based on the TCLP in SW846 Method 1311.	o-Cresol	95-48-7	0.11 and meet 268.48 standards ⁸	5.6 and meet 268.48 standards ⁸
D024 ⁹	Wastes that are TC for m-Cresol based on the TCLP in SW846 Method 1311.	m-Cresol (difficult to distinguish from p-cresol)	108-39-4	0.77 and meet 268.48 standards ⁸	5.6 and meet 268.48 standards ⁸
D025 ⁹	Wastes that are TC for p-Cresol based on the TCLP in SW846 Method 1311.	p-Cresol (difficult to distinguish from m-cresol)	106-44-5	0.77 and meet 268.48 standards ⁸	5.6 and meet 268.48 standards ⁸
D026 ⁹	Wastes that are TC for Cresols (Total) based on the TCLP in SW846 Method 1311.	Cresol-mixed isomers (Cresylic acid) (sum o-, m-, and p-cresol concentrations)	1319-77-3	0.88 and meet 268.48 standards ⁸	11.2 and meet 268.48 standards ⁸
D027 ⁹	Wastes that are TC for p-Dichlorobenzene based on the TCLP in SW846 Method 1311.	p-Dichlorobenzene (1,4-Dichlorobenzene)	106-46-7	0.090 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸
D028 ⁹	Wastes that are TC for 1,2-Dichloroethane based on the TCLP in SW846 Method 1311.	1,2-Dichloroethane	107-06-2	0.21 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸
D029 ⁹	Wastes that are TC for 1,1-Dichloroethylene based on the TCLP in SW846 Method 1311.	1,1-Dichloroethylene	75-35-4	0.025 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸
D030 ⁹	Wastes that are TC for 2,4-Dinitrotoluene based on the TCLP in SW846 Method 1311.	2,4-Dinitrotoluene	121-14-2	0.32 and meet 268.48 standards ⁸	140 and meet 268.48 standards ⁸
D031 ⁹	Wastes that are TC for Heptachlor based on the TCLP in SW846 Method 1311.	Heptachlor	76-44-8	0.0012 and meet 268.48 standards ⁸	0.066 and meet 268.48 standards ⁸
		Heptachlor epoxide	1024-57-3	0.016 and meet 268.48 standards ⁸	0.066 and meet 268.48 standards ⁸
D032 ⁹	Wastes that are TC for Hexachlorobenzene based on the TCLP in SW846 Method 1311.	Hexachlorobenzene	118-74-1	0.055 and meet 268.48 standards ⁸	10 and meet 268.48 standards ⁸
D033 ⁹	Wastes that are TC for Hexachlorobutadiene based on the TCLP in SW846 Method 1311.	Hexachlorobutadiene	87-68-3	0.055 and meet 268.48 standards ⁸	5.6 and meet 268.48 standards ⁸
D034 ⁹	Wastes that are TC for Hexachloroethane based on the TCLP in SW846 Method 1311.	Hexachloroethane	67-72-1	0.055 and meet 268.48 standards ⁸	30 and meet 268.48 standards ⁸

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
D035 ⁹	Wastes that are TC for Methyl ethyl ketone based on the TCLP in SW846 Method 1311.	Methyl ethyl ketone	78-93-3	0.28 and meet 268.48 standards ⁸	36 and meet 268.48 standards ⁸
D036 ⁹	Wastes that are TC for Nitrobenzene based on the TCLP in SW846 Method 1311.	Nitrobenzene	98-95-3	0.068 and meet 268.48 standards ⁸	14 and meet 268.48 standards ⁸
D037 ⁹	Wastes that are TC for Pentachlorophenol based on the TCLP in SW846 Method 1311.	Pentachlorophenol	87-86-5	0.089 and meet 268.48 standards ⁸	7.4 and meet 268.48 standards ⁸
D038 ⁹	Wastes that are TC for Pyridine based on the TCLP in SW846 Method 1311.	Pyridine	110-86-1	0.014 and meet 268.48 standards ⁸	16 and meet 268.48 standards ⁸
D039 ⁹	Wastes that are TC for Tetrachloroethylene based on the TCLP in SW846 Method 1311.	Tetrachloroethylene	127-18-4	0.056 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸
D040 ⁹	Wastes that are TC for Trichloroethylene based on the TCLP in SW846 Method 1311.	Trichloroethylene	79-01-6	0.054 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸
D041 ⁹	Wastes that are TC for 2,4,5-Trichlorophenol based on the TCLP in SW846 Method 1311.	2,4,5-Trichlorophenol	95-95-4	0.18 and meet 268.48 standards ⁸	7.4 and meet 268.48 standards ⁸
D042 ⁹	Wastes that are TC for 2,4,6-Trichlorophenol based on the TCLP in SW846 Method 1311.	2,4,6-Trichlorophenol	88-06-2	0.035 and meet 268.48 standards ⁸	7.4 and meet 268.48 standards ⁸
D043 ⁹	Wastes that are TC for Vinyl chloride based on the TCLP in SW846 Method 1311.	Vinyl chloride	75-01-4	0.27 and meet 268.48 standards ⁸	6.0 and meet 268.48 standards ⁸
F001, F002, F003, F004, & F005	F001, F002, F003, F004 and/or F005 solvent wastes that contain any combination of one or more of the following spent solvents: acetone, benzene, n-butyl alcohol, carbon disulfide, carbon tetrachloride, chlorinated fluorocarbons, chlorobenzene, o-cresol, m-cresol, p-cresol, cyclohexanone, o-dichlorobenzene, 2-ethoxyethanol, ethyl acetate, ethyl benzene, ethyl ether, isobutyl alcohol, methanol, methylene chloride, methyl ethyl ketone, methyl isobutyl ketone, nitrobenzene, 2-nitropropane, pyridine, tetrachloroethylene, toluene, 1,1,1-trichloroethane, 1,1,2-trichloroethane, 1,1,2-trichloro-1,2,2-trifluoroethane, trichloroethylene, trichloromonofluoromethane, and/or xylenes [except as specifically noted	Acetone	67-64-1	0.28	160
		Benzene	71-43-2	0.14	10
		n-Butyl alcohol	71-36-3	5.6	2.6
		Carbon disulfide	75-15-0	3.8	NA
		Carbon tetrachloride	56-23-5	0.057	6.0
		Chlorobenzene	108-90-7	0.057	6.0
		o-Cresol	95-48-7	0.11	5.6
		m-Cresol (difficult to distinguish from p-cresol)	108-39-4	0.77	5.6
		p-Cresol (difficult to distinguish from m-cresol)	106-44-5	0.77	5.6
		Cresol-mixed isomers (Cresylic acid)(sum of o-, m-, and p-cresol concentrations)	1319-77-3	0.88	11.2
		Cyclohexanone	108-94-1	0.36	NA
		o-Dichlorobenzene	95-50-1	0.088	6.0
		Ethyl acetate	141-78-6	0.34	33
		Ethyl benzene	100-41-4	0.057	10
		Ethyl ether	60-29-7	0.12	160
		Isobutyl alcohol	78-83-1	5.6	170
		Methanol	67-56-1	5.6	NA
Methylene chloride	75-9-2	0.089	30		
Methyl ethyl ketone	78-93-3	0.28	36		

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters	
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴	
	in other subcategories]. See further details of these listings in 261.31.	Methyl isobutyl ketone	108-10-1	0.14	33	
		Nitrobenzene	98-95-3	0.068	14	
		Pyridine	110-86-1	0.014	16	
		Tetrachloroethylene	127-18-4	0.056	6.0	
		Toluene	108-88-3	0.080	10	
		1,1,1-Trichloroethane	71-55-6	0.054	6.0	
		1,1,2-Trichloroethane	79-00-5	0.054	6.0	
		1,1,2-Trichloro-1,2,2-trifluoroethane	76-13-1	0.057	30	
		Trichloroethylene	79-01-6	0.054	6.0	
		Trichloromonofluoromethane	75-69-4	0.020	30	
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30	
		F003 and/or F005 solvent wastes that contain any combination of one or more of the following three solvents as the only listed F001-5 solvents: carbon disulfide, cyclohexanone, and/or methanol. (formerly 268.41(c))	Carbon disulfide	75-15-0	3.8	4.8 mg/l TCLP
			Cyclohexanone	108-94-1	0.36	0.75 mg/l TCLP
			Methanol	67-56-1	5.6	0.75 mg/l TCLP
F005 solvent waste containing 2-Nitropropane as the only listed F001-5 solvent.	2-Nitropropane	79-46-9	(WETOX or CHOXD) or CARBN; or CMBST	CMBST		
F005 solvent waste containing 2-Ethoxyethanol as the only listed F001-5 solvent.	2-Ethoxyethanol	110-80-5	BIODG; or CMBST	CMBST		
F006	Wastewater treatment sludges from electroplating operations except from the following processes: (1) Sulfuric acid anodizing of aluminum; (2) tin plating on carbon steel; (3) zinc plating (segregated basis) on carbon steel; (4) aluminum or zinc-aluminum plating on carbon steel; (5) cleaning/stripping associated with tin, zinc and aluminum plating on carbon steel; and (6) chemical etching and milling of aluminum.	Cadmium	7440-43-9	0.69	0.11 mg/l TCLP	
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP	
		Cyanides (Total) ⁷	57-12-5	1.2	590	
		Cyanides (Amenable) ⁷	57-12-5	0.86	30	
		Lead	7439-92-1	0.69	0.75 mg/l TCLP	
		Nickel	7440-02-0	3.98	11 mg/l TCLP	
		Silver	7440-22-4	NA	0.14 mg/l TCLP	
F007	Spent cyanide plating bath solutions from electroplating operations.	Cadmium	7440-43-9	NA	0.11 mg/l TCLP	
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP	
		Cyanides (Total) ⁷	57-12-5	1.2	590	
		Cyanides (Amenable) ⁷	57-12-5	0.86	30	
		Lead	7439-92-1	0.69	0.75 mg/l TCLP	
		Nickel	7440-02-0	3.98	11 mg/l TCLP	
		Silver	7440-22-4	NA	0.14 mg/l TCLP	

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
F008	Plating bath residues from the bottom of plating baths from electroplating operations where cyanides are used in the process.	Cadmium	7440-43-9	NA	0.11 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Nickel	7440-02-0	3.98	11 mg/l TCLP
		Silver	7440-22-4	NA	0.14 mg/l TCLP
F009	Spent stripping and cleaning bath solutions from electroplating operations where cyanides are used in the process.	Cadmium	7440-43-9	NA	0.11 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Nickel	7440-02-0	3.98	11 mg/l TCLP
		Silver	7440-22-4	NA	0.14 mg/l TCLP
F010	Quenching bath residues from oil baths from metal heat treating operations where cyanides are used in the process.	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	NA
F011	Spent cyanide solutions from salt bath pot cleaning from metal heat treating operations.	Cadmium	7440-43-9	NA	0.11 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Nickel	7440-02-0	3.98	11 mg/l TCLP
		Silver	7440-22-4	NA	0.11 mg/l TCLP
F012	Quenching wastewater treatment sludges from metal heat treating operations where cyanides are used in the process.	Cadmium	7440-43-9	NA	0.11 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Nickel	7440-02-0	3.98	11 mg/l TCLP
		Silver	7440-22-4	NA	0.14 mg/l TCLP
F019	Wastewater treatment sludges from the chemical conversion coating of	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	aluminum except from zirconium phosphating in aluminum can washing when such phosphating is an exclusive conversion coating process.	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
F020, F021, F022, F023, F026	Wastes (except wastewater and spent carbon from hydrogen chloride purification) from the production or manufacturing use (as a reactant, chemical intermediate, or component in a formulating process) of: (1) tri- or tetrachlorophenol, or of intermediates used to produce their pesticide derivatives, excluding wastes from the production of Hexachlorophene from highly purified 2,4,5-trichlorophenol (F020); (2) pentachlorophenol, or of intermediates used to produce its derivatives (i.e., F021); (3) tetra-, penta-, or hexachlorobenzenes under alkaline conditions (i.e., F022); and from the production of materials on equipment previously used for the production or manufacturing use (as a reactant, chemical intermediate, or component in a formulating process) of: (1) tri-, or tetrachlorophenols, excluding wastes from equipment used only for the production of Hexachlorophene from highly purified 2,4,5-trichlorophenol (F023); (2) tetra-, penta-, or hexachlorobenzenes under alkaline conditions (i.e., F026).	HxCDDs (All Hexachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		HxCDFs (All Hexachlorodibenzofurans)	NA	0.000063	0.001
		PeCDDs (All Pentachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		PeCDFs (All Pentachlorodibenzofurans)	NA	0.000035	0.001
		Pentachlorophenol	87-86-5	0.089	7.4
		TCDDs (All Tetrachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		TCDFs (All Tetrachlorodibenzofurans)	NA	0.000063	0.001
		2,4,5-Trichlorophenol	95-95-4	0.18	7.4
		2,4,6-Trichlorophenol	88-06-2	0.035	7.4
		2,3,4,6-Tetrachlorophenol	58-90-2	0.030	7.4
F024	Process wastes, including but not limited to, distillation residues, heavy ends, tars, and reactor clean-out wastes, from the production of certain chlorinated aliphatic hydrocarbons by free radical catalyzed processes. These chlorinated aliphatic hydrocarbons are those having carbon chain lengths ranging from one to and including five, with varying amounts and positions of chlorine substitution. (This listing does not include wastewaters, wastewater treatment sludges, spent catalysts, and wastes listed in 261.31 or 261.32.).	All F024 wastes	NA	CMBST ¹¹	CMBST ¹¹
		2-Chloro-1,3-butadiene	126-99-8	0.057	0.28
		3-Chloropropylene	107-05-1	0.036	30
		1,1-Dichloroethane	75-34-3	0.059	6.0
		1,2-Dichloroethane	107-06-2	0.21	6.0
		1,2-Dichloroethane	78-87-5	0.85	18
		cis-1,3-Dichloropropylene	10061-01-5	0.036	18
		trans-1,3-Dichloropropylene	10061-02-6	0.036	18
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		Hexachloroethane	67-72-1	0.055	30
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Nickel	7440-02-0	3.98	11 mg/l TCLP

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
F025	Condensed light ends from the production of certain chlorinated aliphatic hydrocarbons, by free radical catalyzed processes. These chlorinated aliphatic hydrocarbons are those having carbon chain lengths ranging from one to and including five, with varying amounts and positions of chlorine substitution. F025-Light Ends Subcategory	Carbon tetrachloride	56-23-5	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		1,2-Dichloroethane	107-06-2	0.21	6.0
		1,1-Dichloroethylene	75-35-4	0.025	6.0
		Methylene chloride	75-9-2	0.089	30
		1,1,2-Trichloroethane	79-00-5	0.054	6.0
		Trichloroethylene	79-01-6	0.054	6.0
	Spent filters and filter aids, and spent desiccant wastes from the production of certain chlorinated aliphatic hydrocarbons, by free radical catalyzed processes. These chlorinated aliphatic hydrocarbons are those having carbon chain lengths ranging from one to and including five, with varying amounts and positions of chlorine substitution. F025-Spent Filters/Aids and Desiccants Subcategory	Carbon tetrachloride	56-23-5	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		Hexachlorobenzene	118-74-1	0.055	10
		Hexachlorobutadiene	87-68-3	0.055	5.6
		Hexachloroethane	67-72-1	0.055	30
		Methylene chloride	75-9-2	0.089	30
		1,1,2-Trichloroethane	79-00-5	0.054	6.0
F027	Discarded unused formulations containing tri-, tetra-, or pentachlorophenol or discarded unused formulations containing compounds derived from these chlorophenols. (This listing does not include formulations containing hexachlorophene synthesized from prepurified 2,4,5-trichlorophenol as the sole component.)	HxCDDs (All Hexachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		HxCDFs (All Hexachlorodibenzofurans)	NA	0.000063	0.001
		PeCDDs (All Pentachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		PeCDFs (All Pentachlorodibenzofurans)	NA	0.000035	0.001
		Pentachlorophenol	87-86-5	0.089	7.4
		TCDDs (All Tetrachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		TCDFs (All Tetrachlorodibenzofurans)	NA	0.000063	0.001
		2,4,5-Trichlorophenol	95-95-4	0.18	7.4
		2,4,6-Trichlorophenol	88-06-2	0.035	7.4
		2,3,4,6-Tetrachlorophenol	58-90-2	0.030	7.4
F028	Residues resulting from the incineration or thermal treatment of soil contaminated with EPA Hazardous Wastes Nos. F020, F021, F023, F026, and F027.	HxCDDs (All Hexachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		HxCDFs (All Hexachlorodibenzofurans)	NA	0.000063	0.001
		PeCDDs (All Pentachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		PeCDFs (All Pentachlorodibenzofurans)	NA	0.000035	0.001
		Pentachlorophenol	87-86-5	0.089	7.4
		TCDDs (All Tetrachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		TCDFs (All Tetrachlorodibenzofurans)	NA	0.000063	0.001
		2,4,5-Trichlorophenol	95-95-4	0.18	7.4
		2,4,6-Trichlorophenol	88-06-2	0.035	7.4
2,3,4,6-Tetrachlorophenol	58-90-2	0.030	7.4		
F032	Wastewaters (except those that have not come into contact with process contaminants), process residuals,	Acenaphthene	83-32-9	0.059	3.4
		Anthracene	120-12-7	0.059	3.4
		Benz(a)anthracene	56-55-3	0.059	3.4

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	preservative drippage, and spent formulations from wood preserving processes generated at plants that currently use or have previously used chlorophenolic formulations (except potentially cross-contaminated wastes that have had the F032 waste code deleted in accordance with 261.35 of this chapter or sediment sludge from the treatment of wastewater from wood preserving processes that use potentially cross-contaminated wastes that are otherwise currently regulated as hazardous wastes (i.e., F034 or F035), and where the generator does not resume or initiate use of chlorophenolic formulations). This listing does not include K001 bottom creosote and/or penta-chlorophenol.	Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		2,4-Dimethyl phenol	105-67-9	0.036	14
		Fluorene	86-73-7	0.059	3.4
		Hexachlorodibenzo-p-dioxins	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		Hexachlorodibenzofurans	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		Indeno (1,2,3-c,d) pyrene	193-39-5	0.0055	3.4
		Naphthalene	91-20-3	0.059	5.6
		Pentachlorodibenzo-p-dioxins	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		Pentachlorodibenzofurans	NA	0.000035, or CMBST ¹¹	0.001, or CMBST ¹¹
		Pentachlorophenol	87-86-5	0.089	7.4
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyrene	129-00-0	0.067	8.2
		Tetrachlorodibenzo-p-dioxins	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		Tetrachlorodibenzofurans	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		2,3,4,6-Tetrachlorophenol	58-90-2	0.030	7.4
		2,4,6-Trichlorophenol	88-06-2	0.035	7.4
		Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
F034	Wastewaters (except those that have not come into contact with process contaminants), process residuals, preservative drippage, and spent formulations from wood preserving processes generated at plants that use creosote formulations. This listing does not include K001 bottom sediment sludge from the treatment of wastewater from wood preserving processes that use creosote and/or pentachlorophenol.	Acenaphthene	83-32-9	0.059	3.4
		Anthracene	120-12-7	0.059	3.4
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Fluorene	86-73-7	0.059	3.4
		Indeno (1,2,3-c,d) pyrene	193-39-5	0.0055	3.4
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP		

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
F035	Wastewaters (except those that have not come into contact with process contaminants), process residuals, preservative drippage, and spent formulations from wood preserving processes generated at plants that use inorganic preservatives containing arsenic or chromium. This listing does not include K001 bottom sediment sludge from the treatment of wastewater from wood preserving processes that use creosote and/or pentachlorophenol.	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
F037	Petroleum refinery primary oil/water/solids separation sludge-Any sludge generated from the gravitational separation of oil/water/solids during the storage or treatment of process wastewaters and oily cooling wastewaters from petroleum refineries. Such sludges include, but are not limited to, those generated in: oil/water/solids separators; tanks and impoundments; ditches and other conveyances; sumps; and stormwater units receiving dry weather flow. Sludge generated in stormwater units that do not receive dry weather flow, sludges generated from non-contact once-through cooling waters segregated for treatment from other process or oily cooling waters, sludges generated in aggressive biological treatment units as define in 261.31(b)(2) (including sludges generated in one or more additional units after wastewaters have been treated in aggressive biological treatment units) and K051 wastes are not included in this listing.	Acenaphthene	83-32-9	0.059	NA
		Anthracene	120-12-7	0.059	3.4
		Benzene	71-43-2	0.14	10
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		Chrysene	218-01-9	0.059	3.4
		Di-n-butyl phthalate	84-74-2	0.057	28
		Ethylbenzene	100-41-4	0.057	10
		Fluorene	86-73-7	0.059	NA
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyrene	129-00-0	0.067	8.2
		Toluene	108-88-3	0.080	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
Cyanides (Total) ⁷	57-12-5	1.2	590		
Lead	7439-92-1	0.69	NA		
Nickel	7440-02-0	NA	11 mg/l TCLP		
F038	Petroleum refinery secondary (emulsified) oil/water/solids separation sludge and/or float generated from the physical and/or chemical separation of oil/water/solids in process wastewaters and oily cooling wastewaters from petroleum	Benzene	71-43-2	0.14	10
		Benzo(a)pyrene	50-32-8	0.061	3.4
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		Chrysene	218-01-9	0.059	3.4
		Di-n-butyl phthalate	84-74-2	0.057	28
		Ethylbenzene	100-41-4	0.057	10
		Fluorene	86-73-7	0.059	NA
Naphthalene	91-20-3	0.059	5.6		

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters		
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴		
	refineries. Such wastes include, but are not limited to, all sludges and floats generated in: induced air flotation (IAF) units, tanks and impoundments, and all sludges generated in DAF units. Sludges generated in stormwater units that do not receive dry weather flow, sludges generated from non-contact once-through cooling waters segregated for treatment from other process or oily cooling waters, sludges and floats generated in aggressive biological treatment units as defined in 261.31(b)(2) (including sludges and floats generated in one or more additional units after wastewaters have been treated in aggressive biological units) and F037, K048, and K051 are not included in this listing.	Phenanthrene	85-01-8	0.059	5.6		
		Phenol	108-95-2	0.039	6.2		
		Pyrene	129-00-0	0.067	8.2		
		Toluene	108-88-3	0.080	10		
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30		
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP		
		Cyanides (Total) ⁷	57-12-5	1.2	590		
		Lead	7439-92-1	0.69	NA		
		Nickel	7440-02-0	NA	11 mg/l TCLP		
		F039	Leachate (liquids that have percolated through land disposed wastes) resulting from the disposal of more than one restricted waste classified as hazardous under subpart D of this part. (Leachate resulting from the disposal of one or more of the following EPA Hazardous Wastes and no other Hazardous Wastes retains its EPA Hazardous Waste Number(s): F020, F021, F022, F026, F027, and/or F028). (6/02, 2/07)	Acenaphthylene	208-96-8	0.059	3.4
				Acenaphthene	83-32-9	0.059	3.4
Acetone	67-64-1			0.28	160		
Acetonitrile	75-05-8			5.6	NA		
Acetophenone	96-86-2			0.010	9.7		
2-Acetylaminofluorene	53-96-3			0.059	140		
Acrolein	107-02-8			0.29	NA		
Acrylonitrile	107-13-1			0.24	84		
Aldrin	309-00-2			0.021	0.066		
4-Aminobiphenyl	92-67-1			0.13	NA		
Aniline	62-53-3			0.81	14		
o-Anisidine (2-methoxyaniline)	90-04-0			0.010	0.66		
Anthracene	120-12-7			0.059	3.4		
Aramite	140-57-8			0.36	NA		
alpha-BHC	319-84-6			0.00014	0.066		
beta-BHC	319-85-7			0.00014	0.066		
delta-BHC	319-86-8			0.023	0.066		
gamma-BHC	58-89-9			0.0017	0.066		
Benzene	71-43-2			0.14	10		
Benz(a)anthracene	56-55-3			0.059	3.4		
Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2			0.11	6.8		
Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9			0.11	6.8		
Benzo(g,h,i)perylene	191-24-2			0.0055	1.8		
Benzo(a)pyrene	50-32-8			0.061	3.4		
Bromodichloromethane	75-27-4			0.35	15		
Methyl bromide (Bromomethane)	74-83-9			0.11	15		
4-Bromophenyl phenyl ether	101-55-3			0.055	15		
n-Butyl alcohol	71-36-3			5.6	2.6		

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Butyl benzyl phthalate	85-68-7	0.017	28
		2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	88-85-7	0.066	2.5
		Carbon disulfide	75-15-0	3.8	NA
		Carbon tetrachloride	56-23-5	0.057	6.0
		Chlordane (alpha and gamma isomers)	57-74-9	0.0033	0.26
		p-Chloroaniline	106-47-8	0.46	16
		Chlorobenzene	108-90-7	0.057	6.0
		Chlorobenzilate	510-15-6	0.10	NA
		2-Chloro-1,3-butadiene	126-99-8	0.057	NA
		Chlorodibromomethane	124-48-1	0.057	15
		Chloroethane	75-00-3	0.27	6.0
		bis(2-Chloroethoxy)methane	111-91-1	0.036	7.2
		bis(2-Chloroethyl)ether	111-44-4	0.033	6.0
		Chloroform	67-66-3	0.046	6.0
		bis(2-Chloroisopropyl)ether	69638-32-9	0.055	7.2
		p-Chloro-m-cresol	59-50-7	0.018	14
		Chloromethane (Methyl chloride)	74-87-3	0.19	30
		2-Chloronaphthalene	91-58-7	0.055	5.6
		2-Chlorophenol	95-57-8	0.044	5.7
		3-Chloropropylene	107-05-1	0.036	30
		Chrysene	218-01-9	0.059	3.4
		o-Cresol	95-48-7	0.11	5.6
		p-Cresidine	120-71-8	0.010	0.66
		m-Cresol (difficult to distinguish from p-cresol)	108-39-4	0.77	5.6
		p-Cresol (difficult to distinguish from m-cresol)	106-44-5	0.77	5.6
		Cyclohexanone	108-94-1	0.36	NA
		1,2-Dibromo-3-chloropropane	96-12-8	0.11	15
		Ethylene dibromide (1,2-Dibromomethane)	106-93-4	0.028	15
		Dibromomethane	74-95-3	0.11	15
		2,4-D (2,4-Dichlorophenoxyacetic acid)	94-75-7	0.72	10
		o,p'-DDD	53-19-0	0.023	0.087
		p,p'-DDD	72-54-8	0.023	0.087
		o, p'-DDE	3424-82-6	0.031	0.087
		p,p'-DDE	72-55-9	0.031	0.087
		o,p'-DDT	789-02-6	0.0039	0.087
		p,p'-DDT	50-29-3	0.0039	0.087
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Dibenz(a,e)pyrene	192-65-4	0.061	NA
		m-Dichlorobenzene	541-73-1	0.036	6.0
		o-Dichlorobenzene	95-50-1	0.088	6.0
		p-Dichlorobenzene	106-46-7	0.090	6.0
		Dichlorodifluoromethane	75-71-8	0.23	7.2
		1,1-Dichloroethane	75-34-3	0.059	6.0
		1,2-Dichloroethane	107-06-2	0.21	6.0
		1,1-Dichloroethylene	75-35-4	0.025	6.0
		trans-1,2-Dichloroethylene	156-60-5	0.054	30
		2,4-Dichlorophenol	120-83-2	0.044	14
		2,6-Dichlorophenol	87-65-0	0.044	14

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		1,2-Dichloropropane	78-87-5	0.85	18
		cis-1,3-Dichloropropylene	10061-01-5	0.036	18
		trans-1,3-Dichloropropylene	10061-02-6	0.036	18
		Dieldrin	60-57-1	0.017	0.13
		Diethyl phthalate	84-66-2	0.20	28
		2,4-Dimethylaniline (2,4-xylydine)	95-68-1	0.010	0.66
		2,4-Dimethyl phenol	105-67-9	0.036	14
		Dimethyl phthalate	131-11-3	0.047	28
		Di-n-butyl phthalate	84-74-2	0.057	28
		1,4-Dinitrobenzene	100-25-4	0.32	2.3
		4,6-Dinitro-o-cresol	534-52-1	0.28	160
		2,4-Dinitrophenol	51-28-5	0.12	160
		2,4-Dinitrotoluene	606-20-2	0.55	28
		Di-n-octyl phthalate	117-84-0	0.017	28
		Di-n-propylnitrosamine	621-64-7	0.40	14
		1,4-Dioxane	123-91-1	12.0	170
		Diphenylamine (difficult to distinguish from diphenylnitrosamine)	122-39-4	0.92	NA
		Diphenylnitrosamine (difficult to distinguish from diphenylamine)	86-30-6	0.92	NA
		1,2-Diphenylhydrazine	122-66-7	0.087	NA
		Disulfoton	298-04-4	0.017	6.2
		Endosulfan I	939-98-8	0.023	0.066
		Endosulfan II	33213-6-5	0.029	0.13
		Endosulfan sulfate	1031-07-8	0.029	0.13
		Endrin	72-20-8	0.0028	0.13
		Endrin aldehyde	7421-93-4	0.025	0.13
		Ethyl acetate	141-78-6	0.34	33
		Ethyl cyanide (Propanenitrile)	107-12-0	0.24	360
		Ethyl benzene	100-41-4	0.057	10
		Ethyl ether	60-29-7	0.12	160
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		Ethyl methacrylate	97-63-2	0.14	160
		Ethylene oxide	75-21-8	0.12	NA
		Famphur	52-85-7	0.017	15
		Fluoranthene	206-44-0	0.068	3.4
		Fluorene	86-73-7	0.059	3.4
		Heptachlor	76-44-8	0.0012	0.066
		1, 2, 3, 4, 6, 7, 8-Heptachlorodibenzo-p-dioxin (1, 2, 3, 4, 6, 7, 8 HpCDD) (6/02)	65822-46-9	0.000035	0.0025
		1,2,3,4,6,7,8-Heptachlorodibenzofuran (1,2,3,4,6,7,8-HpCDF) (6/02)	67562-39-4	0.000035	0.0025
		1,2,3,4,7,8,9-Heptachlorodibenzofuran (1,2,3,4,7,8,9-HpCDF) (6/02)	55673-89-7	0.000035	0.0025
		Heptachlor epoxide	1024-57-3	0.016	0.066
		Hexachlorobenzene	118-74-1	0.055	10
		Hexachlorobutadiene	87-68-3	0.055	5.6
		Hexachlorocyclopentadiene	77-47-4	0.057	2.4

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		HxCDDs (All Hexachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		HxCDFs (All Hexachlorodibenzofurans)	NA	0.000063	0.001
		Hexachloroethane	67-72-1	0.055	30
		Hexachloropropylene	1888-71-7	0.035	30
		Indeno (1,2,3-c,d) pyrene	193-39-5	0.0055	3.4
		Iodomethane	74-88-4	0.19	65
		Isobutyl alcohol	78-83-1	5.6	170
		Isodrin	465-73-6	0.021	0.066
		Isosafrole	120-58-1	0.081	2.6
		Kepone	143-50-8	0.0011	0.13
		Methacrylonitrile	126-98-7	0.24	84
		Methanol	67-56-1	5.6	NA
		Methapyrilene	91-80-5	0.081	1.5
		Methoxychlor	72-43-5	0.25	0.18
		3-Methylcholanthrene	56-49-5	0.0055	15
		4,4-Methylene bis(2-chloroaniline)	101-14-4	0.50	30
		Methylene chloride	75-09-2	0.089	30
		Methyl ethyl ketone	78-93-3	0.28	36
		Methyl isobutyl ketone	108-10-1	0.14	33
		Methyl methacrylate	80-62-6	0.14	160
		Methyl methansulfonate	66-27-3	0.018	NA
		Methyl parathion	298-00-0	0.014	4.6
		Naphthalene	91-20-3	0.059	5.6
		2-Naphthylamine	91-59-8	0.52	NA
		p-Nitroaniline	100-01-6	0.028	28
		Nitrobenzene	98-95-3	0.068	14
		5-Nitro-o-toluidine	99-55-8	0.32	28
		p-Nitrophenol	100-02-7	0.12	29
		N-Nitrosodiethylamine	55-18-5	0.40	28
		N-Nitrosodimethylamine	62-75-9	0.40	NA
		N-Nitroso-di-n-butylamine	924-16-3	0.40	17
		N-Nitrosomethylethylamine	10595-95-6	0.40	2.3
		N-Nitrosomorpholine	59-89-2	0.40	2.3
		N-Nitrosopiperidine	100-75-4	0.013	35
		N-Nitrosopyrrolidine	930-55-2	0.013	35
		1,2,3,4,6,7,8,9-Octachlorodibenzo-p-dioxin (OCDD) (6/02)	3268-87-9	0.000063	0.0025
		1,2,3,4,6,7,8,9-Octachlorodibenzofuran (OCDF) (6/02)	39001-02-0	0.000063	0.005
		Parathion	56-38-2	0.014	4.6
		Total PCBs (sum of all PCB isomers, or all Aroclors)	1336-36-3	0.10	10
		Pentachlorobenzene	608-93-5	0.055	10
		PeCDDs (All Pentachlorodibenzo-p-dioxins)	NA	0.00063	0.001
		PeCDFs (All Pentachlorodibenzofurans)	NA	0.000035	0.001
		Pentachloronitrobenzene	82-68-8	0.055	4.8
		Pentachlorophenol	87-86-5	0.089	7.4
		Phenacetin	62-44-2	0.081	16

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		1,3-Phenylenediamine	108-45-2	0.010	0.66
		Phorate	298-02-2	0.021	4.6
		Phthalic anhydride	85-44-9	0.055	NA
		Pronamide	23950-58-5	0.093	1.5
		Pyrene	129-00-0	0.067	8.2
		Pyridine	110-86-1	0.014	16
		Safrole	94-59-7	0.081	22
		Silvex (2,4,5-TP)	93-72-1	0.72	7.9
		2,4,5-T	93-76-5	0.72	7.9
		1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	14
		TCDDs (All Tetrachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		TCDFs (All Tetrachlorodibenzofurans)	NA	0.000063	0.001
		1,1,1,2-Tetrachloroethane	630-20-6	0.057	6.0
		1,1,2,2-Tetrachloroethane	79-34-6	0.057	6.0
		Tetrachloroethylene	127-18-4	0.056	6.0
		2,3,4,6-Tetrachlorophenol	58-90-2	0.030	7.4
		Toluene	108-88-3	0.080	10
		Toxaphene	8001-35-2	0.0095	2.6
		Bromoform (Tribromomethane)	75-25-2	0.63	15
		1,2,4-Trichlorobenzene	120-82-1	0.055	19
		1,1,1-Trichloroethane	71-55-6	0.054	6.0
		1,1,2-Trichloroethane	79-00-5	0.054	6.0
		Trichloroethylene	79-01-6	0.054	6.0
		Trichloromonofluoromethane	75-69-4	0.020	30
		2,4,5-Trichlorophenol	95-95-4	0.18	7.4
		2,4,6-Trichlorophenol	88-06-2	0.035	7.4
		1,2,3-Trichloropropane	96-18-4	0.85	30
		1,1,2-Trichloro-1,2,2-trifluoroethane	76-13-1	0.057	30
		tris(2,3-Dibromopropyl) phosphate	126-72-7	0.11	NA
		Vinyl chloride	75-01-4	0.27	6.0
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Antimony	7440-36-0	1.9	1.15 mg/l TCLP
		Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
		Barium	7440-39-3	1.2	21 mg/l TCLP
		Beryllium	7440-41-7	0.82	NA
		Cadmium	7440-43-9	0.69	0.11 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	NA
		Fluoride	16964-48-8	35	NA
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Mercury	7439-97-6	0.15	0.025 mg/l TCLP

