

## Section 58-36-120 (Penalties)

Any person who violates any provision of this chapter shall be subject to a civil penalty not to exceed one thousand dollars for each violation. Actions to recover the penalty provided for in this section shall be brought by the Attorney General at the request of the injured party in the proper forum in and for the county in which the cause, or some part thereof, arose or in which the defendant has its principal place of business or resides. All penalties recovered in any such actions shall be equally divided between the state's general fund and the Office of the Attorney General.

### Submitting a Damage Claim to the Attorney General

Please ensure all claim information provided on this form is accurate prior to sending. The Attorney General will review and respond to all enforcement actions under the Underground Damage Prevention Act 58-36-120 taken in South Carolina. If you want to submit a damage claim to the Attorney General for review and a decision with regard to enforcement by the Attorney General, please fill out the form below and email it to [SC811@scag.gov](mailto:SC811@scag.gov).

SC811 is in no way involved in making decisions or actions regarding this process. We only facilitate a mechanism for the complaint forms and tracking of where claims are in the process. Please do not contact SC811 if you have any questions about the status of any potential action by the Attorney General. If you have any questions, please contact the Attorney General's office directly at the above referenced email address. [SC811@scag.gov](mailto:SC811@scag.gov)

### Damage Claims Form for Submission to the Attorney General

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Job \_\_\_\_\_ Title: \_\_\_\_\_

Full Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate email address \_\_\_\_\_

Please provide the most accurate option from the list regarding which stakeholder group you represent?

Initiated Stakeholder:

*If investigator selected, please provide name and contact info of the authorized operator who approved submission*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide the most accurate option from the list regarding which stakeholder group you are filing a claim against?

Accused Stakeholder: \_\_\_\_\_

SC License#: \_\_\_\_\_

*If investigator selected, please provide name and contact info of the authorized operator who approved submission*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Select the type of law violation that best represents this claim from the list?

Violation: \_\_\_\_\_

*If you chose non-member of SC811 please ensure you have verified from the SC811 Member list (link to our website)*

Have you or your company previously submitted a claim against the accused company?

If yes, please provide date claim was filed and/or the claim number associated.

