

South Carolina
Department of
Health and
Environmental
Control

Mr. Larry G. Johnson
Babcock & Wilcox
P. O. Box 1730
Wilmington, NC

October 28, 1980

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William M. Wilson, Chairman
J. Lorin Mason, Jr., M.D., Vice-Chairman
I. DeQuincey Newman, Secretary
Leonard W. Douglas, M.D.
George G. Graham, D.D.S.
Michael W. Mims
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COMMISSIONER
Robert S. Jackson, M.D.
2600 Bull Street
Columbia, S. C. 29201

RE: Disposal of asbestos at S.C. SCA Services, Inc. near Pinewood in Sumter
County. Permit #IWP-145

Dear Mr. Johnson:

This office hereby grants approval for disposal of the above referenced waste at the South Carolina SCA Services, Inc. site near Pinewood. Approval is for 1500 pounds of asbestos on a one time basis as described. All applicable Federal and State air regulations must be observed regarding proper preparation, containerization, and labeling.

Transport of this material must be in such a manner to prevent spillage or leakage and must comply with all State Public Service Commission and Department of Transportation regulations. It is the responsibility of Babcock & Wilcox and the hauler of the waste to ensure that adequate transportation vehicles are used.

The enclosed Manifest Form is to be used in conjunction with the disposal of this waste. Babcock & Wilcox must fill out completely the appropriate portion of the form, make the necessary copies and return the one copy to this office upon shipment of the waste. Three copies and the original shall be sent with the waste when transported to the disposal facility with the remainder of the form completed by indicated parties. The disposal facility shall verify the accuracy of the Manifest and return the original copy to this office. This Division retains the right to sample any waste going to this site to ensure compliance with the Manifest.

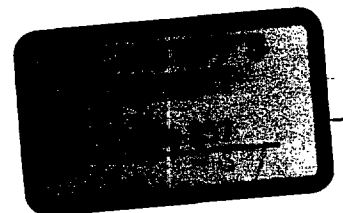
Any changes in composition or volume of this waste, or if any problems are encountered during disposal, this authorization will be nullified. Disposal of this waste at other than the requested facility will require prior written approval from this office.

Sincerely,



Earl M. Williams, Jr., P.E., Manager
Industrial Waste Section
Solid and Hazardous Waste
Management Division

EMW/LCC/blm
cc: W. E. Stilwell
Capers Dixon
O.W. Strickland
Enclosure



South Carolina Department of Health and Environmental Control

BOARD
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COMMISSIONER
Robert S. Jackson, M.D.
2600 Bull Street
Columbia, S.C. 29201

As of September 29, 1980, the South Carolina Department of Health and Environmental Control will require the use of a Dun's Number as the official identification (I.D.) number on all state hazardous waste forms, permits and correspondence.

The EPA I.D. Number may be substituted for the Dun's Number if your company has received this number.

If the Dun's or EPA I.D. Numbers are unknown the company may contact their local Dun's Marketing Service Office from September 29 through October 31, 1980 to secure a number. In South Carolina contact Jerry Brown or James Wingard.

Dun's Marketing Services
6925 Trenholm Road, Suite 102
Columbia, SC 29206
Telephone: (803) 787-7470

As of November 1, 1980, the Department of Health and Environmental Control will issue all I.D.'s and not Dun's Marketing Service.

Also each hazardous waste a company has must have a unique waste code. This code consists of the following: I.D. Number followed by the 4 digit EPA hazardous waste number followed by a 5 digit suffix. For any one generator, a different suffix must be used for each waste in the same EPA waste category and for identical wastes that are sent to different facilities.

EXAMPLE

ID# B 188001 would be the 1st phenol waste a generator has that is sent to a particular facility.
(0188 = Phenol; 001 = 1st waste; 002 = second, etc.)

NOTE: The complete waste code for waste oils is: I.D.# 8888 + suffix
The complete waste code for waste batteries is: I.D.# 9999 + suffix

Each company is responsible for assigning the waste codes properly.

The Federal Register Volume 15 No. 98 Part III, pages 53125-53127 contains the EPA waste numbers and may be obtained by writing or telephoning:

Solid Waste Publications
U.S. Environmental Protection Agency
26 W. St. Clair Street
Cincinnati, Ohio 45268

Manifest Forms now bear a pre-printed number. Each shipment of waste must be accompanied by a form bearing a different pre-printed number. Additional forms are available from the facility to which you are sending this waste.

HAZARDOUS WASTE MANIFEST

Manifest Document Number
No. 7555

A. Name		I.D. Code	Address	Phone Number (area code & number)	Date Shipped or Accepted
(1) Generator					year / month / day
(2) Transporter No. 1					year / month / day
Transporter No. 2					year / month / day
(3) TSDF					year / month / day

B. (1) Generator Item Count		(2) DOT Proper Shipping Name/Hazard Class/ DOT Identification Number	(3) Total Quantity	(4) Weight (pounds)	(5) Waste Code	(6) TSDF Item Check	(7) Quantity by Weight (pounds)
Number	Container Type					Number	Container Type

C. Emergency Response Information: In event of an emergency, phone the Generator at: () In event of a spill in South Carolina, call the Department at (803) 758-5531	D. Special Handling Instructions:	E. Comments:

F. This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to all applicable regulations of the U.S. DOT, U.S. EPA, the S.C. PSC and the S.C. DHEC.

G. I hereby certify that I am an authorized representative of the transporter and that the waste(s) and quantity described in this Manifest have been accepted by us for ultimate delivery to the TSDF identified above.

Transporter No. 1: Signature _____ Name _____ Date _____

Transporter No. 2: Signature _____ Name _____ Date _____

H. I hereby certify that I am an authorized representative of the TSDF identified above and that the waste(s) and quantity in this Manifest have been accepted by me for treatment, storage, and/or disposal.

Signature _____ Name _____ Date _____

South Caro. Department of Health and Environmental Control
Solid and Hazardous Waste Management Division
2600 Bull Street, Columbia, SC 29201
Phone: (803) 758-5681

HAZARDOUS WASTE MANIFEST
Manifest Document Number
No. 1936

Name		I.D. Code	Address	Phone Number (area code & number)	Date Shipped or Accepted
(1) Generator					year / month / day
(2) Transporter No. 1					year / month / day
Transporter No. 2					year / month / day
(3) TSDF					year / month / day

(1) Generator Item Count		(2) DOT Proper Shipping Name/Hazard Class/ DOT Identification Number	(3) Total Quantity	(4) Weight (pounds)	(5) Waste Code	(6) TSDF Item Check		(7) Quantity by Weight (pounds)
Number	Container Type					Number	Container Type	

A. Emergency Response Information:
In event of an emergency, phone the Generator at:
()
In event of a spill in South Carolina,
call the Department at (803) 758-5531

B. D. Special Handling Instructions:

C. E. Comments:

F. This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to all applicable regulations of the U.S. DOT, U.S. EPA, the S.C. PSC and the S.C. DHEC.

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South Carolina Department of Health and Environmental Control
Solid and Hazardous Waste Management Division
2600 Bull Street, Columbia, SC 29201
Phone: (803) 758-5681

HAZARDOUS WASTE MANIFEST

Manifest Document Number
No. 1937

A. Name		I.D. Code	Address	Phone Number (area code & number)	Date Shipped or Accepted
(1) Generator					year / month / day
(2) Transporter No. 1					year / month / day
Transporter No. 2					year / month / day
(3) TSDF					year / month / day

B. (1) Generator Item Count		(2) DOT Proper Shipping Name/Hazard Class/ DOT Identification Number	(3) Total Quantity	(4) Weight (pounds)	(5) Waste Code	(6) TSDF Item Check	(7) Quantity by Weight (pounds)
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G. Signature	Name and Title	Date
I hereby certify that I am an authorized representative of the transporter and that the waste(s) and quantity described in this Manifest have been accepted by us for ultimate delivery to the TSDF identified above.		

Transporter No. 1:	Signature	Name	Date

Transporter No. 2:	Signature	Name	Date

H. I hereby certify that I am an authorized representative of the TSDF identified above and that the waste(s) and quantity in this Manifest have been accepted by me for treatment, storage, and/or disposal.

Signature	Name and Title	Date

South Carolina Department of Health and Environmental Control
Solid and Hazardous Waste Management Division
2600 Bull Street, Columbia, SC 29201
Phone: (803) 738-5681

Manifest Document Number
No. 1938

HAZARDOUS WASTE MANIFEST

A. Name		I.D. Code	Address	Phone Number (area code & number)	Date Shipped or Accepted		
(1) Generator					year / month / day		
(2) Transporter No. 1					year / month / day		
Transporter No. 2					year / month / day		
(3) TSDF					year / month / day		

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Transporter No. 2: Signature _____ Name _____ Date _____

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HAZARDOUS WASTE MANIFEST

Manifest Document Number
Nº 1939

A. Name		I.D. Code	Address	Phone Number (area code & number)	Date Shipped or Accepted		
(1) Generator					year / month / day		
(2) Transporter No. 1					year / month / day		
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