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Nickel	7440-02-0	3.98	11 mg/l TCLP
		Selenium	7782-49-2	0.82	5.7 mg/l TCLP
		Silver	7440-22-4	0.43	0.14 mg/l TCLP
		Sulfide	8496-25-8	14	NA
		Thallium	7440-28-0	1.4	NA
		Vanadium	7440-62-2	4.3	NA
K001	Bottom sediment sludge from the treatment of wastewaters from wood preserving processes that use creosote and/or pentachlorophenol.	Naphthalene	91-20-3	0.059	5.6
		Pentachlorophenol	87-86-5	0.089	7.4
		Phenanthrene	85-01-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Toluene	108-88-3	0.080	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
K002	Wastewater treatment sludge from the production of chrome yellow and orange pigments.	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
K003	Wastewater treatment sludge from the production of molybdate orange pigments.	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
K004	Wastewater treatment sludge from the production of zinc yellow pigments.	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
K005	Wastewater treatment sludge from the production of chrome green pigments.	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
K006	Wastewater treatment sludge from the production of chrome oxide green pigments (anhydrous).	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
	Wastewater treatment sludge from the production of chrome oxide green pigments (hydrated).	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	NA
K007	Wastewater treatment sludge from the production of iron blue pigments.	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
K008	Oven residue from the production of chrome oxide green pigments.	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
K009	Distillation bottoms from the production of acetaldehyde from ethylene.	Chloroform	67-66-3	0.046	6.0
K010	Distillation side cuts from the production of acetaldehyde from ethylene.	Chloroform	67-66-3	0.046	6.0
K011	Bottom stream from the wastewater stripper in the production of acrylonitrile.	Acetonitrile	75-05-8	5.6	38
		Acrylonitrile	107-13-1	0.24	84
		Acrylamide	79-06-1	19	23
		Benzene	71-43-2	0.14	10
		Cyanide (Total)	57-12-5	1.2	590
K013	Bottom stream from the acetonitrile column in the production of acrylonitrile.	Acetonitrile	75-05-8	5.6	38
		Acrylonitrile	107-13-1	0.24	84
		Acrylamide	79-06-1	19	23
		Benzene	71-43-2	0.14	10
		Cyanide (Total)	57-12-5	1.2	590
K014	Bottoms from the acetonitrile purification column in the production of acrylonitrile.	Acetonitrile	75-05-8	5.6	38
		Acrylonitrile	107-13-1	0.24	84
		Acrylamide	79-06-1	19	23
		Benzene	71-43-2	0.14	10
		Cyanide (Total)	57-12-5	1.2	590
K015	Still bottoms from the distillation of benzyl chloride.	Anthracene	120-12-7	0.059	3.4
		Benzal chloride	98-87-3	0.055	6.0
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Phenanthrene	85-01-8	0.059	5.6
		Toluene	108-88-3	0.080	10
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
K016	Heavy ends or distillation residues from the production of carbon tetrachloride.	Nickel	7440-02-0	3.98	11 mg/l TCLP
		Hexachlorobenzene	118-74-1	0.055	10
		Hexachlorobutadiene	87-68-3	0.055	5.6
		Hexachlorocyclopentadiene	77-47-4	0.057	2.4
		Hexachloroethane	67-72-1	0.055	30
K017	Heavy ends (still bottoms) from the purification column in the production of epichlorohydrin.	Tetrachloroethylene	127-18-4	0.056	6.0
		bis(2-Chloroethyl)ether	111-44-4	0.033	6.0
		1,2-Dichloropropane	78-87-5	0.85	18
K018	Heavy ends from the fractionation column in ethyl chloride production.	1,2,3-Trichloropropane	96-18-4	0.85	30
		Chloroethane	75-00-3	0.27	6.0
		Chloromethane	74-87-3	0.19	NA
		1,1-Dichloroethane	75-34-3	0.059	6.0
		1,2-Dichloroethane	107-06-2	0.21	6.0
		Hexachlorobenzene	118-74-1	0.055	10
		Hexachlorobutadiene	87-68-3	0.055	5.6
		Hexachloroethane	67-72-1	0.055	30
K019		Pentachloroethane	76-01-7	NA	6.0
		1,1,1-Trichloroethane	71-55-6	0.054	6.0
		bis(2-Chloroethyl)ether	111-44-4	0.033	6.0

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	Heavy ends from the distillation of ethylene dichloride in ethylene dichloride production.	Chlorobenzene	108-90-7	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		p-Dichlorobenzene	106-46-7	0.090	NA
		1,2-Dichloroethane	107-06-2	0.21	6.0
		Fluorene	86-73-7	0.059	NA
		Hexachloroethane	67-72-1	0.055	30
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	NA
		Tetrachloroethylene	127-18-4	0.056	6.0
		1,2,4-Trichlorobenzene	120-82-1	0.055	19
1,1,1-Trichloroethane	71-55-6	0.054	6.0		
K020	Heavy ends from the distillation of vinyl chloride in vinyl chloride monomer production.	1,2-Dichloroethane	107-06-2	0.21	6.0
		1,1,2,2-Tetrachloroethane	79-34-6	0.057	6.0
		Tetrachloroethylene	127-18-4	0.056	6.0
K021	Aqueous spent antimony catalyst waste from fluoromethanes production.	Carbon tetrachloride	56-23-5	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		Antimony	7440-36-0	1.9	1.15 mg/l TCLP
K022	-Distillation bottom tars from the production of phenol/acetone from cumene.	Toluene	108-88-3	0.080	10
		Acetophenone	96-86-2	0.010	9.7
		Diphenylamine (difficult to distinguish from diphenylnitrosamine)	122-39-4	0.92	13
		Diphenylnitrosamine (difficult to distinguish from diphenylamine)	86-30-6	0.92	13
		Phenol	108-95-2	0.039	6.2
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
K023	Distillation light ends from the production of phthalic anhydride from naphthalene.	Nickel	7440-02-0	3.98	11 mg/l TCLP
		Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	100-21-0	0.055	28
		Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	85-44-9	0.055	28
K024	Distillation bottoms from the production of phthalic anhydride from naphthalene.	Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	100-21-0	0.055	28
		Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	85-44-9	0.055	28
K025	Distillation bottoms from the production of nitrobenzene by the nitration of benzene.	NA	NA	LLEXT fb SSTRP fb CARBN; or CMBST	CMBST
K026	Stripping still tails from the production of methyl ethyl pyridines.	NA	NA	CMBST	CMBST
K027	Centrifuge and distillation residues from toluene diisocyanate production.	NA	NA	CARBAN; or CMBST	CMBST
K028	Spent catalyst from the hydrochlorinator reactor in the production of 1,1,1-trichloroethane.	1,1-Dichloroethane	75-34-3	0.059	6.0
		trans-1,2-Dichloroethylene	156-60-5	0.054	30
		Hexachlorobutadiene	87-68-3	0.055	5.6

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Hexachloroethane	67-72-1	0.055	30
		Pentachloroethane	76-01-7	NA	6.0
		1,1,1,2-Tetrachloroethane	630-20-6	0.057	6.0
		1,1,2,2-Tetrachloroethane	79-34-6	0.057	6.0
		Tetrachloroethylene	127-18-4	0.056	6.0
		1,1,1-Trichloroethane	71-55-6	0.054	6.0
		1,1,2-Trichloroethane	79-00-5	0.054	6.0
		Cadmium	7440-43-9	0.69	NA
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Nickel	7440-02-0	3.98	11 mg/l TCLP
K029	Waste from the product steam stripper in the production of 1,1,1-trichloroethane.	Chloroform	67-66-3	0.046	6.0
		1,2-Dichloroethane	107-06-2	0.21	6.0
		1,1-Dichloroethylene	75-35-4	0.025	6.0
		1,1,1-Trichloroethane	71-55-6	0.054	6.0
		Vinyl chloride	75-01-4	0.27	6.0
K030	Column bodies or heavy ends from the combined production of trichloroethylene and perchloroethylene.	o-Dichlorobenzene	95-50-1	0.088	NA
		p-Dichlorobenzene	106-46-7	0.090	NA
		Hexachlorobutadiene	87-68-3	0.055	5.6
		Hexachloroethane	67-72-1	0.055	30
		Hexachloropropylene	1888-71-7	NA	30
		Pentachlorobenzene	608-93-5	NA	10
		Pentachloroethane	76-01-7	NA	6.0
		1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	14
K031	By-product salts generated in the production of MSMA and cacodylic acid.	Tetrachloroethylene	127-18-4	0.056	6.0
		1,2,4-Trichlorobenzene	120-82-1	0.055	19
K032	Wastewater treatment sludge from the production of chlordane.	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
		Hexachlorocyclopentadiene	77-47-4	0.057	2.4
		Chlordane (alpha and gamma isomers)	57-74-9	0.0033	0.26
		Heptachlor	76-44-8	0.0012	0.066
K033	Wastewater and scrub water from the chlorination of cyclopentadiene in the production of chlordane.	Heptachlor epoxide	1024-57-3	0.016	0.066
		Hexachlorocyclopentadiene	77-47-4	0.057	2.4
K034	Filter solids from the filtration of hexachlorocyclopentadiene in the production of chlordane.	Hexachlorocyclopentadiene	77-47-4	0.057	2.4
K035	Wastewater treatment sludges generated in the production of creosote.	Acenaphthene	83-32-9	NA	3.4
		Anthracene	120-12-7	NA	3.4
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Chrysene	218-01-9	0.059	3.4
		o-Cresol	95-48-7	0.11	5.6
	m-Cresol (difficult to distinguish from p-cresol)	108-39-4	0.77	5.6	

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		p-Cresol (difficult to distinguish from m-cresol)	106-44-5	0.77	5.6
		Dibenz(a,h)anthracene	53-70-3	NA	8.2
		Fluoranthene	206-44-0	0.068	3.4
		Fluorene	86-73-7	NA	3.4
		Indeno(1,2,3-cd)pyrene	193-39-5	NA	3.4
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyrene	129-00-0	0.067	8.2
K036	Still bottoms from toluene reclamation distillation in the production of disulfoton.	Disulfoton	298-04-4	0.017	6.2
K037	Wastewater treatment sludges from the production of disulfoton.	Disulfoton	298-04-4	0.017	6.2
		Toluene	108-88-3	0.080	10
K038	Wastewater from the washing and stripping of phorate production.	Phorate	298-02-2	0.021	4.6
K039	Filter cake from the filtration of diethylphosphorodithioic acid in the production of phorate.	NA	NA	CARBN; or CMBST	CMBST
K040	Wastewater treatment sludge from the production of phorate.	Phorate	298-02-2	0.021	4.6
K041	Wastewater treatment sludge from the production of toxaphene.	Toxaphene	8001-35-2	0.0095	2.6
K042	Heavy ends or distillation residues from the distillation of tetrachlorobenzene in the production of 2,4,5-T.	o-Dichlorobenzene	95-50-1	0.088	6.0
		p-Dichlorobenzene	106-46-7	0.090	6.0
		Pentachlorobenzene	608-93-5	0.055	10
		1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	14
		1,2,4-Trichlorobenzene	120-82-1	0.055	19
K043	2,6-Dichlorophenol waste from the production of 2,4-D.	2,4-Dichlorophenol	120-83-2	0.044	14
		2,6-Dichlorophenol	187-65-0	0.044	14
		2,4,5-Trichlorophenol	95-95-4	0.18	7.4
		2,4,6-Trichlorophenol	88-06-2	0.035	7.4
		2,3,4,6-Tetrachlorophenol	58-90-2	0.030	7.4
		Pentachlorophenol	87-86-5	0.089	7.4
		Tetrachloroethylene	127-18-4	0.056	6.0
		HxCDDs (All Hexachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		HxCDFs (All Hexachlorodibenzofurans)	NA	0.000063	0.001
		PeCDDs (All Pentachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		PeCDFs (All Pentachlorodibenzofurans)	NA	0.000035	0.001
		TCDDs (All Tetrachlorodibenzop-dioxins)	NA	0.000063	0.001
TCDFs (All Tetrachlorodibenzofurans)	NA	0.000063	0.001		
K044	Wastewater treatment sludges from the manufacturing and processing of explosives.	NA	NA	DEACT	DEACT
K045	Spent carbon from the treatment of wastewater containing explosives.	NA	NA	DEACT	DEACT

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
K046	Wastewater treatment sludges from the manufacturing, formulation and loading of lead-based initiating compounds.	Lead	7439-92-1	0.69	0.75 mg/l TCLP
K047	Pink/red water from TNT operations	NA	NA	DEACT	DEACT
K048	Dissolved air flotation (DAF) float from the petroleum refining industry.	Benzene	71-43-2	0.14	10
		Benzo(a)pyrene	50-32-8	0.061	3.4
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		Chrysene	218-01-9	0.059	3.4
		Di-n-butyl phthalate	84-74-2	0.057	28
		Ethylbenzene	100-41-4	0.057	10
		Fluorene	86-73-7	0.059	NA
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.509	5.6
		Phenol	108-95-2	0.039	6.2
		Pyrene	129-00-0	0.067	8.2
		Toluene	108-88-33	0.080	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
Lead	7439-92-1	0.69	NA		
Nickel	7440-02-0	NA	11 mg/l TCLP		
K049	Slop oil emulsion solids from the petroleum refining industry.	Anthracene	120-12-7	0.059	3.4
		Benzene	71-43-2	0.14	10
		Benzo(a)pyrene	50-32-8	0.061	3.4
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		Carbon disulfide	75-15-0	3.8	NA
		Chrysene	218-01-9	0.059	3.4
		2,4-Dimethylphenol	105-67-9	0.036	NA
		Ethylbenzene	100-41-4	0.057	10
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyrene	129-00-0	0.067	8.2
		Toluene	108-88-3	0.080	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Cyanides (Total) ⁷	57-12-5	1.2	590
Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP		
Lead	7439-92-1	0.69	NA		
Nickel	7440-02-0	NA	11mg/l TCLP		
K050	Heat exchanger bundle cleaning sludge from the petroleum refining industry.	Benzo(a)pyrene	50-32-8	0.061	3.4
		Phenol	108-95-2	0.039	6.2
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	NA

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Nickel	7440-02-0	NA	11 mg/l TCLP
K051	API separator sludge from the petroleum refining industry.	Acenaphthene	83-32-9	0.059	NA
		Anthracene	120-12-7	0.059	3.4
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzene	71-43-2	0.14	10
		Benzo(a)pyrene	50-32-8	0.061	3.4
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		Chrysene	218-01-9	0.059	3.4
		Di-n-butyl phthalate	105-67-9	0.057	28
		Ethylbenzene	100-41-4	0.057	10
		Fluorene	86-73-7	0.059	NA
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyrene	129-00-0	0.067	8.2
		Toluene	108-88-3	0.08	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	NA
		Nickel	7440-02-0	NA	11 mg/l TCLP
K052	Tank bottoms (leaded) from the petroleum refining industry.	Benzene	71-43-2	0.14	10
		Benzo(a)pyrene	50-32-8	0.061	3.4
		o-Cresol	95-48-7	0.11	5.6
		m-Cresol (difficult to distinguish from p-cresol)	108-39-4	0.77	5.6
		p-Cresol (difficult to distinguish from m-cresol)	106-44-5	0.77	5.6
		2,4-Dimethylphenol	105-67-9	0.036	NA
		Ethylbenzene	100-41-4	0.057	10
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Toluene	108-88-3	0.08	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Lead	7439-92-1	0.69	NA
Nickel	7440-02-0	NA	11 mg/l TCLP		
K060	Ammonia still lime sludge from coking operations.	Benzene	71-43-2	0.14	10
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Naphthalene	91-20-3	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Cyanides (Total) ⁷	57-12-5	1.2	590
K061		Antimony	7440-36-0	NA	1.15 mg/l TCLP

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	Emission control dust/sludge from the primary production of steel in electric furnaces.	Arsenic	7440-38-2	NA	5.0 mg/l TCLP
		Barium	7440-39-3	NA	21 mg/l TCLP
		Beryllium	7440-41-7	NA	1.22 mg/l TCLP
		Cadmium	7440-43-9	0.69	0.11 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Mercury	7439-97-6	NA	0.025 mg/l TCLP
		Nickel	7440-02-0	3.98	11 mg/l TCLP
		Selenium	7782-49-2	NA	5.7 mg/l TCLP
		Silver	7440-22-4	NA	0.14 mg/l TCLP
		Thallium	7440-28-0	NA	0.20 mg/l TCLP
		Zinc	7440-66-6	NA	4.3 mg/l TCLP
K062	Spent pickle liquor generated by steel finishing operations of facilities within the iron and steel industry (SIC Codes 331 and 332).	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Nickel	7440-02-0	3.98	NA
K069	Emission control dust/sludge from secondary lead smelting. – Calcium Sulfate (Low Lead) Subcategory	Cadmium	7440-43-9	0.69	0.11 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/ 1 TCLP
	Emission control dust/sludge from secondary lead smelting. – Non-Calcium Sulfate (High Lead) Subcategory	NA	NA	NA	RLEAD
K071	K071 (Brine purification muds from the mercury cell process in chlorine production, where separately prepurified brine is not used) nonwastewaters that are residues from RMERC.	Mercury	7439-97-6	NA	0.20 mg/l TCLP
	K071 (Brine purification muds from the mercury cell process in chlorine production, where separately prepurified brine is not used.) nonwastewaters that are not residues from RMERC.	Mercury	7439-97-6	NA	0.025 mg/l TCLP
	All K071 wastewaters.	Mercury	7439-97-6	0.15	NA
K073	Chlorinated hydrocarbon waste from the purification step of the diaphragm cell process using graphite anodes in chlorine production.	Carbon tetrachloride	56-23-5	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		Hexachloroethane	67-72-1	0.055	30
		Tetrachloroethylene	127-18-4	0.056	6.0
		1,1,1-Trichloroethane	71-55-6	0.054	6.0
K083		Aniline	62-53-3	0.81	14

