

CORRECTIVE ACTION (CA) INVOICE FREE PRODUCT DISSOLVE CLEAN UP 2018



SOUTH CAROLINA
Department of Health and Environmental Control (DHEC)
Underground Storage Tank Management Division

PERMIT ID# _____ **COUNTY** _____

FACILITY NAME _____

STREET ADDRESS _____

INVOICE # _____ **COST AGREEMENT #** _____

For work performed during (specify time period) _____ to _____

Contract Award Price for CA \$ _____

Based on a Report Submitted _____ (date)

Request Payment for the following Pay for Performance Item(s) as checked:

Corrective Action Method or Technology Implementation
35% of Contract Award Price or \$ _____

Free Product Removal Milestone
10% on Contract Award Price or \$ _____

Interim Reduction Milestones
 60% Reduction in COC
10% on Contract Award Price or \$ _____

90% Reduction in COC
10% on Contract Award Price or \$ _____

Final Reduction Milestone and Site Restoration
100% Reduction in COC (meets Standard)
30% on Contract Award Price or \$ _____

AND

Site Restoration (meets standard)
5% on Contract Award Price or \$ _____

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and any attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree, in accordance with any DHEC demand letter, to promptly repay the appropriate account for any overpayment received

COMPENSATION INFORMATION : Please check appropriate Funding Option

Owner /Operator Lead

State Lead

Payment is to be made to (check one) :

Contractor

UST O/O

Company Name _____ Address _____ Telephone Number _____

Name (Type or Print) _____

Signature (please use non-black ink) _____ Title _____ Date Signed _____

Do not complete if State Lead Option was chosen:

UST Owner or Operator

Signature (please use non-black ink) _____ Title (President, Owner) _____ Date Signed _____

Name (Type or Print) _____ Telephone Number _____

Address _____

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL