



Project Information Form

(this form must be completed in its entirety)

Facility or Project Name: _____

Today's Date: _____ Permit No. _____ Tax Map No. _____

1. Primary Permittee Name: _____ Company Name: _____
 Street Address _____ City: _____ State: _____ Zip: _____
 Email Address: _____
 Office Phone No.(Day): _____ Ext. _____ Mobile No. _____ Fax No. _____

2. Name of Engineering Firm: _____ Engineer Name: _____
 Office Phone (Day): _____ Ext. _____ Mobile No. _____ Fax No. _____

3. Grading Contractor Company Name: _____
 Job Superintendent's Name: _____
 Email Address: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Office Phone No. (Day): _____ Ext. _____ Moble No. _____ Fax No. _____

4. Certified Sediment & Erosion Control Inspector Name: _____
 Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____
 Office Phone (Day): _____ Ext. _____ Mobile No. _____ Fax No. _____

SC DHEC 4 Digit Registration No. _____ Expiration Date: _____ Date Attended Class: _____

****Please attach a copy of your current CEPSCI Certification Card upon submittal of this form to LDD.**

If Cepsci Inspector is under a supervised SC Certified P.E., please list individual's name: _____

S.C. Registration # _____ Company Name: _____
 Office Phone(Day): _____ Ext. _____ Mobile No. _____ Fax No. _____
 Email Address: _____

 Signature of Primary Permittee Printed Name Date

REMINDER:

Sediment & Erosion control Inspections to continue until project has been closed.