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	Distillation bottoms from aniline production.	Benzene	71-43-2	0.14	10
		Cyclohexanone	108-94-1	0.36	NA
		Diphenylamine (difficult to distinguish from diphenylnitrosamine)	122-39-4	0.92	13
		Diphenylnitrosamine (difficult to distinguish from diphenylamine)	86-30-6	0.92	13
		Nitrobenzene	98-95-3	0.068	14
		Phenol	108-95-2	0.039	6.2
		Nickel	7440-02-0	3.98	11 mg/l TCLP
K084	Wastewater treatment sludges generated during the production of veterinary pharmaceuticals from arsenic or organo-arsenic compounds.	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
K085	Distillation or fractionation column bottoms from the production of chlorobenzenes.	Benzene	71-43-2	0.14	10
		Chlorobenzene	108-90-7	0.057	6.0
		m-Dichlorobenzene	541-73-1	0.036	6.0
		o-Dichlorobenzene	95-50-1	0.088	6.0
		p-Dichlorobenzene	106-46-7	0.090	6.0
		Hexachlorobenzene	118-74-1	0.055	10
		Total PCBs (sum of all PCB isomers, or all Aroclors)	1336-36-3	0.10	10
		Pentachlorobenzene	608-93-5	0.055	10
		1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	14
1,2,4-Trichlorobenzene	120-82-1	0.055	19		
K086	Solvent wastes and sludges, caustic washes and sludges, or water washes and sludges from cleaning tubs and equipment used in the formulation of ink from pigments, driers, soaps, and stabilizers containing chromium and lead.	Acetone	67-64-1	0.28	160
		Acetophenone	96-86-2	0.010	9.7
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		n-Butyl alcohol	71-36-3	5.6	2.6
		Butylbenzyl phthalate	85-68-7	0.017	28
		Cyclohexanone	108-94-1	0.36	NA
		o-Dichlorobenzene	95-50-1	0.088	6.0
		Diethyl phthalate	84-66-2	0.20	28
		Dimethyl phthalate	131-11-3	0.047	28
		Di-n-butyl phthalate	84-74-2	0.057	28
		Di-n-octyl phthalate	117-84-0	0.017	28
		Ethyl acetate	141-78-6	0.34	33
		Ethylbenzene	100-41-4	0.057	10
		Methanol	67-56-1	5.6	NA
		Methyl ethyl ketone	78-93-3	0.28	36
		Methyl isobutyl ketone	108-10-1	0.14	33
		Methylene chloride	75-09-2	0.089	30
		Naphthalene	91-20-3	0.059	5.6
		Nitrobenzene	98-95-3	0.068	14
		Toluene	108-88-3	0.080	10
		1,1,1-Trichloroethane	71-55-6	0.054	6.0
Trichloroethylene	79-01-6	0.054	6.0		
Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30		

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
K087	Decanter tank tar sludge from coking operations.	Acenaphthylene	208-96-8	0.059	3.4
		Benzene	71-43-2	0.14	10
		Chrysene	218-01-9	0.059	3.4
		Fluoranthene	206-44-0	0.068	3.4
		Indeno(1,2,3-cd)pyrene	193-39-5	0.0055	3.4
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Toluene	108-88-3	0.080	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Lead	7439-92-1	0.69	0.75 m/l TCLP
K088	Spent potliners from primary aluminum reduction.	Acenaphthalene	83-32-9	0.059	3.4
		Anthracene	120-12-7	0.059	3.4
		Benzo(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Benzo(b)fluoranthene	205-99-2	0.11	6.8
		Benzo(k)fluoranthene	207-08-9	0.11	6.8
		Benzo(g,h,i)perylene	191-24-2	0.0055	1.8
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Fluoranthene	206-44-0	0.068	3.4
		Indeno(1,2,3-cd)pyrene	193-39-5	0.0055	3.4
		Phenanthrene	85-01-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Antimony	7440-36-0	1.9	1.15 mg/l TCLP
		Arsenic	7440-38-2	1.4	26.1 mg/l TCLP
		Barium	7440-39-3	1.2	21 m/l TCLP
		Beryllium	7440-41-7	0.82	1.22 mg/l TCLP
		Cadmium	7440-43-9	0.69	0.11 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Mercury	7439-97-6	0.15	0.025 mg/l TCLP
		Nickel	7440-02-0	3.98	11 mg/l TCLP
		Selenium	7782-49-2	0.82	5.7 mg/l TCLP
		Silver	7440-22-4	0.43	0.14 mg/l TCLP
		Cyanide (Total) ⁷	57-12-5	1.2	590
		Cyanide (Amenable) ⁷	57-12-5	0.86	30

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Fluoride	16984-48-8	35	NA
K093	Distillation light ends from the production of phthalic anhydride from ortho-xylene.	Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	100-21-0	0.055	28
		Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	85-44-9	0.055	28
K094	Distillation bottoms from the production of phthalic anhydride from ortho-xylene.	Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	100-21-0	0.055	28
		Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	85-44-9	0.055	28
K095	Distillation bottoms from the production of 1,1,1-trichloroethane.	Hexachloroethane	67-72-1	0.055	30
		Pentachloroethane	76-01-7	0.055	6.0
		1,1,1,2-Tetrachloroethane	630-20-6	0.057	6.0
		1,1,2,2-Tetrachloroethane	79-34-6	0.057	6.0
		Tetrachloroethylene	127-18-4	0.056	6.0
		1,1,2-Trichloroethane	79-00-5	0.054	6.0
K096	Heavy ends from the heavy ends column from the production of 1,1,1-trichloroethane.	Trichloroethylene	79-01-6	0.054	6.0
		m-Dichlorobenzene	541-73-1	0.036	6.0
		Pentachloroethane	76-01-7	0.055	6.0
		1,1,1,2-Tetrachloroethane	630-20-6	0.057	6.0
		1,1,2,2-Tetrachloroethane	79-34-6	0.057	6.0
		Tetrachloroethylene	127-18-4	0.056	6.0
		1,2,4-Trichlorobenzene	120-82-1	0.055	19
K097	Vacuum stripper discharge from the chlordane chlorinator in the production of chlordane.	1,1,2-Trichloroethane	79-00-5	0.054	6.0
		Trichloroethylene	79-01-6	0.054	6.0
		Chlordane (alpha and gamma isomers)	57-74-9	0.0033	0.26
		Heptachlor	76-44-8	0.0012	0.066
		Heptachlor epoxide	1024-57-3	0.016	0.066
K098	Untreated process wastewater from the production of toxaphene.	Hexachlorocyclopentadiene	77-47-4	0.057	2.4
		Toxaphene	8001-35-2	0.0095	2.6
K099	Untreated wastewater from the production of 2,4-D.	2,4-Dichlorophenoxyacetic acid	94-75-7	0.72	10
		HxCDDs (All Hexachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		HxCDFs (All Hexachlorodibenzofurans)	NA	0.000063	0.001
		PeCDDs (All Pentachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		PeCDFs (All Pentachlorodibenzofurans)	NA	0.000063	0.001
		TCDDs (All Tetrachlorodibenzo-p-dioxins)	NA	0.000063	0.001
		TCDFs (All Tetrachlorodibenzofurans)	NA	0.000063	0.001
K100	Waste leaching solution from acid leaching of emission control dust/sludge from secondary lead smelting.	Cadmium	7440-43-9	0.69	0.11 mg/l TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
K101	Distillation tar residues from the distillation of aniline-based compounds in the production of veterinary pharmaceuticals from	o-Nitroaniline	88-74-4	0.27	14
		Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
		Cadmium	7440-43-9	0.69	NA
		Lead	7439-92-1	0.69	NA
		Mercury	7439-97-6	0.15	NA

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	arsenic or organo-arsenic compounds.				
K102	Residue from the use of activated carbon for decolorization in the production of veterinary pharmaceuticals from arsenic or organo-arsenic compounds.	o-Nitrophenol	88-75-5	0.028	13
		Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
		Cadmium	7440-43-9	0.69	NA
		Lead	7439-92-1	0.69	NA
		Mercury	7439-97-6	0.15	NA
K103	Process residues from aniline extraction from the production of aniline.	Aniline	62-53-3	0.81	14
		Benzene	71-43-2	0.14	10
		2,4-Dinitrophenol	51-28-5	0.12	160
		Nitrobenzene	98-95-3	0.068	14
		Phenol	108-95-2	0.039	6.2
K104	Combined wastewater streams generated from nitrobenzene/aniline production.	Aniline	62-53-3	0.81	14
		Benzene	71-43-2	0.14	10
		2,4-Dinitrophenol	51-28-5	0.12	160
		Nitrobenzene	98-95-3	0.068	14
		Phenol	108-95-2	0.039	6.2
K105	Separated aqueous stream from the reactor product washing step in the production of chlorobenzenes.	Benzene	71-43-2	0.14	10
		Chlorobenzene	108-90-7	0.057	6.0
		2-Chlorophenol	95-57-8	0.044	5.7
		o-Dichlorobenzene	95-50-1	0.088	6.0
		p-Dichlorobenzene	106-46-7	0.090	6.0
		Phenol	108-95-2	0.039	6.2
		2,4,5-Trichlorophenol	95-95-4	0.18	7.4
		2,4,6-Trichlorophenol	88-06-2	0.035	7.4
K106	K106 (wastewater treatment sludge from the mercury cell process in chlorine production) nonwastewaters that contain greater than or equal to 260 mg/kg total mercury.	Mercury	7439-97-6	NA	RMERC
	K106 (wastewater treatment sludge from the mercury cell process in chlorine production) nonwastewaters that contain less than 260 mg/kg total mercury that are residues from RMERC.	Mercury	7439-97-6	NA	0.20 mg/l TCLP
	Other K106 nonwastewaters that contain less than 260 mg/kg total mercury and are not residues from RMERC.	Mercury	7439-97-6	NA	0.025 mg/l TCLP
	All K106 wastewaters.	Mercury	7439-97-6	0.15	NA
K107	-Column bottoms from product separation from the production of 1,1-dimethylhydrazine (UDMH) from carboxylic acid hydrazides.	NA	NA	CMBST; or CHOXD fb CARBN; or BIODG fb CARBN	CMBST
K108	-Condensed column overheads from product separation and condensed	NA	NA	CMBST; or CHOXD fb	CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	reactor vent gases from the production of 1,1-dimethylhydrazine (UDMH) from carboxylic acid hydrazides.			CARBN; or BIODG fb CARBN	
K109	Spent filter cartridges from product purification from the production of 1,1-dimethylhydrazine (UDMH) from carboxylic acid hydrazides.	NA	NA	CMBST; or CHOXD fb CARBN; or BIODG fb CARBN	CMBST
K110	Condensed column overheads from intermediate separation from the production of 1,1-dimethylhydrazine (UDMH) from carboxylic acid hydrazides.	NA	NA	CMBST; or CHOXD fb CARBN; or BIODG fb CARBN	CMBST
K111	Product washwaters from the production of dinitrotoluene via nitration of toluene	2,4-Dinitrotoluene	121-14-2	0.32	140
		2,6-Dinitrotoluene	606-20-2	0.55	28
K112	Reaction by-product water from the drying column in the production of toluenediamine via hydrogenation of dinitrotoluene.	NA	NA	CMBST; or CHOXD fb CARBN; or BIODG fb CARBN	CMBST
K113	Condensed liquid light ends from the purification of toluenediamine in the production of toluenediamine via hydrogenation of dinitrotoluene.	NA	NA	CARBN; OR CMBST	CMBST
K114	Vicinals from the purification of toluenediamine in the production of toluenediamine via hydrogenation of dinitrotoluene.	NA	NA	CARBN; or CMBST	CMBST
K115	Heavy ends from the purification of toluenediamine in the production of toluenediamine via hydrogenation of dinitrotoluene.	Nickel	7440-02-0	3.98	11 mg/l TCLP
		NA	NA	CARBN; or CMBST	CMBST
K116	Organic condensate from the solvent recovery column in the production of toluene diisocyanate via phosgenation of toluenediamine.	NA	NA	CARBN; or CMBST	CMBST
K117	Wastewater from the reactor vent gas scrubber in the production of ethylene dibromide via bromination of ethene.	Methyl bromide (Bromomethane)	74-83-9	0.11	15
		Chloroform	67-66-3	0.046	6.0
		Ethylene dibromide (1,2-Dibromoethane)	106-93-4	0.028	15
K118	Spent absorbent solids from purification of ethylene dibromide in the production of ethylene dibromide via bromination of ethene.	Methyl bromide (Bromomethane)	74-83-9	0.11	15
		Chloroform	67-66-3	0.046	6.0
		Ethylene dibromide (1,2-Dibromoethane)	106-93-4	0.028	15
K123	Process wastewater (including supernates, filtrates, and washwaters) from the production of ethylenebisdithiocarbamic acid and its salts.	NA	NA	CMBST; or CHOXD fb (BIODG or CARBN)	CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
K124	Reactor vent scrubber water from the production of ethylenebisdithiocarbamic acid and its salts.	NA	NA	CMBST; or CHOXD fb (BIODG or CARBN)	CMBST
K125	Filtration, evaporation, and centrifugation solids from the production of ethylenebisdithiocarbamic acid and its salts.	NA	NA	CMBST; or CHOXD fb (BIODG or CARBN)	CMBST
K126	Baghouse dust and floor sweepings in milling and packaging operations from the production or formulation of ethylenebisdithiocarbamic acid and its salts.	NA	NA	CMBST; or CHOXD fb (BIODG or CARBN)	CMBST
K131	Wastewater from the reactor and spent sulfuric acid from the acid dryer from the production of methyl bromide.	Methyl bromide (Bromomethane)	74-83-9	0.11	15
K132	Spent absorbent and wastewater separator solids from the production of methyl bromide.	Methyl bromide (Bromomethane)	74-83-9	0.11	15
K136	Still bottoms from the purification of ethylene dibromide in the production of ethylene dibromide via bromination of ethene.	Methyl bromide (Bromomethane)	74-83-9	0.11	15
		Chloroform	67-66-3	0.046	6.0
		Ethylene dibromide (1,2-Dibromoethane)	106-93-4	0.028	15
K141	Process residues from the recovery of coal tar, including, but not limited to, collecting sump residues from the production of coke or the recovery of coke by-products produced from coal. This listing does not include K087 (decanter tank tar sludge from coking operations).	Benzene	71-43-2	0.14	10
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-2-8	0.061	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene	207-08-9	0.11	6.8
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Indeno(1,2,3-cd)pyrene	193-39-5	0.0055	3.4
K142	Tar storage tank residues from the production of coke from coal or from the recovery of coke by-products produced from coal.	Benzene	71-43-2	0.14	10
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k))	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Indeno(1,2,3-cd)pyrene	193-39-5	0.0055	3.4
K143	Process residues from the recovery of light oil, including, but not limited to, those generated in stills, decanters, and wash oil recovery units from the recovery of coke by-products produced from coal.	Benzene	71-43-2	0.14	10
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Chrysene	218-01-9	0.059	3.4
K144	Wastewater sump residues from light oil refining, including, but not limited to, intercepting or contamination sump sludges from the recovery of coke by-products produced from coal.	Benzene	71-43-2	0.14	10
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
K145	Residues from naphthalene collection and recovery operations from the recovery of coke by-products produced from coal.	Benzene	71-43-2	0.14	10
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Naphthalene	91-20-3	0.059	5.6
K147	Tar storage tank residues from coal tar refining.	Benzene	71-43-2	0.14	10
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Indeno(1,2,3-cd)pyrene	193-39-5	0.0055	3.4
K148	Residues from coal tar distillation, including, but not limited to, still bottoms.	Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Indeno(1,2,3-cd)pyrene	193-39-5	0.0055	3.4
K149	Distillation bottoms from the production of alpha- (or methyl-) chlorinated toluenes, ring-chlorinated toluenes, benzoyl chlorides, and compounds with mixtures of these functional groups. (This waste does not include still bottoms from the distillations of benzyl chloride.)	Chlorobenzene	108-90-7	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		Chloromethane	74-87-3	0.19	30
		p-Dichlorobenzene	106-46-7	0.090	6.0
		Hexachlorobenzene	118-74-1	0.055	10
		Pentachlorobenzene	608-93-5	0.055	10
		1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	14
		Toluene	108-88-3	0.080	10
K150	Organic residuals, excluding spent carbon adsorbent, from the spent chlorine gas and hydrochloric acid recovery processes associated with the production of alpha- (or methyl-) chlorinated toluenes,	Carbon tetrachloride	56-23-5	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		Chloromethane	74-87-3	0.19	30
		p-Dichlorobenzene	106-46-7	0.090	6.0
		Hexachlorobenzene	118-74-1	0.055	10
		Pentachlorobenzene	608-93-5	0.055	10

