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South Carolina Department of Health and Environmental Control

2600 Bull Street, Columbia SC 29201-1708

# Application for Certification of Environmental Contractor

## Drycleaning Restoration Trust Fund

### Bureau of Land and Waste Management

See Instructions on Reverse Side of Application Form

<b>1. Submitted</b> <input type="checkbox"/> Individual Contractor <b>For:</b> <input type="checkbox"/> Company (including branch offices operating under the same name)	<b>SCDHEC USE ONLY</b>	
	Certification #	

2. Individual / Company Name \_\_\_\_\_

3. Location City, State \_\_\_\_\_  
(    )

4. Principle Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

5. Mailing Address:

\_\_\_\_\_

P.O.Box/ Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Branch offices to be covered under this certification (attach additional pages if needed)

\_\_\_\_\_ (    )

City, State \_\_\_\_\_ Branch office contact person \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ (    )

City, State \_\_\_\_\_ Branch office contact person \_\_\_\_\_ Telephone \_\_\_\_\_

**7. Certification Level Requested**     Class I (Requires S.C. registered Professional Engineer or Professional Geologist)     Class II (Professional Engineer or Professional Geologist not Required)

**8. Insurance limits maintained by Contractor**

General Liability \$ \_\_\_\_\_ (\$500,000 Minimum and \$1,000,000 Aggregate)

Pollution/ Property Damage \$ \_\_\_\_\_ (\$300,000 Minimum)

Professional Liability \$ \_\_\_\_\_ (\$500,000 Minimum and \$1,000,000 Aggregate)

Insurance Carrier: \_\_\_\_\_

Independent Verification of the Contractor's insurance limits must be submitted to the Program Area by the Insurance Broker or Agent of Record. Failure to receive verification within thirty days of receipt of this application will result in denial of Certification.

**9. Key Persons**

List Key Persons to be included in determination of "Applicable Experience"

Person's Name (Attach additional pages if needed)	PE/PG, Well Driller or None	Current S.C. PE or PG # or Well Driller # (if applicable)	Years of Env. Exp.		Primary Office Location
			with applicant	total # of years	
1.					
2.					
3.					
4.					

**10. Applicable Experience**

List the total number of environmental activities that have been conducted by the Key Persons listed above. Include similar information for each additional Key Person listed on attachments.

	# of activities Key Person 1		# of activities Key Person 2		# of activities Key Person 3		# of activities Key Person 4	
	Last 3 Years	Prior to Last 3 Years	Last 3 Years	Prior to Last 3 Years	Last 3 Years	Prior to Last 3 Years	Last 3 Years	Prior to Last 3 Years
Total # of Environmental Projects in S.C.								
Total # of Environmental Projects not in S.C.								
Delineation of Surficial Contamination								
DNAPL Groundwater Assessments								
LNAPL Groundwater Assessments								
Formulation of Site Sampling Work Plans								
Determination of Groundwater Flow Directions								
Feasibility Studies								
Remedial Design								
Leaking UST Investigations								
Groundwater System Implementation								
Collection of Soil Samples								
Collection of Monitoring Well Samples								
Groundwater System Operation								
Installation of Monitoring Wells								
Collection of Surface Water Samples								

**11. Past Disciplinary Actions**

Have any disciplinary actions been taken, or are any enforcement actions pending, by any Federal, State, or Tribal regulatory agency against either the Applicant Company or a Key Person of the Applicant Company?

No  Yes

If yes, provide full details of the nature of the action, the state and regulatory agency, date(s), and the Agency's determination (attach additional sheets as necessary).

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## 12. References

List the most recent non-confidential clients for whom the Applicant has performed Environmental Activities.

Client Name	Project Location	Type of Activities Conducted by Applicant		
State Identification #	Client Reference Person Familiar with this Project	Phone # of Reference	Dates of Project	
Client Name	Project Location	Type of Activities Conducted by Applicant		
State Identification #	Client Reference Person Familiar with this Project	Phone # of Reference	Dates of Project	
Client Name	Project Location	Type of Activities Conducted by Applicant		
State Identification #	Client Reference Person Familiar with this Project	Phone # of Reference	Dates of Project	
Client Name	Project Location	Type of Activities Conducted by Applicant		
State Identification #	Client Reference Person Familiar with this Project	Phone # of Reference	Dates of Project	
Client Name	Project Location	Type of Activities Conducted by Applicant		
State Identification #	Client Reference Person Familiar with this Project	Phone # of Reference	Dates of Project	
Client Name	Project Location	Type of Activities Conducted by Applicant		
State Identification #	Client Reference Person Familiar with this Project	Phone # of Reference	Dates of Project	

## 13. Authorization and Affirmation of Validity

The South Carolina Department of Health and Environmental Control is authorized to contact any of the clients listed above to verify the satisfactory performance of the Applicant. All information contained in this application is affirmed to be true and complete.

\_\_\_\_\_  
Signature of Applicant or Principle for Applicant Company

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Date

## INSTRUCTIONS for ENVIRONMENTAL CONTRACTOR APPLICATION

### Purpose:

This form should be used by Environmental Contractors wishing to be certified by the Department so as to be eligible for work under the Dry Cleaning Restoration Trust Fund.

### Explanation and Definition:

All sections must be completed. Any attachments must include the Applicant Company name and an original Signature matching that of the Applicant or Principle in item 13.

1. Indicate if the application is for an Individual or a Company. Companies may receive certification based on the collective experience of all key personnel, including those in branch offices.
2. Enter the registered business name of the Individual or Company for which certification is sought.
3. Enter the city and state from which the majority of the contractor mobilization will occur.
4. Enter the principle contact person's name. If the application is for a company, the principle contact must be an executive officer or registered professional of the company.
5. Enter the complete mailing address.
6. If branch offices are to be covered under the certification, enter the city and state where the office is located, a contact person in that office, and a daytime telephone number. Branch offices must operate under the same company name as the applicant.
7. Check the appropriate box for the type of certification that is requested:

**Class I Certification** is for contractors performing work involving the collection and interpretation of investigative data; the evaluation of risk; and/or the design and implementation of corrective action plans. Current registration as a Professional Engineer or Professional Geologist in South Carolina is required.

**Class II Certification** is for contractors performing work involving routine investigative activities (i.e., soil or ground water sampling, well installation, aquifer testing) where the activities do not require interpretation of the data and are performed in accordance with established regulatory or industry standards.

8. Record the total insurance limits maintained by the applicant. The company insuring the Applicant Company must provide copies of "Liability Insurance Certificate(s)" directly to the Department. The insurance must be in the name of the applicant.
9. List all Key Personnel whose environmental experience is to be considered in determination of "Applicable Experience." Attach additional sheets or photocopies of page 2 of this form if more space is needed.
10. Enter the total number of applicable projects conducted by each persons listed in Item 9.
11. Indicate if any disciplinary actions have been taken, or are pending, against the Applicant Company or any Key Person named in Item 9 by any regulatory agency.
12. List the most recent clients where the Applicant has performed environmental work. Do not list any clients or projects where the Applicant Company's involvement is confidential.
13. This application must be signed by the individual requesting certification or by the Principle Contact Person named in Item 4 if the application is submitted for a company.

### Office Mechanics and Filing:

A new application must be submitted every two years if there are no changes in the qualification of the applicant. Applications must be updated within thirty days of any changes which may affect the applicant's qualifications, including any changes in the Key Personnel listed on the Application.

Submit applications to: Drycleaning Restoration Trust Fund  
Bureau of Land and Waste Management,  
South Carolina Department of Health and Environmental Control  
2600 Bull Street., Columbia, SC 29201-1708