



**Registration for Wood Chipping, Shredding and/or Composting
Bureau of Land and Waste Management**

Submit to: Division of Mining and Solid Waste Permitting, Bureau of Land and Waste Management
SC Department of Health and Environmental Control, 2600 Bull Street, Columbia, SC 29201-1708
(Please Print or Type)

I. Name of project: _____

II. Physical location (Directions to project - use street names, county road numbers, etc.): _____

_____ County: _____

Latitude & longitude (nearest 15 sec) or UTM coordinates: _____

III. In Accordance with Title 44, Chapter 96 of the Code of Laws of South Carolina, 1976, as amended, and Regulation 61-107.4, I hereby make application on behalf of the party(ies) whose name(s) appears below for a registration to prepare and operate the following solid waste chipping, shredding and/or composting project (describe):

IV. Facility's name, mailing address: _____

_____ Telephone number: _____

V. Operator's name, mailing address (if different from name of facility): _____

_____ Telephone number: _____

VI. Landowner's name, mailing address (if different from name of facility or operator): _____

_____ Telephone number: _____

VII. Prior to operating, I will submit a statement certifying that site preparation is complete and in accordance with approved plans and specifications to the best of my knowledge, information and belief. This certification will be based upon periodic observations of site preparation and a final inspection by me or a representative of this office who is under my supervision.

Name (print): _____ Signature: _____

Job title: _____ Date: _____

VIII. I have read this application and all attached documents. I agree to the requirements and conditions that are contained in it. Also, I agree to the admission of properly authorized persons at all reasonable hours for the purpose of sampling and inspection.

Name of Facility Representative (print): _____ Signature: _____

Facility Representative's title: _____ Date: _____

Name of Operator Representative (print): _____ Signature _____
(if different from facility representative)

Operator Representative's title: _____ Date: _____

Name of Landowner (print): _____ Signature: _____
(if different from facility or operator representative)

Date: _____