

**SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL
BUREAU OF LAND AND WASTE MANAGEMENT
DIVISION OF MINING & SOLID WASTE MANAGEMENT**

**ASSIGNMENT OF CERTIFICATE OF DEPOSIT ACCOUNT
COVERING CLOSURE AND/OR POST-CLOSURE CARE
OF SOLID WASTE MANAGEMENT FACILITIES**

Director, Division of Mining & Solid Waste Management
Bureau of Land and Waste Management
South Carolina Department of Health & Environmental Control
2600 Bull Street
Columbia, SC 29201

RE: Facility Name: _____
Address: _____
Permit No.: _____
Closure Amount: _____
Post-Closure Amount: _____

Name of Issuing Institution: _____
Address: _____

FOR VALUE RECEIVED, the undersigned assigns all rights, title, and interest to the S.C. Department of Health and Environmental Control (Department), and its successors and assigns the Department the principal amount of the instrument, including all monies deposited now or in the future to that instrument, indicated below:

[] If checked here, this Assignment includes all interest now and hereafter accrued.

Certificate of Deposit Account Number _____

This Assignment of Certificate of Deposit Account (Assignment) is given as security to the Department in the amount of [*expressed in words*] U.S. dollars (\$_____).

Continuing Assignment. This Assignment shall continue to remain in effect for all subsequent terms of the automatically renewable certificate of deposit.

Assignment of Document. The undersigned also assigns any certificate or other document evidencing ownership to the Department.

Additional Security. This Assignment shall secure the payment of any financial assurance obligations of [*insert name of owner/operator*] to the Department for closure and/or post-closure care activities at [*insert facility name and permit number*] located at [*insert physical address*].

Application of Funds. The undersigned agrees that all or any part of the funds of the indicated account or instrument may be applied to the payment of any and all financial assurance obligations of [*insert name of owner/operator*] to the Department for closure and/or post-closure care activities at [*insert facility name and address*]. The undersigned authorizes the Department to withdraw any principal amount on deposit in the indicated account or instrument including any interest, if indicated, and to apply it in the Department's discretion to fund closure and/or post-closure care at [*insert facility name*] or in the event of [*insert name of owner/operator*]'s failure to comply with the South Carolina Solid Waste Management Regulations. The undersigned agrees that the Department may withdraw any principal and/or interest from the indicated account or instrument without demand or notice. The undersigned agrees to assume any and all loss of penalty due to federal regulations concerning the early withdrawal of funds. Any partial withdrawal of principal or interest shall not release this Assignment.

Standby Trust Agreement. The undersigned shall establish a standby trust agreement as is required when an Assignment is used to provide financial assurance for closure and/or post-closure activities (document must accompany this Assignment).

The party or parties to this Assignment set their hand or seals, or if corporate, has caused this Assignment to be signed in its corporate name by its duly authorized officers and its seal to be affixed by authority of its Board of Directors the day and year above written.

Signature of Owner

Type Name

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE BRANCH OR LENDING OFFICE:

The signature(s) as shown above compare correctly with the name(s) as shown on record as owner(s) of the Certificate of Deposit indicated above. The above Assignment has been properly recorded by placing a hold in the amount of _____ dollars (\$_____) for the benefit of the Department.

[] If checked here, the accrued interest on the Certificate of Deposit indicated above has been maintained to capitalize versus being mailed by check or transferred to a deposit account.

Signature of Official of Issuing Institution

Date

Type Name

Title

Date

E-Mail Address

Telephone Number