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	ring-chlorinated toluenes, benzoyl chlorides, and compounds with mixtures of these functional groups.	1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	14
		1,1,2,2-Tetrachloroethane	79-34-5	0.057	6.0
		Tetrachloroethylene	127-18-4	0.056	6.0
		1,2,4-Trichlorobenzene	120-82-1	0.055	19
K151	Wastewater treatment sludges, excluding neutralization and biological sludges, generated during the treatment of wastewaters from the production of alpha- (or methyl-) chlorinated toluenes, ring-chlorinated toluenes, benzoyl chlorides, and compounds with mixtures of these functional groups.	Benzene	71-43-2	0.14	10
		Carbon tetrachloride	56-23-5	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		Hexachlorobenzene	118-74-1	0.055	10
		Pentachlorobenzene	608-93-5	0.055	10
		1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	14
		Tetrachloroethylene	127-18-4	0.056	6.0
		Toluene	108-88-3	0.080	10
K156	Organic waste (including heavy ends, still bottoms, light ends, spent solvents, filtrates, and decantates) from the production of carbamates and carbamoyl oximes.	Acetonitrile	75-05-8	5.6	1.8
		Acetophenone	98-86-2	0.010	9.7
		Aniline	62-53-3	0.81	14
		Benomyl ¹⁰	17804-35-2	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Benzene	71-43-2	0.14	10
		Carbaryl ¹⁰	63-25-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Carbenzadim ¹⁰	10605-21-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Carbofuran ¹⁰	1563-66-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Carbosulfan ¹⁰	55285-14-8	0.028; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Chlorobenzene	108-90-7	0.507	6.0
		Chloroform	67-66-3	0.046	6.0
		o-Dichlorobenzene	95-50-1	0.088	6.0
		Methomyl ¹⁰	16752-77-5	0.028; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Methylene chloride	75-09-2	0.089	30

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Methyl ethyl ketone	78-93-3	0.28	36
		Naphthalene	91-20-3	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyridine	110-86-1	0.014	16
		Toluene	108-88-3	0.080	10
		Triethylamine	121-44-8	0.081; or CMBST, CHOXD, BIODG or CARBN	1.5; or CMBST
		K157	Wastewaters (including scrubber waters, condenser waters, washwaters, and separation waters) from the production of carbamates and carbamoyl oximes.	Carbon tetrachloride	56-23-5
Chloroform	67-66-3			0.046	6.0
Chloromethane	74-87-3			0.19	30
Methomyl ¹⁰	16752-77-5			0.028; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
Methylene chloride	75-09-2			0.089	30
Methyl ethyl ketone	78-93-3			0.28	36
Pyridine	110-86-1			0.014	16
Triethylamine	121-44-8			0.081; or CMBST, CHOXD, BIODG or CARBN	1.5; or CMBST
K158	Bag house dusts and filter/separation solids from the production of carbamates and carbamoyl oximes.	Benzene	71-43-2	0.14	10
		Carbenzadim ¹⁰	10605-21-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Carbofuran ¹⁰	1563-66-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Carbosulfan ¹⁰	55285-14-8	0.028; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Chloroform	67-66-3	0.046	6.0
		Methylene chloride	75-09-2	0.089	30
		Phenol	108-95-2	0.039	6.2
K159	Organics from the treatment of thiocarbamate wastes.	Benzene	71-43-2	0.14	10
		Butylate ¹⁰	2008-41-5	0.042; or CMBST, CHOXD, BIODG or	1.4; or CMBST

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
				CARBN	
		EPTC (Eptam) ¹⁰	759-94-4	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Molinate ¹⁰	2212-67-1	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Pebulate ¹⁰	1114-71-2	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Vernolate ¹⁰	1929-77-7	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
K161	Purification solids (including filtration, evaporation, and centrifugation solids), baghouse dust and floor sweepings from the production of dithiocarbamate acids and their salts.	Antimony	7440-36-0	1.9	1.15 mg/l TCLP
		Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
		Carbon disulfide	75-15-0	3.8	4.8 m/l TCLP
		Dithiocarbamates (total) ¹⁰	NA	0.028; or CMBST, CHOXD, BIODG or CARBN	28; or CMBST
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
		Nickel	7440-02-0	3.98	11.0 mg/l TCLP
		Selenium	7782-49-2	0.82	5.7 mg/l TCLP
K169	Crude oil tank sediment from petroleum refining operations. (8/00)	Benz(a)anthracene	56-55-3	0.059	3.4
		Benzene	71-43-2	0.14	10.
		Benzo(g,h,i)perylene	191-24-2	0.0055	1.8
		Chrysene	218-01-9	0.059	3.4
		Ethyl benzene	100-41-4	0.057	10.
		Fluorene	86-73-7	0.059	3.4
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	81-05-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Toluene (Methyl Benzene)	108-88-3	0.080	10.
		Xylene(s) (Total)	1330-20-7	0.32	30.
K170	Clarified slurry oil sediment from petroleum refining operations. (8/00)	Benz(a)anthracene	56-55-3	0.059	3.4
		Benzene	71-43-2	0.14	10.
		Benzo(g,h,i)perylene	191-24-2	0.0055	1.8
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Ethyl benzene	100-41-4	0.057	10.
		Fluorene	86-73-7	0.059	3.4
		Indeno(1,2,3-cd)pyrene	193-39-5	0.0055	3.4
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	81-05-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Toluene (Methyl Benzene)	108-88-3	0.080	10.
		Xylene(s) (Total)	1330-20-7	0.32	30.
		K171	Spent hydrotreating catalyst from petroleum refining operations, including guard beds used to desulfurize feeds to other catalytic reactors (this listing does not include inert support media.) (8/00)	Benz(a)anthracene	56-55-3
Benzene	71-43-2			0.14	10.
Chrysene	218-01-9			0.059	3.4
Ethyl benzene	100-41-4			0.057	10.
Naphthalene	91-20-3			0.059	5.6
Phenanthrene	81-05-8			0.059	5.6
Pyrene	129-00-0			0.067	8.2
Toluene (Methyl Benzene)	108-88-3			0.080	10.
Xylene(s) (Total)	1330-20-7			0.32	30.
Arsenic	7740-38-2			1.4	5. mg/L TCLP
Nickel	7440-02-0			3.98	11.0 mg/L TCLP
Vanadium	7440-62-2			4.3	1.6 mg/L TCLP
Reactive sulfides	NA			DEACT	DEACT
K172	Spent hydrotreating catalyst from petroleum refining operations, including guard beds used to desulfurize feeds to other catalytic reactors (this listing does not include inert support media.)	Benzene	71-43-2	0.14	10.
		Ethyl benzene	100-41-4	0.057	10.
		Toluene (Methyl Benzene)	108-88-3	0.080	10.
		Xylene(s) (Total)	1330-20-7	0.32	30.
		Antimony	7740-36-0	1.9	1.15 mg/L TCLP
		Arsenic	7740-38-2	1.4	5. mg/L TCLP
		Nickel	7440-02-0	3.98	11.0 mg/L TCLP
		Vanadium	7440-62-2	4.3	1.6 mg/L TCLP
		Reactive Sulfides	NA	DEACT	DEACT
K174	Wastewater treatment sludges from the production of ethylene dichloride or vinyl chloride monomer (6/02)	1, 2, 3, 4, 6, 7, 8-Heptachlorodibenzo-p-dioxin (1, 2, 3, 4, 6, 7, 8 HpCDD)	35822-46-9	0.000035 or CMBST ¹¹	0.0025 or CMBST ¹¹
		1, 2, 3, 4, 6, 7, 8-Heptachlorodibenzofuran (1,2,3,4,6,7,8-HpCDF)	67562-39-4	0.000035 or CMBST ¹¹	0.0025 or CMBST ¹¹
		1,2,3,4,7,8,9-Heptachlorodibenzofuran (1,2,3,4,7,8,9-HpCDF)	55673-89-7	0.000035 or CMBST ¹¹	0.0025 or CMBST ¹¹
		HxCDDs (All Hexachlorodibenzo-p-dioxins)	34465-46-8	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹
		HxCDFs (All Hexachlorodibenzofurans)	55684-94-1	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹
		1,2,3,4,6,7,8,9-Octachlorodibenzo-p-dioxin (OCDD)	3268-87-9	0.000063 or CMBST ¹¹	0.005 or CMBST ¹¹
		1,2,3,4,6,7,8,9-Octachlorodibenzofuran (OCDF)	39001-02-0	0.000063 or CMBST ¹¹	0.005 or CMBST ¹¹

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		PeCDDs (All Pentachlorodibenzo-p-dioxins)	36088-22-9	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹
		PeCDFs (All Pentachlorodibenzofurans)	30402-15-4	0.000035 or CMBST ¹¹	0.001 or CMBST ¹¹
		TCDDs (All tetrachlorodibenzo-p-dioxins)	41903-57-5	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹
		TCDFs (All tetrachlorodibenzofurans)	7440-36-0	1.4	5.0 mg/L TCLP
K175	Wastewater treatment sludge from the production of vinyl chloride monomer using mercuric chloride catalyst in an acetylene-based process.(6/02)	Mercury ¹²	7438-97-6	NA	0.025 mg/L TCLP
		pH ¹²		NA pH<6.0	
		All K175 wastewaters	Mercury	7438-97-6	0.15
K176	Baghouse filters from the production of antimony oxide, including filters from the production of intermediates (e.g., antimony metal or crude antimony oxide). (6/03)	Antimony	7440-36-0	1.9	1.15 mg/L TCLP
		Arsenic	7440-38-2	1.4	5.0 mg/L TCLP
		Cadmium	7440-43-9	0.69	0.11 mg/L TCLP
		Lead	7439-92-1	0.69	0.75 mg/L TCLP
		Mercury	7439-97-6	0.15	0.025 mg/L TCLP
K177	Slag from the production of antimony oxide that is speculatively accumulated or disposed, including slag from the production of intermediates (e.g., antimony metal or crude antimony oxide). (6/03)	Antimony	7440-36-0	1.9	1.15 mg/L TCLP
		Arsenic	7440-38-2	1.4	5.0 mg/L TCLP
		Lead	7439-92-1	0.69	0.75 mg/L TCLP
K178	Residues from manufacturing and manufacturing-site storage of ferric chloride from acids formed during the production of titanium dioxide using the chloride-ilmenite process. (6/03)	1,2,3,4,6,7,8-Heptachlorodibenzo-p-dioxin (1,2,3,4,6,7,8-HpCDD)	35822-39-4	0.000035 or CMBST ¹¹	0.0025 or CMBST ¹¹
		1,2,3,4,6,7,8-Heptachlorodibenzofuran (1,2,3,4,6,7,8-HpCDF)	67562-39-4	0.000035 or CMBST ¹¹	0.0025 or CMBST ¹¹
		1,2,3,4,7,8,9-Heptachlorodibenzofuran (1,2,3,4,7,8,9-HpCDF)	55673-89-7	0.000035 or CMBST ¹¹	0.0025 or CMBST ¹¹
		HxCDDs (All Hexachlorodibenzo-p-dioxins)	34465-46-8	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹
		HxCDFs (All Hexachlorodibenzofurans)	55684-94-1	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹
		1,2,3,4,6,7,8,9-Octachlorodibenzo-p-dioxin (OCDD)	3268-87-9	0.000063 or CMBST ¹¹	0.005 or CMBST ¹¹
		1,2,3,4,6,7,8,9-Octachlorodibenzofuran (OCDF)	39001-02-0	0.000063 or CMBST ¹¹	0.005 or CMBST ¹¹
		PeCDDs (All Pentachlorodibenzo-p-dioxins)	36088-22-9	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹
		PeCDFs (All Pentachlorodibenzofurans)	30402-15-4	0.000035 or CMBST ¹¹	0.001 or CMBST ¹¹
		TCDDs (All tetrachlorodibenzo-p-dioxins)	41903-57-5	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹

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		TCDFs (All tetrachlorodibenzofurans)	55722-27-5	0.000063 or CMBST ¹¹	0.001 or CMBST ¹¹
		Thallium	7440-28-0	1.4	0.20 mg/L TCLP
K181	Nonwastewaters from the production of dyes and/or pigments (including nonwastewaters commingled at the point of generation with nonwastewaters from other processes) that, at the point of generation, contain mass loadings of any of the constituents identified in paragraph (c) of section 261.32 that are equal to or greater than the corresponding paragraph (c) levels, as determined on a calendar year basis.	Aniline	62-53-3	0.81	14
		o-Anisidine (2-methoxyaniline)	90-04-0	0.010	0.66
		4-Chloroaniline	106-47-8	0.46	16
		p-Cresidine	120-71-8	0.010	0.66
		2,4-Dimethylaniline (2,4-xylidine)	95-68-1	0.010	0.66
		1,2-Phenylenediamine	95-54-5	CMBST; or CHOXD fb (BIODG or CARBN); or BIODG fb CARBN	CMBST; or CHOXD fb (BIODG or CARBN); or BIODG fb CARBN
		1,3-Phenylenediamine	108-45-2	0.10	0.66
P001	Warfarin, & salts, when present at concentrations greater than 0.3%	Warfarin	81-81-2	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P002	1-Acetyl-2-thiourea	1-Acetyl-2-thiourea	591-08-2	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P003	Acrolein	Acrolein	107-02-8	0.29	CMBST
P004	Aldrin	Aldrin	309-00-2	0.021	0.066
P005	Allyl alcohol	Allyl alcohol	107-18-6	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P006	Aluminum phosphide	Aluminum phosphide	20859-73-8	CHOXD; CHRED; or CMBST	CHOXD; CHRED; or CMBST
P007	5-Aminomethyl 3-isoxazolol	5-Aminomethyl 3-isoxazolol	2763-96-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P008	4-Aminopyridine	4-Aminopyridine	504-24-5	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P009	Ammonium picrate	Ammonium picrate	131-74-8	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
P010	Arsenic acid	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
P011	Arsenic pentoxide	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
P012	Arsenic trioxide	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
P013	Barium cyanide	Barium	7440-39-3	NA	21 mg/l TCLP

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
P014	Thiophenol (Benzene thiol)	Thiophenol (Benzene thiol)	108-98-5	(WETOX or fb CHOXD) or CARBN; or CMBST	CMBST
P015	Beryllium dust	Beryllium	7440-41-7	RMETI; or RTHRM	RMETL; or RTHRM
P016	Dichloromethyl ether (Bis(chloromethyl)ether)	Dichloromethyl ether	542-88-1	(WETOX or fb CHOXD) or CARBN; or CMBST	CMBST
P017	Bromoacetone	Bromoacetone	598-31-2	(WETOX or fb CHOXD) or CARBN; or CMBST	CMBST
P018	Brucine	Brucine	357-57-3	(WETOX or fb CHOXD) or CARBN; or CMBST	CMBST
P020	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	2-sec-Butyl-4,6-dinitrophenol (Dinoseb)	88-85-7	0.066	2.5
P021	Calcium cyanide	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
P022	Carbon disulfide	Carbon disulfide	75-15-0	3.8	CMBST
		Carbon disulfide; alternate ⁶ standard for nonwastewaters only	75-15-0	NA	4.8 mg/l TCLP
P023	Chloroacetaldehyde	Chloroacetaldehyde	107-20-0	(WETOX or fb CHOXD) or CARBN; or CMBST	CMBST
P024	p-Chloroaniline	p-Chloroaniline	106-47-8	0.46	16
P026	1-(o-Chlorophenyl)thiourea	1-(o-Chlorophenyl)thiourea	5344-82-1	(WETOX or fb CHOXD) or CARBN; or CMBST	CMBST
P027	3-Chloropropionitrile	3-Chloropropionitrile	542-76-7	(WETOX or fb CHOXD) or CARBN; or CMBST	CMBST
P028	Benzyl chloride	Benzyl chloride	100-44-7	(WETOX or fb CHOXD) or CARBN; or CMBST	CMBST
P029	Copper cyanide	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
P030	Cyanides (soluble salts and complexes)	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
P031	Cyanogen	Cyanogen	460-19-5	CHOXD; or WETOX; or CMBST	CHOXD; or WETOX; or CMBST

