



## Owner/Operator Contractor Selection Form Underground Storage Tank (UST) Management Division

### 1. CONTRACTOR OF CHOICE

As the current or former UST Owner/Operator and the designated party responsible for the confirmed release reported on the date and permit number provided.	Date:	Permit Number:
I would like to use the contractor listed below and request that they represent me for:	<input type="checkbox"/> Directed work scope:	
	<input type="checkbox"/> All future site rehabilitation scopes, except pay-for-performance contract solicitation.	
Name of Contractor:		
Address:		
City:	State:	Zip:
Telephone Number: (        )	UCC Number:	

**NOTE:** After September 20, 1997, rehabilitation activities must be performed by a S.C. Certified Site Rehabilitation Contractor per Section 44-2-120(A) of the SUPERB Act and Section IV(A) of the S.C. DHEC SUPERB Site Rehabilitation and Fund Access Regulation R.61-98.

### 2. FINANCIAL OR FAMILIAL RELATIONSHIP

Does a financial or familial relationship, as defined below, exist between you and the contractor/person that you listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	O/O Initial:
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**FINANCIAL RELATIONSHIP:** A connection or association through a material interest of sources of income which exceed five percent of annual gross income from a business entity.

**FAMILIAL RELATIONSHIP:** A connection or association by family or relatives, in which a family member or relative has a material interest. Family or relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, grandchild, great-grandchild, step-grandparent, step-great-grandparent, step-grandchild, step-great-grandchild or fiancée.

### 3. PAYMENT

A. The first \$25,000.00 in eligible site rehabilitation costs for releases reported subsequent to July 1, 1993 will be applied against the applicable SUPERB deductible per Section 44-2-40(D) of the SUPERB Act, upon submittal of the canceled check (front and back) or a notarized statement from the contractor verifying payment.

B. For eligible costs exceeding the \$25,000.00 deductible, you can pay the contractor and, upon the submittal of the canceled check (front and back) or a notarized statement from the contractor verifying payment, be compensated from the SUPERB Account, or have payment issued directly from the SUPERB Account to the contractor. (Check one.)

<input type="checkbox"/> For eligible costs exceeding the deductible, I request that payment be made to me after I have paid the contractor.	O/O Initial:
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- OR -

<input type="checkbox"/> For eligible costs exceeding the deductible, I request that payment be made directly to the contractor.	O/O Initial:
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C. If the release qualifies under amnesty (reported prior to July 1, 1993) per Section 44-2-40(B) of the SUPERB Act, you can pay the contractor and be compensated from the SUPERB Account, or have payment issued directly from the SUPERB Account to the contractor. (Check one.)

<input type="checkbox"/> For eligible costs, I request that payment be made to me after I have paid the contractor.	O/O Initial:
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- OR -

<input type="checkbox"/> For eligible costs, I request that payment be made directly to the contractor.	O/O Initial:
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**NOTE:** As required by the SUPERB Act, all costs must receive prior financial approval from DHEC regardless of payment option.

### 4. UST OWNER/OPERATOR OR PARTY RESPONSIBLE FOR ABOVE REFERENCED RELEASE

Signature:	Date Signed:
Printed Name:	Telephone Number: (        )
Affiliation (if applicable):	Email Address: