



Underground Storage Tank Management Division Tank Owner Information Form

Facility Name:	Permit ID:	Release Date(s):
Facility Address:		
City:	South Carolina	Zip Code:
Tank Owner Name:		
Mailing Address:		
City:	State:	Zip Code:
Name of Tank Owner (or Authorized Agent if Owner is a Business Entity) (print):		
Signature:		Date:

If you are a sole proprietor as the tank owner and choose to not to have any agents, please initial _____, identifying you are the only person authorized to sign invoices and/or select a certified site rehabilitation contractor for the referenced release(s).

I certify that the agents identified below are **authorized to select a certified site rehabilitation contractor and/or sign invoices** on behalf of the tank owner for compensation from SUPERB Account for site rehabilitation activities conducted under the UST release(s) referenced above; print name, affiliation with tank owner, and signature (non-black ink). _____ (tank owner initial)

Authorized to sign invoices on behalf of the tank owner Authorized to select a certified site rehabilitation contractor

Name:		
Affiliation:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:		
Date:		
Name:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Affiliation:		
Signature:		
Date:		
Name:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Affiliation:		
Signature:		
Date:		
Name:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Affiliation:		
Signature:		
Date:		

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Instructions for Completing
DHEC FORM 4075 Tank Owner Information Form

Purpose

Identify appropriate tank owner(s), operators, authorized personnel, or agents.
Tank Owner of UST release sites and/or other authorized agent(s).

Item-by-item instructions for completing the form.

- Fill in all information for Tank Owner box.
- Address all statements and answer all applicable questions by recording information in the appropriate blanks.
- Each individual identified must sign and date the form where appropriate.
- Form is scanned and saved electronically - Record Group Number 169, Retention Schedule 13300