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
P033	Cyanogen chloride	Cyanogen chloride	506-77-4	CHOXD; WETOX; or CMBST	CHOXD; WETOX; or CMBST
P034	2-Cyclohexyl-4,6-dinitrophenol	2-Cyclohexyl-4,6-dinitrophenol	131-89-5	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P036	Dichlorophenylarsine	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
P037	Dieldrin	Dieldrin	60-57-1	0.017	0.13
P038	Diethylarsine	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
P039	Disulfoton	Disulfoton	298-04-4	0.017	6.2
P040	0,0-Diethyl O-pyrazinyl phosphorothioate	0,0-Diethyl O-pyrazinyl phosphorothioate	297-97-2	CARBN; or CMBST	CMBST
P041	Diethyl-p-nitrophenyl phosphate	Diethyl-p-nitrophenyl phosphate	311-45-5	CARBN; or CMBST	CMBST
P042	Epinephrine	Epinephrine	51-43-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P043	Diisopropylfluorophosphate (DFP)	Diisopropylfluorophosphate (DFP)	55-91-4	CARBN; or CMBST	CMBST
P044	Dimethoate	Dimethoate	60-51-5	CARBN; or CMBST	CMBST
P045	Thiofanox	Thiofanox	39196-18-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P046	alpha, alpha-Dimethylphenethylamine	alpha, alpha-Dimethylphenethylamine	122-09-8	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P047	4,6-Dinitro-o-cresol	4,6-Dinitro-o-cresol	543-52-1	0.28	160
	4,6-Dinitro-o-cresol salts	NA	NA	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P048	2,4-Dinitrophenol	2,4-Dinitrophenol	51-28-5	0.12	160
P049	Dithiobiuret	Dithiobiuret	541-53-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P050	Endosulfan	Endosulfan I	939-98-8	0.023	0.066
		Endosulfan II	33213-6-5	0.029	0.13
		Endosulfan sulfate	1031-07-8	0.029	0.13
P051	Endrin	Endrin	72-20-8	0.0028	0.13
		Endrin aldehyde	7421-93-4	0.025	0.13
P054	Aziridine	Aziridine	151-56-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
P056	Fluorine	Fluoride (measured in wastewaters only)	16964-48-8	35	ADGAS fb NEUTR
P057	Fluoroacetamide	Fluoroacetamide	640-19-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P058	Fluoroacetic acid, sodium salt	Fluoroacetic acid, sodium salt	62-74-8	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P059	Heptachlor	Heptachlor	76-44-8	0.0012	0.066
		Heptachlor epoxide	1024-57-3	0.016	0.066
P060	Isodrin	Isodrin	465-73-6	0.021	0.066
P062	Hexaethyl tetraphosphate	Hexaethyl tetraphosphate	757-58-4	CARBN; or CMBST	CMBST
P063	Hydrogen cyanide	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
P064	Isocyanic acid, ethyl ester	Isocyanic acid, ethyl ester	624-83-9	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P065	Mercury fulminate nonwastewaters, regardless of their total mercury content, that are not incinerator residues or are not residues from RMERC.	Mercury	7439-97-6	NA	IMERC
	Mercury fulminate nonwastewaters that are either incinerator residues or are residues from RMERC; and contain greater than or equal to 260 mg/kg total mercury.	Mercury	7439-97-6	NA	RMERC
	Mercury fulminate nonwastewaters that are residues from RMERC and contain less than 260 mg/kg total mercury.	Mercury	7439-97-6	NA	0.20 mg/l TCLP
	Mercury fulminate nonwastewaters that are incinerator residues and contain less than 260 mg/kg total mercury.	Mercury	7439-97-6	NA	0.025 mg/l TCLP
	All mercury fulminate wastewaters.	Mercury	7439-97-6	0.15	NA
P066	Methomyl	Methomyl	16752-77-5	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P067	2-Methyl-aziridine	2-Methyl-aziridine	75-55-8	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
P068	Methyl hydrazine	Methyl hydrazine	60-34-4	CHOXD; CHRED; CARBN;	CHOXD; CHRED; or CMBST

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
				BIODG; or CMBST	
P069	2-Methylactonitrile	2-Methylactonitrile	75-86-5	(WETOX CHOXD) or CARBN; or CMBST	CMBST
P070	Aldicarb	Aldicarb	116-06-3	(WETOX CHOXD) or CARBN; or CMBST	CMBST
P071	Methyl parathion	Methyl parathion	298-00-0	0.014	4.6
P072	1-Naphthyl-2-thiourea	1-Naphthyl-2-thiourea	86-88-4	(WETOX CHOXD) or CARBN; or CMBST	CMBST
P073	Nickel carbonyl	Nickel	7440-02-0	3.98	11 mg/l TCLP
P074	Nickel cyanide	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
		Nickel	7440-02-0	3.98	11 mg/l TCLP
P075	Nicotine and salts	Nicotine and salts	54-11-5	(WETOX CHOXD) or CARBN; or CMBST	CMBST
P076	Nitric oxide	Nitric oxide	10102-43-9	ADGAS	ADGAS
P077	p-Nitroaniline	p-Nitroaniline	100-01-6	0.028	28
P078	Nitrogen dioxide	Nitrogen dioxide	10102-44-0	ADGAS	ADGAS
P081	Nitroglycerin	Nitroglycerin	55-63-0	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
P082	N-Nitrosodimethylamine	N-Nitrosodimethylamine	62-75-9	0.40	2.3
P084	N-Nitrosomethylvinylamine	N-Nitrosomethylvinylamine	4549-40-0	(WETOX CHOXD) or CARBN; or CMBST	CMBST
P085	Octamethylpyrophosphoramid e	Octamethylpyrophosphoramid e	152-16-9	CARBN; or CMBST	CMBST
P087	Osmium tetroxide	Osmium tetroxide	20816-12-0	RMETL; or RTHRM	RMETL; or RTHRM
P088	Endothall	Endothall	145-73-3	(WETOX CHOXD) or CARBN; or CMBST	CMBST
P089	Parathion	Parathion	56-38-2	0.014	4.6
P092	Phenyl mercuric acetate nonwastewaters, regardless of their total mercury content, that are not incinerator residues or are not residues from RMERC.	Mercury	7439-97-6	NA	IMERC; or RMERC

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
	Phenyl mercuric acetate nonwastewaters that are either incinerator residues or are residues from RMERC; and still contain greater than or equal to 260 mg/kg total mercury.	Mercury	7439-97-6	NA	RMERC
	Phenyl mercuric acetate nonwastewaters that are residues from RMERC and contain less than 260 mg/kg total mercury.	Mercury	7439-97-6	NA	0.20 mg/l TCLP
	Phenyl mercuric acetate nonwastewaters that are incinerator residues and contain less than 260 mg/kg total mercury.	Mercury	7439-97-6	NA	0.025 mg/l TCLP
	All phenyl mercuric acetate wastewaters.	Mercury	7439-97-6	0.15	NA
P093	Phenylthiourea	Phenylthiourea	103-85-5	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
P094	Phorate	Phorate	298-02-2	0.021	4.6
P095	Phosgene	Phosgene	75-44-5	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
P096	Phosphine	Phosphine	7803-51-2	CHOXD; CHRED; or CMBST	CHOXD; CHRED; or CMBST
P097	Famphur	Famphur	52-85-7	0.017	15
P098	Potassium cyanide.	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
P099	Potassium silver cyanide	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
		Silver	7440-22-4	0.43	0.14 mg/l TCLP
P101	Ethyl cyanide (Propanenitrile)	Ethyl cyanide (Propanenitrile)	107-12-0	0.24	360
P102	Propargyl alcohol	Propargyl alcohol	107-19-7	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
P103	Selenourea	Selenium	7782-49-2	0.82	5.7 mg/l TCLP
P104	Silver cyanide	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
		Silver	7440-22-4	0.43	0.14 mg/l TCLP
P105	Sodium azide	Sodium azide	26628-22-8	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
P106	Sodium cyanide	Cyanides (Total) ⁷	57-12-5	1.2	590

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
P108	Strychnine and salts	Strychnine and salts	57-24-9	(WETOX or CHOXD) fb or CMBST	CMBST
P109	Tetraethyldithiopyrophosphate	Tetraethyldithiopyrophosphate	3689-24-5	CARBN; or CMBST	CMBST
P110	Tetraethyl lead	Lead	7439-92-1	0.69	0.75 mg/l TCLP
P112	Tetranitromethane	Tetranitromethane	509-14-8	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
P113	Thallic oxide	Thallium (measured in wastewaters only)	7440-28-0	1.4	RTHRM; or STABL
P114	Thallium selenite	Selenium	7782-49-2	0.82	5.7 mg/l TCLP
P115	Thallium (I) sulfate	Thallium (measured in wastewaters only)	7440-28-0	1.4	RTHRM; or STABL
P116	Thiosemicarbazide	Thiosemicarbazide	79-19-6	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
P118	Trichloromethanethiol	Trichloromethanethiol	75-70-7	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
P119	Ammonium vanadate	Vanadium (measured in wastewaters only)	7440-62-2	4.3	STABL
P120	Vanadium pentoxide	Vanadium (measured in wastewaters only)	7440-62-2	4.3	STABL
P121	Zinc cyanide	Cyanides (Total) ⁷	57-12-5	1.2	590
		Cyanides (Amenable) ⁷	57-12-5	0.86	30
P122	Zinc phosphide Zn ₃ P ₂ , when present at concentrations greater than 10%	Zinc Phosphide	1314-84-7	CHOXD; CHRED; or CMBST	CHOXD; CHRED; or CMBST
P123	Toxaphene	Toxaphene	8001-35-2	0.0095	2.6
P127	Carbofuran ¹⁰	Carbofuran	1563-66-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
P128	Mexacarbate ¹⁰	Mexacarbate	315-18-4	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P185	Tirpate ¹⁰	Tirpate	26419-73-8	0.056; or CMBST, CHOXD, BIODG or CARBN	0.28; or CMBST

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WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
P188	Physostigmine salicylate ¹⁰	Physostigmine salicylate	57-64-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P189	Carbosulfan ¹⁰	Carbosulfan	55285-14-8	0.028; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P190	Metolcarb ¹⁰	Metolcarb	1129-41-5	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P191	Dimetilan ¹⁰	Dimetilan	644-64-4	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P192	Isolan ¹⁰	Isolan	119-38-0	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P194	Oxamyl	Oxamyl	23135-22-0	0.056; or CMBST, CHOXD, BIODG or CARBN	0.28; or CMBST
P196	Manganese dimethyldithiocarbamate ¹⁰	Dithiocarbamates (total)	NA	0.028; or CMBST, CHOXD, BIODG or CARBN	28; or CMBST
P197	Formparanate ¹⁰	Formparanate	17702-57-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P198	Formetanate hydrochloride ¹⁰	Formetanate hydrochloride	23422-53-9	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P199	Methiocarb ¹⁰	Methiocarb	2032-65-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
P201	Promecarb ¹⁰	Promecarb	2631-37-0	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P202	m-Cumenyl methylcarbamate ¹⁰	m-Cumenyl methylcarbamate	64-00-6	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P203	Aldicarb sulfone ¹⁰	Aldicarb sulfone	1646-88-4	0.056; or CMBST, CHOXD, BIODG or CARBN	0.28; or CMBST
P204	Physostigmine ¹⁰	Physostigmine	57-47-6	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P205	Ziram ¹⁰	Dithiocarbamates (total)	NA	0.028; or CMBST, CHOXD, BIODG or CARBN	28; or CMBST
U001	Acetaldehyde	Acetaldehyde	75-07-0	(WETOX CHOXD) or fb or CMBST	CMBST
U002	Acetone	Acetone	67-64-1	0.28	160
U003	Acetonitrile	Acetonitrile	75-05-8	5.6	CMBST
		Acetonitrile; alternate ⁶ standard for nonwastewaters only	75-05-8	NA	38
U004	Acetophenone	Acetophenone	98-86-2	0.010	9.7
U005	2-Acetylaminofluorene	2-Acetylaminofluorene	53-96-3	0.059	140
U006	Acetyl chloride	Acetyl Chloride	75-36-5	(WETOX CHOXD) or fb or CARBN; or CMBST	CMBST
U007	Acrylamide	Acrylamide	79-06-1	(WETOX CHOXD) or fb or CARBN; or CMBST	CMBST
U008	Acrylic acid	Acrylic acid	79-10-7	(WETOX CHOXD) or fb or CARBN; or CMBST	CMBST
U009	Acrylonitrile	Acrylonitrile	107-13-1	0.24	84
U010	Mitomycin C	Mitomycin C	50-07-7	(WETOX CHOXD) or fb	CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
				CARBN; or CMBST	
U011	Amitrole	Amitrole	61-82-5	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U012	Aniline	Aniline	62-53-3	0.81	14
U014	Auramine	Auramine	492-80-8	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U015	Azaserine	Azaserine	115-02-6	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U016	Benz(c)acridine	Benz(c)acridine	225-51-4	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U017	Benzal chloride	Benzal chloride	98-87-3	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U018	Benz(a)anthracene	Benz(a)anthracene	56-55-3	0.059	3.4
U019	Benzene	Benzene	71-43-2	0.14	10
U020	Benzenesulfonyl chloride	Benzenesulfonyl chloride	98-09-9	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U021	Benzydine	Benzydine	92-87-5	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U022	Benzo(a)pyrene	Benzo(a)pyrene	50-32-8	0.061	3.4
U023	Benzotrichloride	Benzotrichloride	98-07-7	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED or CMBST
U024	bis(2-Chloroethoxy)methane	bis(2-Chloroethoxy)methane	111-91-1	0.036	7.2
U025	bis(2-Chloroethyl)ether	bis(2-Chloroethyl)ether	111-44-4	0.033	6.0
U026	Chlornaphazine	Chlornaphazine	494-03-1	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U027	bis(2-Chloroisopropyl)ether	bis(2-Chloroisopropyl)ether	39638-32-9	0.055	7.2
U028	bis(2-Ethylhexyl) phthalate	bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
U029	Methyl bromide (Bromomethane)	Methyl bromide (Bromomethane)	74-83-9	0.11	15
U030	4-Bromophenyl phenyl ether	4-Bromophenyl phenyl ether	101-55-3	0.055	15
U031	n-Butyl alcohol	n-Butyl alcohol	71-36-3	5.6	2.6

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
U032	Calcium chromate	Chromium (Total)	7440-47-3	2.77	0.60 mg/l TCLP
U033	Carbon oxyfluoride	Carbon oxyfluoride	353-50-4	(WETOX or CHOXD) or CARBN; or CMBST	CMBST
U034	Trichloroacetaldehyde (Chloral)	Trichloroacetaldehyde (Chloral)	75-87-6	(WETOX or CHOXD) or CARBN; or CMBST	CMBST
U035	Chlorambucil	Chlorambucil	305-03-3	(WETOX or CHOXD) or CARBN; or CMBST	CMBST
U036	Chlordane	Chlordane (alpha and gamma isomers)	57-74-9	0.0033	0.26
U037	Chlorobenzene	Chlorobenzene	108-90-7	0.057	6.0
U038	Chlorobenzilate	Chlorobenzilate	510-15-6	0.10	CMBST
U039	p-Chloro-m-cresol	p-Chloro-m-cresol	59-50-7	0.018	14
U041	Epichlorohydrin (1-Chloro-2,3-epoxypropane)	Epichlorohydrin (1-Chloro-2,3-epoxypropane)	106-89-8	(WETOX or CHOXD) or CARBN; or CMBST	CMBST
U042	2-Chloroethyl vinyl ether	2-Chloroethyl vinyl ether	110-75-8	0.062	CMBST
U043	Vinyl chloride	Vinyl chloride	75-01-4	0.27	6.0
U044	Chloroform	Chloroform	67-66-3	0.046	6.0
U045	Chloromethane (Methyl chloride)	Chloromethane (Methyl chloride)	74-87-3	0.19	30
U046	Chloromethyl methyl ether	Chloromethyl methyl ether	107-30-2	(WETOX or CHOXD) or CARBN; or CMBST	CMBST
U047	2-Chloronaphthalene	2-Chloronaphthalene	91-58-7	0.055	5.6
U048	2-Chlorophenol	2-Chlorophenol	95-57-8	0.044	5.7
U049	4-Chloro-o-toluidine hydrochloride	4-Chloro-o-toluidine hydrochloride	3165-93-3	(WETOX or CHOXD) or CARBN; or CMBST	CMBST
U050	Chrysene	Chrysene	218-01-9	0.059	3.4
U051	Creosote	Naphthalene	91-20-3	0.059	5.6
		Pentachlorophenol	87-86-5	0.089	7.4
		Phenanthrene	85-01-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Toluene	108-88-3	0.080	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Lead	7439-92-1	0.69	0.75 mg/l TCLP
U052	Cresols (Cresylic acid)	o-Cresol	95-48-7	0.11	5.6
		m-Cresol (difficult to distinguish from p-cresol)	108-39-4	0.77	5.6
		p-Cresol (difficult to distinguish from m-cresol)	106-44-5	0.77	5.6

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
		Cresol-mixed isomers (Cresylic acid)(sum of o-, m-, and p-cresol concentrations)	1319-77-3	0.88	11.2
U053	Crotonaldehyde	Crotonaldehyde	4170-30-3	(WETOX or fb CHOXD) CARBN; or CMBST	CMBST
U055	Cumene	Cumene	98-82-8	(WETOX or fb CHOXD) CARBN; or CMBST	CMBST
U056	Cyclohexane	Cyclohexane	110-82-7	(WETOX or fb CHOXD) CARBN; or CMBST	CMBST
U057	Cyclohexanone	Cyclohexanone	108-94-1	0.36	CMBST
		Cyclohexanone; alternate ⁶ standard for nonwastewaters only	108-94-1	NA	0.75 mg/l TCLP
U058	Cyclophosphamide	Cyclophosphamide	50-18-0	CARBN; or CMBST	CMBST
U059	Daunomycin	Daunomycin	20830-81-3	(WETOX or fb CHOXD) CARBN; or CMBST	CMBST
U060	DDD	o,p'-DDD	53-19-0	0.023	0.087
		p,p'-DDD	72-54-8	0.023	0.087
U061	DDT	o-p'-DDT	789-02-6	0.0039	0.087
		p,p'-DDT	50-29-3	0.0039	0.087
		o,p'-DDD	53-19-0	0.023	0.087
		p,p'-DDD	72-54-8	0.023	0.087
		o,p'-DDE	3424-82-6	0.031	0.087
		p,p'-DDE	72-55-9	0.031	0.087
U062	Diallate	Diallate	2303-16-4	(WETOX or fb CHOXD) CARBN; or CMBST	CMBST
U063	Dibenz(a,h)anthracene	Dibenz(a,h)anthracene	53-70-3	0.055	8.2
U064	Dibenz(a,i)pyrene	Dibenz(a,i)pyrene	189-55-9	(WETOX or fb CHOXD) CARBN; or CMBST	CMBST
U066	1,2-Dibromo-3-chloropropane	1,2-Dibromo-3-chloropropane	96-12-8	0.11	15
U067	Ethylene dibromide (1,2-Dibromoethane)	Ethylene dibromide (1,2-Dibromoethane)	106-93-4	0.028	15
U068	Dibromomethane	Dibromomethane	74-95-3	0.11	15
U069	Di-n-butyl phthalate	Di-n-butyl phthalate	84-74-2	0.057	28
U070	o-Dichlorobenzene	o-Dichlorobenzene	95-50-1	0.088	6.0
U071	m-Dichlorobenzene	m-Dichlorobenzene	541-73-1	0.036	6.0
U072	p-Dichlorobenzene	p-Dichlorobenzene	106-46-7	0.090	6.0
U073	3,3'-Dichlorobenzidine	3,3'-Dichlorobenzidine	91-94-1	(WETOX or fb CHOXD)	CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
				CARBN; or CMBST	
U074	1,4-Dichloro-2-butene	cis-1,4-Dichloro-2-butene	1476-11-5	(WETOX CHOXD) or CARBN; or CMBST	CMBST
		trans-1,4-Dichloro-2-butene	764-41-0	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U075	Dichlorodifluoromethane	Dichlorodifluoromethane	75-71-8	0.23	7.2
U076	1,1-Dichloroethane	1,1-Dichloroethane	75-34-3	0.059	6.0
U077	1,2-Dichloroethane	1,2-Dichloroethane	107-06-2	0.21	6.0
U078	1,1-Dichloroethylene	1,1-Dichloroethylene	75-35-4	0.025	6.0
U079	1,2-Dichloroethylene	trans-1,2-Dichloroethylene	156-60-5	0.054	30
U080	Methylene chloride	Methylene chloride	75-09-2	0.089	30
U081	2,4-Dichlorophenol	2,4-Dichlorophenol	120-83-2	0.044	14
U082	2,6-Dichlorophenol	2,6-Dichlorophenol	87-65-0	0.044	14
U083	1,2-Dichloropropane	1,2-Dichloropropane	78-87-5	0.85	18
U084	1,3-Dichloropropylene	cis-1,3-Dichloropropylene	10061-01-5	0.036	18
		trans-1,3-Dichloropropylene	10061-02-6	0.036	18
U085	1,2:3,4-Diepoxybutane	1,2:3,4-Diepoxybutane	1464-53-5	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U086	N,N'-Diethylhydrazine	N,N'-Diethylhydrazine	1615-80-1	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
U087	O,O-Diethyl S-methyldithiophosphate	O,O-Diethyl S-methyldithiophosphate	3288-58-2	CARBN; or CMBST	CMBST
U088	Diethyl phthalate	Diethyl phthalate	84-66-2	0.20	28
U089	Diethyl stilbestrol	Diethyl stilbestrol	56-53-1	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U090	Dihydrosafrole	Dihydrosafrole	94-58-6	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U091	3,3'-Dimethoxybenzidine	3,3'-Dimethoxybenzidine	119-90-4	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U092	Dimethylamine	Dimethylamine	124-40-3	(WETOX CHOXD) or CARBN; or CMBST	CMBST
U093	p-Dimethylaminoazobenzene	p-Dimethylaminoazobenzene	60-11-7	0.13	CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
U094	7,12-Dimethylbenz(a)anthracene	7,12-Dimethylbenz(a)anthracene	57-97-6	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U095	3,3'-Dimethylbenzidine	3,3'-Dimethylbenzidine	119-93-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U096	alpha, alpha-Dimethyl benzyl hydroperoxide	alpha, alpha-Dimethyl benzyl hydroperoxide	119-93-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U097	Dimethylcarbamoyl chloride	Dimethylcarbamoyl chloride	79-44-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U098	1,1-Dimethylhydrazine	1,1-Dimethylhydrazine	57-14-7	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
U099	1,2-Dimethylhydrazine	1,2-Dimethylhydrazine	540-73-8	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
U101	2,4-Dimethylphenol	2,4-Dimethylphenol	105-67-9	0.036	14
U102	Dimethyl phthalate	Dimethyl phthalate	131-11-3	0.047	28
U103	Dimethyl sulfate	Dimethyl sulfate	77-78-1	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
U105	2,4-Dinitrotoluene	2,4-Dinitrotoluene	121-14-2	0.32	140
U106	2,6-Dinitrotoluene	2,6-Dinitrotoluene	606-20-2	0.55	28
U107	Di-n-octyl phthalate	Di-n-octyl phthalate	117-84-0	0.017	28
U108	1,4-Dioxane	1,4-Dioxane	123-91-1	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
		1,4-Dioxane; alternate ⁶	123-91-1	12.0	170
U109	1,2-Diphenylhydrazine	1,2-Diphenylhydrazine	122-66-7	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
		1,2-Diphenylhydrazine; alternate ⁶ standard for wastewaters only	122-66-7	0.087	NA
U110	Dipropylamine	Dipropylamine	142-84-7	(WETOX or CHOXD) fb	CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
				CARBN; or CMBST	
U111	Di-n-propylnitrosamine	Di-n-propylnitrosamine	621-64-7	0.40	14
U112	Ethyl acetate	Ethyl acetate	141-78-6	0.34	33
U113	Ethyl acrylate	Ethyl acrylate	140-88-5	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U114	Ethylenebisdithiocarbamic acid salts and esters	Ethylenebisdithiocarbamic acid	111-54-6	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U115	Ethylene oxide	Ethylene oxide	75-21-8	(WETOX or CHOXD) fb or CARBN; or CMBST	CHOXD; or CMBST
		Ethylene oxide; alternate ⁶ standard for wastewaters only	75-21-8	0.12	NA
U116	Ethylene thiourea	Ethylene thiourea	96-45-7	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U117	Ethyl ether	Ethyl ether	60-29-7	0.12	160
U118	Ethyl methacrylate	Ethyl methacrylate	97-63-2	0.14	160
U119	Ethyl methane sulfonate	Ethyl methane sulfonate	62-50-0	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U120	Fluoranthene	Fluoranthene	206-44-0	0.068	3.4
U121	Trichloromonofluoromethane	Trichloromonofluoromethane	75-69-4	0.020	30
U122	Formaldehyde	Formaldehyde	50-00-0	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U123	Formic acid	Formic acid	64-18-6	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U124	Furan	Furan	110-00-9	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U125	Furfural	Furfural	98-01-1	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U126	Glycidylaldehyde	Glycidylaldehyde	765-34-4	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U127	Hexachlorobenzene	Hexachlorobenzene	118-74-1	0.055	10

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
U128	Hexachlorobutadiene	Hexachlorobutadiene	87-68-3	0.055	5.6
U129	Lindane	alpha-BHC	319-84-6	0.00014	0.066
		beta-BHC	319-85-7	0.00014	0.066
		delta-BHC	319-86-8	0.023	0.066
		gamma-BHC (Lindane)	58-89-9	0.0017	0.066
U130	Hexachlorocyclopentadiene	Hexachlorocyclopentadiene	77-47-4	0.057	2.4
U131	Hexachloroethane	Hexachloroethane	67-72-1	0.055	30
U132	Hexachlorophene	Hexachlorophene	70-30-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U133	Hydrazine	Hydrazine	302-01-2	CHOXD; CHRED; CARBN; BIODG; CMBST or	CHOXD; CHRED; or CMBST
U134	Hydrogen fluoride	Fluoride (measured in wastewaters only)	7664-39-3	35	ADGAS fb NEUTR; or NEUTR
U135	Hydrogen Sulfide	Hydrogen Sulfide	7783-06-4	CHOXD; CHRED; or CMBST	CHOXD; CHRED; or CMBST.
U136	Cacodylic acid	Arsenic	7440-38-2	1.4	5.0 mg/l TCLP
U137	Indeno(1,2,3-cd)pyrene	Indeno(1,2,3-cd)pyrene	193-39-5	0.0055	3.4
U138	Iodomethane	Iodomethane	74-88-4	0.19	65
U140	Isobutyl alcohol	Isobutyl alcohol	78-83-1	5.6	170
U141	Isosafrole	Isosafrole	120-58-1	0.081	2.6
U142	Kepone	Kepone	143-50-8	0.0011	0.13
U143	Lasiocarpine	Lasiocarpine	303-34-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U144	Lead acetate	Lead	7439-92-1	0.69	0.75 mg/l TCLP
U145	Lead phosphate	Lead	7439-92-1	0.69	0.75 mg/l TCLP
U146	Lead subacetate	Lead	7439-92-1	0.69	0.75 mg/l TCLP
U147	Maleic anhydride	Maleic anhydride	108-31-6	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U148	Maleic hydrazide	Maleic hydrazide	123-33-1	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U149	Malononitrile	Malononitrile	109-77-3	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
U150	Melphalan	Melphalan	148-82-3	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U151	U151 (mercury) nonwastewaters that contain greater than or equal to 260 mg/kg total mercury.	Mercury	7439-97-6	NA	RMERC
	U151 (mercury) nonwastewaters that contain less than 260 mg/kg total mercury and that are residues from RMERC only.	Mercury	7439-97-6	NA	0.20 mg/l TCLP
	U151 (mercury) nonwastewaters that contain less than 260 mg/kg total mercury and that are not residues from RMERC.	Mercury	7439-97-6	NA	0.025 mg/l TCLP
	All U151 (mercury) wastewaters.	Mercury	7439-97-6	0.15	NA
	Elemental Mercury Contaminated with Radioactive Materials	Mercury	7439-97-6	NA	AMLGM
U152	Methacrylonitrile	Methacrylonitrile	126-98-7	0.24	84
U153	Methanethiol	Methanethiol	74-93-1	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U154	Methanol	Methanol	67-56-1	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
		Methanol; alternate ⁶ set of standards for both wastewaters and nonwastewaters	67-56-1	5.6	0.75 mg/l TCLP
U155	Methapyrilene	Methapyrilene	91-80-5	0.081	1.5
U156	Methyl chlorocarbonate	Methyl chlorocarbonate	79-22-1	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U157	3-Methylcholanthrene	3-Methylcholanthrene	56-49-5	0.0055	15
U158	4,4'-Methylene bis(2-chloroaniline)	4,4'-Methylene bis(2-chloroaniline)	101-14-4	0.50	30
U159	Methyl ethyl ketone	Methyl ethyl ketone	78-93-3	0.28	36
U160	Methyl ethyl ketone peroxide	Methyl ethyl ketone peroxide	1338-23-4	CHOXD; CHRED; CARBN; BIODG; or CMBST	CHOXD; CHRED; or CMBST
U161	Methyl isobutyl ketone	Methyl isobutyl ketone	108-10-1	0.14	33
U162	Methyl methacrylate	Methyl methacrylate	80-62-6	0.14	160
U163	N-Methyl N'-nitro N-nitrosoguanidine	N-Methyl N'-nitro N-nitrosoguanidine	70-25-7	(WETOX or CHOXD) fb or CARBN; or CMBST	CMBST
U164	Methylthiouracil	Methylthiouracil	56-04-2	(WETOX or CHOXD) fb	CMBST

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
				CARBN; or CMBST	
U165	Naphthalene	Naphthalene	91-20-3	0.059	5.6
U166	1,4-Naphthoquinone	1,4-Naphthoquinone	130-15-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U167	1-Naphthylamine	1-Naphthylamine	134-32-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U168	2-Naphthylamine	2-Naphthylamine	91-59-8	0.52	CMBST
U169	Nitrobenzene	Nitrobenzene	98-95-3	0.068	14
U170	p-Nitrophenol	p-Nitrophenol	100-02-7	0.12	29
U171	2-Nitropropane	2-Nitropropane	79-46-9	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U172	N-Nitrosodi-n-butylamine	N-Nitrosodi-n-butylamine	924-16-3	0.40	17
U173	N-Nitrosodiethanolamine	N-Nitrosodiethanolamine	1116-54-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U174	N-Nitrosodiethylamine	N-Nitrosodiethylamine	55-18-5	0.40	28
U176	N-Nitroso-N-ethylurea	N-Nitroso-N-ethylurea	759-73-9	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U177	N-Nitroso-N-methylurea	N-Nitroso-N-methylurea	684-93-5	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U178	N-Nitroso-N-methylurethane	N-Nitroso-N-methylurethane	615-53-2	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U179	N-Nitrosopiperidine	N-Nitrosopiperidine	100-75-4	0.013	35
U180	N-Nitrosopyrrolidine	N-Nitrosopyrrolidine	930-55-2	0.013	35
U181	5-Nitro-o-toluidine	5-Nitro-o-toluidine	99-55-8	0.32	28
U182	Paraldehyde	Paraldehyde	123-63-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U183	Pentachlorobenzene	Pentachlorobenzene	608-93-5	0.055	10
U184	Pentachloroethane	Pentachloroethane	76-01-7	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
		Pentachloroethane; alternate ⁶ standards for both wastewaters and nonwastewaters	76-01-7	0.055	6.0

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
U185	Pentachloronitrobenzene	Pentachloronitrobenzene	82-68-8	0.055	4.8
U186	1,3-Pentadiene	1,3-Pentadiene	504-60-9	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U187	Phenacetin	Phenacetin	62-44-2	0.081	16
U188	Phenol	Phenol	108-95-2	0.039	6.2
U189	Phosphorus sulfide	Phosphorus sulfide	1314-80-3	CHOXD; CHRED; or CMBST	CHOXD; CHRED; or CMBST
U190	Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	100-21-0	0.055	28
		Phthalic anhydride (measured as Phthalic acid or Terephthalic acid)	85-44-9	0.055	28
U191	2-Picoline	2-Picoline	109-06-8	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U192	Pronamide	Pronamide	23950-58-5	0.093	1.5
U193	1,3-Propane sultone	1,3-Propane sultone	1120-71-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U194	n-Propylamine	n-Propylamine	107-10-8	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U196	Pyridine	Pyridine	110-86-1	0.014	16
U197	p-Benzoquinone	p-Benzoquinone	106-51-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U200	Reserpine	Reserpine	50-55-5	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U201	Resorcinol	Resorcinol	108-46-3	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U203	Safrole	Safrole	94-59-7	0.081	22
U204	Selenium dioxide	Selenium	7782-49-2	0.82	5.7 mg/l TCLP
U205	Selenium sulfide	Selenium	7782-49-2	0.82	5.7 mg/l TCLP
U206	Streptozotocin	Streptozotocin	18883-66-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U207	1,2,4,5-Tetrachlorobenzene	1,2,4,5-Tetrachlorobenzene	95-94-3	0.055	14
U208	1,1,1,2-Tetrachloroethane	1,1,1,2-Tetrachloroethane	630-20-6	0.057	6.0
U209	1,1,2,2-Tetrachloroethane	1,1,2,2-Tetrachloroethane	79-34-5	0.057	6.0
U210	Tetrachloroethylene	Tetrachloroethylene	127-18-4	0.056	6.0

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		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
U211	Carbon tetrachloride	Carbon tetrachloride	56-23-5	0.057	6.0
U213	Tetrahydrofuran	Tetrahydrofuran	109-99-9	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U214	Thallium (I) acetate	Thallium (measured in wastewaters only)	7440-28-0	1.4	RTHRM; or STABL
U215	Thallium (I) carbonate	Thallium (measured in wastewaters only)	7440-28-0	1.4	RTHRM; or STABL
U216	Thallium (I) chloride	Thallium (measured in wastewaters only)	7440-28-0	1.4	RTHRM; or STABL
U217	Thallium (I) nitrate	Thallium (measured in wastewaters only)	7440-28-0	1.4	RTHRM; or STABL
U218	Thioacetamide	Thioacetamide	62-55-5	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U219	Thiourea	Thiourea	62-56-6	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U220	Toluene	Toluene	108-88-3	0.080	10
U221	Toluenediamine	Toluenediamine	25376-45-8	CARBN; or CMBST	CMBST
U222	o-Toluidine hydrochloride	o-Toluidine hydrochloride	636-21-5	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U223	Toluene diisocyanate	Toluene diisocyanate	26471-62-5	CARBN; or CMBST	CMBST
U225	Bromoform (Tribromomethane)	Bromoform (Tribromomethane)	75-25-2	0.63	15
U226	1,1,1-Trichloroethane	1,1,1-Trichloroethane	71-55-6	0.054	6.0
U227	1,1,2-Trichloroethane	1,1,2-Trichloroethane	79-00-5	0.054	6.0
U228	Trichloroethylene	Trichloroethylene	79-01-6	0.054	6.0
U234	1,3,5-Trinitrobenzene	1,3,5-Trinitrobenzene	99-35-4	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U235	tris-(2,3-Dibromopropyl)-phosphate	tris-(2,3-Dibromopropyl)-phosphate	126-72-7	0.11	0.10
U236	Trypan Blue	Trypan Blue	72-57-1	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U237	Uracil mustard	Uracil mustard	66-75-1	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U238	Urethane (Ethyl carbamate)	Urethane (Ethyl carbamate)	51-79-6	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
U239	Xylenes	Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
U240	2,4-D (2,4-Dichlorophenoxyacetic acid)	2,4-D (2,4-Dichlorophenoxyacetic acid)	94-75-7	0.72	10
	2,4-D (2,4-Dichlorophenoxyacetic acid) salts and esters		NA	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U243	Hexachloropropylene	Hexachloropropylene	1888-71-7	0.035	30
U244	Thiram	Thiram	137-26-8	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U246	Cyanogen bromide	Cyanogen bromide	506-68-3	CHOXD; WETOX; or CMBST	CHOXD; WETOX; or CMBST
U247	Methoxychlor	Methoxychlor	72-43-5	0.25	0.18
U248	Warfarin, & salts, when present at concentrations of 0.3% or less	Warfarin	81-81-2	(WETOX or CHOXD) fb CARBN; or CMBST	CMBST
U249	Zinc phosphide, Zn ₃ P ₂ , when present at concentrations of 10% or less	Zinc Phosphide	1314-84-7	CHOXD; WETOX; or CMBST	CHOXD; WETOX; or CMBST
U271	Benomyl ¹⁰	Benomyl	17804-35-2	0.056; or CMBST, CHOXD, BIODG CARBN	1.4; or CMBST
U278	Bendiocarb ¹⁰	Bendiocarb	22781-23-3	0.056; or CMBST, CHOXD, BIODG CARBN	1.4; or CMBST
U279	Carbaryl ¹⁰	Carbaryl	63-25-2	0.006; or CMBST, CHOXD, BIODG CARBN	0.14; or CMBST
U280	Barban ¹⁰	Barban	101-27-9	0.056; or CMBST, CHOXD, BIODG CARBN	1.4; or CMBST
U328	o-Toluidine	o-Toluidine	95-53-4	CMBST; or CHOXD fb (BIODG or CARBN); or BIODG fb CARBN.	CMBST

