

**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 **Enforcement@SC811.com**

South Carolina 811 facilitates the submission of complaint forms, conduct research and monitor tracking of where claims are in the process. Please do not contact South Carolina 811 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. *Encl u'ctg'pqv'eqphf gpv'cn'cpf "o c { 'dg'f kuenqgf "q"j g'tgr qtvgf 'r ctv{ " qt"gpv'k{ 0"Cf f ksqpcmf . 'cni'wdo kuukpu'ctg'uwdlgev'vq'f kuenqwtg'r wtuwcpv'vq'vj g"Uqwj 'Ectqdkpc'Htggf qo 'qh' kphqto cvkqp"Cev'E'52/6/32'gv'ugs 0*

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

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Job: \_\_\_\_\_ Title: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Initiated Stakeholder:

*If investigator was on site, please provide name and contact info.*

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#: \_\_\_\_\_

Select the applicable violations from the drop down menu below:

- Violation 1: \_\_\_\_\_
- Violation 2: \_\_\_\_\_
- Violation 3: \_\_\_\_\_

Was a locate notice created with SC811 for this location?

If yes, please provide Ticket Number

Was there a damage associated with this incident?

If so, what was the amount of damage?

If a utility was damaged, please select the type of excavation the resulted in the damage:

Was this incident associated to a pipeline damage?

Was the fire department notified?

Location of Incident:

Date of Incident:

Time of Incident:

*(If possible, please include map(s) on a separate page)*

Description of Incident (If more space is needed, use additional pages.):

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Please list names and contact information for any other involved parties, to include the owner of the damaged facilities; all contractors and subcontractors involved in the excavation that led to the damage; the owner of the project that gave rise to excavation project. (If more space is needed, use additional pages.) :

*\*\*\*Please provide photos of the incident, including damaged facilities, equipment used and markings; the costs of the repairs if any have been made; an estimate of the cost of repair if one is available; a copy of the SC811 ticket and any responses; maps of the area; any other helpful information about this incident. \*\*\**

By signing this document, I state that all of the information I have provided is true to the best of my knowledge.