



Radioactive Waste Shipment Prior Notification and Manifest Form

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

Waste Shipper Information		
1.) Shipper/Generator's Name:		
Street Address:		
City:	State:	Zip Code:
2.) Responsible Person's Name:		
Title:		Phone:
3.) Radioactive Waste Transport #:	4.) Shipment ID #:	
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 # and Owner:	11.) Type of Transport Vehicle:
12.) Routes shipment will follow in State of South Carolina: <i>(Be specific)</i>		
13.) Type of Package / Cask Model #:	14.) Type of Container in Cask:	15.) Package or Cask Spec.:
16.) Complete Waste Description: <i>(Be specific)</i>		
17.) Physical and Chemical Form:	18.) Total # 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 #:	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 Environmental Services 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.

Signature of Consignee's Authorized Representative

Date

Printed Name

CONSIGNEE ACKNOWLEDGMENT

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

Signature of Consignee's Authorized Representative

Date

Printed Name & Title



Instructions for Completing DES o802

Title, Revision:

Prior Notification and Manifest Form

Item by Item Instructions:

- This form is to be used to provide SCDES 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:

*ATTN: Division of Radioactive and Infectious Waste Management
SCDES - Bureau of Land and Waste Management
2600 Bull Street
Columbia, SC 29201*

Fax Number (803) 898-0391

Email: Crispulo.Isiminger@des.sc.gov or Kimberley.Noonan@des.sc.gov

- A separate form shall be submitted for each radioactive waste shipment. If a shipment is changed, a new notification is required.
- 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 SCDES 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.
- The "Manifest Summary" of this form will satisfy requirements of providing SCDES with a shipping manifest. However, it does not satisfy the requirements of shipping documents which shall accompany the shipments as required by DOT Regulations on the disposal facility's license and criteria.
- A copy of this completed form shall be provided to the carrier and all drivers of the radioactive waste shipment.
- 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 SCDES.

Specific Instructions

1-2. *Self-explanatory*

3. *Enter Radioactive Waste Transport Permit No. issued by SCDES.*

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 SCDES 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)