268.40 – Treatment Standards for Hazardous Waste

WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
U353	p-Toluidine	p-Toluidine	106-49-0	CMBST; or CHOXD fb (BIODG or CARBN); or BIODG fb CARBN	CMBST
U359	2-Ethoxyethanol	2-Ethoxyethanol	110-80-5	CMBST; or CHOXD fb (BIODG or CARBN); or BIODG fb CARBN	CMBST
U364	Bendiocarb phenol ¹⁰	Bendiocarb phenol	22961-82-6	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U367	Carbofuran phenol ¹⁰	Carbofuran phenol	1563-38-8	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U372	Carbendazim ¹⁰	Carbendazim	10605-21-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U373	Propham ¹⁰	Propham	122-42-9	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U387	Prosulfocarb ¹⁰	Prosulfocarb	52888-80-9	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U389	Triallate ¹⁰	Triallate	2303-17-5	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U394	A2213 ¹⁰	A2213	30558-43-1	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U395	Diethylene glycol, dicarbamate ¹⁰	Diethylene glycol, dicarbamate	5952-26-1	0.056; or CMBST, CHOXD,	1.4; or CMBST

268.40 – Treatment Standards for Hazardous Waste					
WASTE CODE	Waste Description And Treatment/Regulatory Subcategory ¹ (11/99, 8/00, 6/04, 2/07) NOTE: fb means followed by	Regulated hazardous constituent NOTE: NA means not applicable		Waste waters	Non waste waters
		Common Name	CAS ² Number	Concentration ⁵ in mg/l; or Technology Code ⁴	Concentration ⁵ in mg/kg unless noted as mg/l TCLP or Technology Code ⁴
				BIODG or CARBN	
U404	Triethylamine ¹⁰	Triethylamine	101-44-8	0.081; or CMBST, CHOXD, BIODG or CARBN	1.5; or CMBST
U409	Thiophanate-methyl ¹⁰	Thiophanate-methyl	23564-05-8	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U410	Thiodicarb ¹⁰	Thiodicarb	59669-26-0	0.019; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U411	Propoxur ¹⁰	Propoxur	114-26-1	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST

Footnotes to Treatment Standard Table 268.40

1 The waste descriptions provided in this table do not replace waste descriptions in 261. Descriptions of Treatment /Regulatory Subcategories are provided, as needed, to distinguish between applicability of different standards.

2 CAS means Chemical Abstract Services. When the waste code and/or regulated constituents are described as a combination of a chemical with its salts and/or esters, the CAS number is given for the parent compound only.

3 Concentration standards for wastewaters are expressed in mg/l and are based on analysis of composite samples.

4 All treatment standards expressed as a Technology Code or combination of Technology Codes are explained in detail in 268.42 Table 1 – Technology Codes and Descriptions of Technology-Based Standards.

5 Except for Metals (EP or TCLP) and Cyanides (Total and Amenable) the nonwastewater treatment standards expressed as a concentration were established, in part, based upon incineration in units operated in accordance with the technical requirements of Part 264 Subpart O or Part 265 Subpart O, or based upon combustion in fuel substitution units operating in accordance with applicable technical requirements. A facility may comply with these treatment standards according to provisions in 268.40(d). All concentration standards for nonwastewaters are based on analysis of grab samples.

6 Where an alternate treatment standard or set of alternate standards has been indicated, a facility may comply with this alternate standard, but only for the Treatment/Regulatory Subcategory or physical form (i.e., wastewater and/or nonwastewater) specified for that alternate standard.

7 Both Cyanides (Total) and Cyanides (Amenable) for nonwastewaters are to be analyzed using Method 9010C or 9012B, found in “Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, EPA

Publication SW-846, as incorporated by reference in 260.11, with a sample size of 10 grams and a distillation time of one hour and 15 minutes. (2/07)

8 These wastes, when rendered nonhazardous and then subsequently managed in CWA, or CWA-equivalent systems, are not subject to treatment standards. (See 268.1(c)(3) and (4)), (See R.61-87.11.D.2).

9 [Reserved 8/00]

10 The treatment standard for this waste may be satisfied by either meeting the constituent concentrations in this table or by treating the waste by the specified technologies: combustion, as defined by the technology code CMBST at 268.42 Table 1 of this Part, for nonwastewaters; and, biodegradation as defined by the technology code BIODG, carbon adsorption as defined by the technology code CARBN, chemical oxidation as defined by the technology code CHOXD, or combustion as defined as technology code CMBST at 268.42 Table 1 of this Part, for wastewaters. (8/00)

11 For these wastes, the definition of CMBST is limited to: (1) combustion units operating under 266, (2) combustion units permitted under Part 264, Subpart O, or (3) combustion units operating under 265, Subpart O, which have obtained a determination of equivalent treatment under 268.42(b). [Note: NA means not applicable]

~~Note: The treatment standards that heretofore appeared in tables in 268.41, 268.42, and 268.43 of this part have been consolidated into the table "Treatment Standards for Hazardous Wastes."~~ (9/01)

12 Disposal of K175 wastes that have complied with all applicable 268.40 treatment standards must also be microencapsulated in accordance with 268.45 Table 1 unless the waste is placed in:

(1) A Subtitle C monofill containing only K175 wastes that meet all applicable 268.40 treatment standards; or

(2) A dedicated Subtitle C landfill cell in which all other wastes being co-disposed are at pH 6.0.

Note: The treatment standards that heretofore appeared in tables in 268.41, 268.42, and 268.43 of this part have been consolidated into the table "Treatment Standards for Hazardous Wastes."

Revise 268.50(a) to read:

(a) Except as provided for in this section, the storage of hazardous wastes restricted from land disposal under ~~Subpart C of RCRA 3004~~ of this part is prohibited, unless the following conditions are met: ~~(amended 11/90)~~

Revise 270.1(a)(3) to read:

(3) Technical regulations. The RCRA permit program has separate additional regulations that contain technical requirements. These separate regulations are used by permit issuing authorities to determine what requirements must be placed in permits if they are issued. These separate regulations are located in R.61-79.264, 266, ~~267~~, and 268.

Revise 270.6(a) to read:

(a) When used in part 270 of ~~these Regulations~~ this chapter, the following publications are incorporated by reference. ~~These~~ incorporations by reference were approved by the Director of the Federal Register pursuant to 5 U.S.C. 552(a) and 1 CFR part 51. These materials are incorporated as they exist on the date of approval and a notice of any change in these materials will be published in the Federal Register. Copies may be inspected at the Library, U.S. Environmental Protection Agency, 1200 Pennsylvania Ave., NW., (3403T), Washington, DC 20460, libraryhq@epa.gov; or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Revise 270.6(b) to read:

(b) The following materials are available for purchase from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, VA 22161, (703) 487-4600 or (800) 553-6847; or for purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (202) 512-1800.

Revise 270.14(b)(11)(iv)(C)(2) to read:

(2) A description of the location(s) to which the waste will be moved and demonstration that those facilities will be eligible to receive hazardous waste in accordance with the regulations under R.61-79.270, ~~R.61-79.271~~, R.61-79.124, and R.61-79.264 through R.61-79.266.

Revise 270.19(e) to read:

(e) When an owner or operator of a hazardous waste incineration unit becomes subject to RCRA permit requirements after October 12, 2005, or when an owner or operator of an existing hazardous waste incineration unit demonstrates compliance with the air emission standards and limitations of ~~40 CFR part section~~ 63, ~~§subpart EEE of this chapter~~, (i.e., by conducting a comprehensive performance test and submitting a Notification of Compliance) under sections 63.1207(j) and 63.1210(d) ~~of this chapter~~ documenting compliance with all applicable requirements of ~~part~~ 63, subpart EEE, the requirements do not apply, except those provisions the Department determines are necessary to ensure compliance with sections 264.345(a) and 264.345(c) ~~of this chapter~~ if you elect to comply with section 270.235(a)(1)(i) to minimize emissions of toxic compounds from startup, shutdown, and malfunction events. Nevertheless, the Department may apply the provisions, on a case-by-case basis, for purposes of information collection in accordance with sections 270.10(k), 270.10(l), 270.32(b)(2), and 270.32(b)(3).

Revise 270.22 introductory paragraph to read:

When an owner or operator of a cement or lightweight aggregate kiln, solid fuel boiler, liquid fuel boiler, or hydrochloric acid production furnace becomes subject to RCRA permit requirements after October 12, 2005, or when an owner or operator of an existing cement kiln, lightweight aggregate kiln, solid fuel boiler, liquid fuel boiler, or hydrochloric acid production furnace demonstrates compliance with the air emission standards and limitations in part 63, ~~§subpart EEE~~, (i.e., by conducting a comprehensive performance test and submitting a Notification of Compliance) under sections 63.1207(j) and 63.1210(d) ~~of this chapter~~ documenting compliance with all applicable requirements of part 63, subpart EEE, ~~of this chapter~~, the requirements of this section do not apply. The requirements of this section do apply, however, if the Department determines certain provisions are necessary to ensure compliance with sections 266.102(e)(1) and 266.102(e)(2)(iii) ~~of this chapter~~ if you elect to comply with section 270.235(a)(1)(i) to minimize emissions of toxic compounds from startup, shutdown, and malfunction events or if you are an area source and elect to comply with the section 266.105, 266.106, and 266.107 standards and associated requirements for particulate matter, hydrogen chloride and chlorine gas, and non-mercury metals; or the Department determines certain provisions apply, on a case-by-case basis, for purposes of information collection in accordance with sections 270.10(k), 270.10(l), 270.32(b)(2), and 270.32(b)(3).

Revise 270.25(e)(3) to read:

(3) A design analysis, specifications, drawings, schematics, and piping and instrumentation diagrams based on the appropriate sections of ~~ATPA-APTI~~ Course 415: Control of Gaseous Emissions (incorporated by reference as specified in 270.6) or other engineering texts acceptable to the Department that present basic control device information. The design analysis shall address the vent stream characteristics and control device operation parameters as specified in 264.1035(b)(4)(iii).

Revise 270.29 to read:

The Department may, pursuant to the procedures in part 124, deny the permit application either in its entirety or as to the active life of a hazardous waste management facility or unit only.

Revise 270.31(c) to read:

(c) Applicable reporting requirements based upon the impact of the regulated activity and as specified in R.61-79.264, 265, and 266, ~~and 267~~. Reporting shall be no less frequent than specified in the above regulation.

Revise 270.32(b)(3) to read:

(3) If, as the result of an assessment(s) or other information, the Department determines that conditions are necessary in addition to those required under 40 CFR parts 63, subpart EEE, R.61-79.264 or R.61-79.266 to ensure protection of human health and the environment, he or she shall include those terms and conditions in a RCRA permit for a hazardous waste combustion unit.

Revise 270.42(j)(1) to read:

(1) Facility owners or operators must have complied with the Notification of Intent to Comply (NIC) requirements of 40 CFR 63.1210 that ~~was~~were in effect prior to Oct 11, 2000 (see 40 CFR ~~part~~ 63.1200-63.1499 revised as of July 1, 2000), in order to request a permit modification under this section for the purpose of technology changes needed to meet the standards under 40 CFR 63.1203, 63.1204, and 63.1205.

Revise 270.62 introductory paragraph to read:

When an owner or operator of a hazardous waste incineration unit becomes subject to RCRA permit requirements after October 12, 2005, or when an owner or operator of an existing hazardous waste incineration unit demonstrates compliance with the air emission standards and limitations in 40 CFR part 63, Subpart EEE, (i.e., by conducting a comprehensive performance test and submitting a Notification of Compliance), under 63.1207(j) and 63.1210(d) documenting compliance with all applicable requirements of part 63 subpart EEE), the requirements do not apply, except those provisions the Department determines are necessary to ensure compliance with 264.345(a) and 264.345(c) if you elect to comply with 270.235(a)(1)(i) to minimize emissions of toxic compounds from startup, shutdown, and malfunction events. Nevertheless, the Department may apply the provisions, on a case-by-case basis, for purposes of information collection in accordance with 270.10(k), 270.10(l), 270.32(b)(2), and 270.32(b)(3).

Revise 270.65(a) to read:

(a) The Department ~~my~~ issue a research, development, and demonstration permit for any hazardous waste treatment facility which propose to utilize an innovative and experimental hazardous waste treatment technology or process for which permit standards for such experimental activity have not been promulgated under R.61-79.264 or R.61-79.266. Any such permit will include such terms and conditions as will assure protection of human health and the environment. Such permits:

Revise 270.65(b) to read:

(b) For the purpose of expediting review and issuance of permits under this section, the Department may, consistent with the protection of human health and the environment, modify or waive permit application and permit issuance requirements in R.61-79.124 and R.61-79.270 except that there may be no modification or waiver of regulations regarding financial responsibility (including insurance) or of procedures regarding public participation.

Revise 273.4(b)(2) to read:

(2) Mercury-containing equipment that is not a hazardous waste. Mercury-containing equipment is a hazardous waste if it exhibits one or more of the characteristics identified in part 261, subpart C or is listed in part 261, subpart D; and

Revise 273.13(c)(2) to read:

(iii) Ensures that a mercury clean-up system is readily available to immediately transfer any mercury resulting from spills or leaks from broken ampules from that containment device to a container that is subject to all applicable requirements of parts 260 through 272;

(iv) Immediately transfers any mercury resulting from spills or leaks from broken ampules from the containment device to a container that is subject to all applicable requirements of parts 260 through 272;

(iv) Immediately transfers any mercury resulting from spills or leaks from broken ampules from the containment device to a container that is subject to all applicable requirements of parts 260 through 272;

Fiscal Impact Statement:

The amendments have no substantial fiscal or economic impact on the state or its political subdivisions. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-79, Hazardous Waste Management Regulations.

Purpose: The purpose of this amendment is to realize the benefits of and maintain state consistency with the EPA by adopting the final “Modernizing Ignitable Liquids Determinations” rule published in the Federal Register on July 7, 2020, at 85 FR 40594-40608.

Legal Authority: 1976 Code Sections 44-56-10 et seq.

Plan for Implementation: These amendments will take legal effect upon General Assembly approval and upon publication in the *South Carolina State Register*. Department personnel will then take appropriate steps to inform the regulated community of the new amendments. Additionally, a copy of the regulation will be posted on the Department’s website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department’s Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The Department amends R.61-79 to adopt the final EPA “Modernizing Ignitable Liquids Determinations” rule published in the Federal Register on July 7, 2020, at 85 FR 40594-40608. The rule updates flash point test methods used to determine if a liquid waste is hazardous. It allows the use of non-mercury thermometers in approved analytical methods that currently require mercury thermometers. This rule also provides greater clarity to determinations of hazardous waste, provides more flexibility in testing requirements, and improves environmental compliance, thereby enhancing the protection of human health and the environment.

DETERMINATION OF COSTS AND BENEFITS:

There is no anticipated increased cost to the state or its political subdivisions resulting from these revisions. This final rule modifies Test Methods for Evaluating Solid Waste: Physical/Chemical Methods (SW-846) test methods while also retaining the current procedures to provide entities increased flexibility. EPA analysis estimates that this rule will result in nationwide annualized cost savings of \$78,500 to \$477,000 to 235 commercial laboratories, and that human and environmental health will benefit from the reduced use of mercury thermometers (Federal Register, Vol 85, No. 130, page 40595).

UNCERTAINTIES OF ESTIMATES:

There are no uncertainties of estimates relative to the costs to the state or its political subdivisions.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The revisions to R.61-79 enhance current protections of human and environmental health through implementation of updated testing methods for determining whether liquid waste is hazardous, reducing use of mercury thermometers, and a more flexible testing regime.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

If the regulation is not implemented, there will be detrimental effects on the environment and public health because South Carolina would not be implementing or realizing the benefits of the EPA’s “Modernizing Ignitable Liquids Determinations” rule, among them updated test methods for determining hazardous liquid wastes, reduced use of mercury thermometers, and more flexibility in testing requirements.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(A)(3)(h):

The Department amends R.61-79, Hazardous Waste Management Regulations, to adopt the EPA’s final “Modernizing Ignitable Liquids Determinations” rule published in the Federal Register on July 7, 2020, at 85 FR 40594-40608, and correct typographical errors, citation errors, and other errors and omissions. The EPA has given authorized states, including South Carolina, the discretion to adopt this rule as it will make existing standards neither more nor less stringent than current requirements. This rule updates test methods for determining liquid hazardous waste, allows for the use of non-mercury thermometers in several methods that previously required mercury thermometers, and provides more flexibility in testing requirements. Adoption of this rule increases flexibility for the regulated community and thereby enhances the protection of human health and the environment.