

South Carolina Department of Health and Environmental Control
Application For Radioactive Waste Transport Permit

Instructions for Completing Permit Application

Applicability: Pursuant to Section 13-7-140, 1976 SC Code of Laws (as amended) and Department Regulation 61-83, a Radioactive Waste Transport Permit is required to be obtained by all generators, collectors or processors who transport or have radioactive waste transported into or within the State of South Carolina. Persons whose activities result in the generation of radioactive waste have the primary responsibility to obtain a permit.

Instructions:

1. Complete blocks 1-11 of this application. **All blocks must be fully completed.** Print pages 1 & 2 of the application and be sure to **date & sign** block #12 of the application.
2. Make **(2)** photocopies of the completed application. Retain one copy for your records.
3. Submit the original signed copy of the application and financial insurance documents to: **ATTN: Kim Clyburn or Arlene Wilkes, SCDHEC, Bureau of Land & Waste Management/Radioactive Waste Management Section, 2600 Bull St., Columbia, SC 29201; (803) 896-4240, (803) 896-4247; Fax: (803) 896-4242.**
4. Submit **(1)** copy of the application and permit fee made payable to **SCDHEC/Finance, Attn: Accounts Receivable, 2600 Bull St., Columbia, SC 29201.** To avoid delays in processing do not send payment without a copy of the application. Please note on the remittance **“FOR RADIOACTIVE WASTE TRANSPORT PERMIT”**.

NOTE: Radioactive Waste Transport Permits will be required for each location of a company, corporation, etc. unless otherwise authorized by the Department by special request. Waste Collectors/Processors require a Class X Permit and either an NRC or Agreement State Radioactive Material License.

Copies:

- **Original & Insurance Documents** – DHEC/Radioactive Waste Mgmt. Section
- DHEC/Finance with Permit Fee
- Generator Copy for your Records



**Application for Radioactive Waste Transport Permit
Division of Radioactive Waste Management**

<p>1. Name and Address of Applicant:</p>	<p>2. Person Responsible for Radioactive Waste Shipments:</p> <p>a) Name:</p> <p>b) Title:</p> <p>c) Address:</p> <p>d) Telephone:</p> <p>e) E-mail address:</p>
<p>Additional location:</p>	<p>3. Total Estimated Annual Cubic Footage to be transported for disposal, storage, or processing.</p>
<p>4. Type of Permit and Amount of Fee Remittal: (check appropriately)</p> <p><input type="checkbox"/> New (First Time Permit)</p> <p><input type="checkbox"/> Renewal (Indicate Previous Permit No.): _____</p> <p><input type="checkbox"/> For Calendar Year _____</p> <p>A. Class Types (check one only)</p> <p><input type="checkbox"/> CLASS X - \$1500.00: More than an annual total of 75 cubic ft., or more than 100 curies of radioactive waste for disposal, storage, or waste processing within the State.</p> <p><input type="checkbox"/> CLASS Y - \$200.00: An annual total of no more than 75 cubic ft. of radioactive waste for disposal, storage, or waste processing within the State.</p> <p><input type="checkbox"/> CLASS Z - \$100.00: Any shipment of radioactive waste which is not consigned for disposal, storage, or waste processing within the State, but is transported into or within the State.</p> <p>B. Transport Purpose: (check more than one if necessary)</p> <p><input type="checkbox"/> Disposal <input type="checkbox"/> Storage <input type="checkbox"/> Processing <input type="checkbox"/> Radiopharmaceutical Waste Return</p> <p><input type="checkbox"/> Other (Identify): _____</p> <p>Amount Remitted: (\$ _____)</p>	
<p>5. Name & address permit should be mailed to if different than Item 2:</p>	<p>6. Complete Waste Description:</p>
<p>7. List 95% of Total Prominent Radionuclides:</p>	<p>8. Total Estimated Annual Radioactivity (Curies):</p>
<p>9. Name and Address of Authorized Waste Collector(s) if used:</p>	<p>10. Name and Address of Transport Carrier if other than Collector:</p>

Transport Permit Application Continued

Information to be Submitted as Attachment

11. A Certificate of Liability Insurance issued to the generator shall be submitted as evidence of financial ability to protect the State of South Carolina and the public at large from possible radiological injury or damage due to packaging, transportation, disposal, storage or delivery of radioactive waste. For those applicants not maintaining liability insurance, they must deposit and maintain with the Department a cash or corporate surety bond in the amount of Five Hundred Thousand Dollars (\$500,000.00). Failure to submit a current certificate or bond will result in processing delays.

Type Financial Evidence Provided

- Certificate of Liability Insurance
- Insurance Provided by Waste Collector Agreement (Attach Letter of Agreement)
- Bond (Corporate Surety, Cash)
- Letter of Credit
- Federal Indemnification Certificate
- Other (Specify)

Certification

12. In compliance with Act 429 of 1980, the South Carolina Radioactive Waste Transportation and Disposal Act, and Department Regulation 61-83, I hereby certify on behalf of the named applicant to the South Carolina Department of Health and Environmental Control that: (A) the named applicant will comply fully with all applicable laws and administrative rules and regulations, both State and Federal, and any disposal facility radioactive material license requirements and criteria regarding the packaging, transportation, storage, disposal and delivery of such wastes; (B) the named applicant will hold the State of South Carolina harmless for all claims, actions, proceedings in law or equity arising out of radiological injury or damages to persons or property occurring during the transportation of its radioactive waste into or within the State including all costs defending same; **provided**, however, that nothing contained herein shall be construed as a waiver of the State's sovereign immunity; (C) the named applicant has current copies of the DHEC Reg. 61-83 for the Transportation of Radioactive Waste into or within the State of South Carolina, DOT Regulations 49 CFR Parts 171-179 and, when applicable, the disposal site radioactive material license and the disposal site waste acceptance criteria; (D) the named applicant has prepared this application to conform with South Carolina Department of Health and Environmental Control's Regulations for Transportation of Radioactive Waste into or within South Carolina, and that all information contained herein, including any required supplements attached hereto, is true and correct to the best of my knowledge and belief.

Date: _____

Signature: _____

Typed Name and Title



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