

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
Radioactive Waste Shipment Prior Notification and Manifest Form

(Failure to Complete ALL Entries Will Result in Return of Form and Constitute Noncompliance.)

See Reverse Side for Instructions		
1. Name and Address of Shipper/Generator		2. Person Responsible for Waste Shipment a) Name: b) Title: c) Telephone:
3. Radioactive Waste Transport Permit No.		4. Shipment Identification No.
5. Location from which waste will be shipped:		6. Name and address of consignee:
7. Scheduled Date of Departure of Shipment		8. Estimated Date of Arrival of Shipment:
9. Carrier	10. Trailer No. And Owner	11. Type Transport Vehicle
12. Routes shipment will follow in State of South Carolina (Be specific)		
13. Type Package or Cask Model No.:	14. Type Container in Cask	15. Package or Cask Spec.
16. Complete Waste Description (Be Specific)		
17. Physical and Chemical Form	18. Total No. of Packages	19. Prominent Radionuclides
20. Total Curies	21. Waste Class and Stability	22. Total Cubic Feet
23. DOT Subtype	24. DOT Class & Hazard Class UN No.	25. Hwy. Route Controlled (Large Quantity)? ( ) Yes      ( ) No

CERTIFICATION

I hereby certify on behalf of the above-named shipper/generator to the South Carolina Department of Health and Environmental Control that the information provided herein is complete and correct to the best of my knowledge; and that shipper/generator has complied with all the provisions as required by Act No.429 of 1980, the South Carolina Radioactive Waste Transportation and Disposal Act, and Department Regulation 61-83.

Date \_\_\_\_\_

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature of Consignee's Authorized Representative

CONSIGNEE ACKNOWLEDGMENT

This acknowledges to the South Carolina Department of Health and Environmental Control that the above-described radioactive waste shipment was received.

\_\_\_\_\_  
Date of Delivery

\_\_\_\_\_  
Signature of Consignee's Authorized Representative

\_\_\_\_\_  
Typed or Printed Name and Title

### General Instructions and Information

1. This form is to be used to provide the Department with prior notification of radioactive waste shipment transported into or within the State of South Carolina. This notification is to be made 72 hours before the expected date of arrival in the State. All written notices shall be mailed to:

South Carolina Department of Health and Environmental Control  
Bureau of Land and Waste Management  
Division of Radioactive Waste Management  
2600 Bull Street  
Columbia, SC 29201  
Fax Number (803) 898-0391  
Email: [isimincl@dhec.sc.gov](mailto:isimincl@dhec.sc.gov) or [noonankm@dhec.sc.gov](mailto:noonankm@dhec.sc.gov)

2. A separate form shall be submitted for each radioactive waste shipment. If a shipment is changed, a new notification is required.
3. All entries are required to be completed. Incomplete forms will be returned as well as notifications received more than 30 days in advance of shipments. The shipper shall immediately notify the Department at (803) 898-0422 of any cancellations or significant changes in the prior notification or manifest summary which occur prior to the shipment departing his facility.
4. The "Manifest Summary" of this form will satisfy requirements of providing the Department with a shipping manifest. However, it does not satisfy the requirements of shipping documents which shall accompany the shipments as required by DOT Regulations and the disposal facility's license and criteria.
5. A copy of this completed form shall be provided to the carrier and all drivers of the radioactive waste shipment.
6. Upon delivery if the shipment to the consignee, acknowledgment of receipt shall be obtained and a copy of this form and the shipper/carrier's certification form shall be returned to the Department.

### Specific Instructions

- 1-2. Self-explanatory
3. Enter Radioactive Waste Transport Permit No. issued by DHEC.
4. Each shipment of radioactive waste shall be identified in some manner by the shipper. This number can be a radioactive shipment record number, bill of lading number, allocation number, etc. The identification number shall be used once to identify the one shipment for which notification is being made.
5. Self-explanatory
6. Indicate in this item the disposal facility, company, organization, etc. to which this shipment has been consigned.
7. Self-explanatory
8. For through shipments, indicate estimated date shipment will pass through the State.
9. Self-explanatory
- 10-11. Applies only to exclusive use, sole use and full load shipments.
12. All routing information must be specific. You should check with carrier to insure routes you prescribe are appropriate. The carrier is responsible to inform the Department of any changes of routes in South Carolina after departure.
13. Enter type transport package, e.g. 55-gallon drum, cask 14-195-6, etc.
14. Enter type container within cask, e.g. 55-gallon drum, HIC, etc.
15. Enter package or cask specification, e.g. IP, Type A, Type B, etc.
- 16 -22. Self explanatory
23. Enter DOT subtype, e.g. A1, A2, LSA, etc.
24. Enter DOT Radioactive Material classification and Hazard Class Number, e.g. Radioactive Material, LSA, n.o.s., UN 2912.
25. Indicate if shipment is "Highway Route Controlled" ( Large Quantity) as defined by DOT Regulation 49 CFR.

Certification: To be signed only by an authorized representative of the shipper/generator.

(Copies of this form may be reproduced locally as needed)

DHE-0802 (03/15)