

TIER I ASSESSMENT INVOICE



SOUTH CAROLINA
Department of Health and Environmental Control (DHEC)
Underground Storage Tank Program
TIER I ASSESSMENT

****See back of form for instructions****

UST PERMIT # _____ COUNTY _____
FACILITY NAME _____
STREET ADDRESS _____
INVOICE # _____ COST AGREEMENT # _____
For work performed during (specify time period) _____ to _____

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all 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 any overpayment received

Please fill out BOTH the Contractor and O/O Sections (original signatures). Also, indicate the payee by placing a check in the box next to the Contractor or Owner/Operator.

Payee

CONTRACTOR

Name (Type or Print) _____
Company _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____
Signature (please use non-black ink) _____ Title _____ Date Signed _____

Payee

OWNER OR OPERATOR/RESPONSIBLE PARTY Please attach copies of Cancelled Checks (front & back)

Name (Type or Print) _____
Company _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____
Signature (please use non-black ink) _____ Title _____ Date Signed _____

If payment is to be sent to an address other than above, please indicate below:

Name of Individual or Company (please print) _____ Signature (please use non-black ink) _____
Address (please print) _____ City _____ State _____ Zip Code _____

Base rate for TIER I: \$ _____
For additional footage and/or sampling
attach the Assessment Component + \$ _____
Invoice and enter the additional amount.
Less Paid Well Drilling Costs: - \$ _____
Total Amount Requested: \$ _____

SCDHEC USE ONLY
= \$ _____

Total Amount Requested is for the Tier I plus amount from the attached Assessment Component Invoice.

Owner or Operator - Attach a Copy of ALL Cancelled Checks (Front and Back) or Contractor can submit a notarized statement certifying amount of payment that has been received

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