FACILITY NAME         STREET ADDRESS         NVOICE #       COST AGREEMENT #         For work performed during (specify time period)       to         Contract Award Price for CA \$		ACTION (CA) INVOICE DIS	SOLVE CLEAN UP 2018
FACILITY NAME         STREET ADDRESS         INVOICE #       COST AGREEMENT #         For work performed during (specify time period)       to         Contract Award Price for CA \$	Department of Health and Environmental Control (DHEC)		
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 \$         Interim Reduction Milestones         60% Reduction in COC         19% on Contract Award Price or \$         90% Reduction in COC         15% on Contract Award Price or \$         100% Reduction Milestone and Site Restoration         100% Reduction in COC (meets Standard)         35% on Contract Award Price or \$         AND         Site Restoration (meets standard)         5% on Contract Award Price or \$         AND         Site Restoration in cOC (meets Standard)         35% on Contract Award Price or \$         AND         Site Restoration (meets standard)         5% on Contract Award Price or \$         CoMPENSATION INFORMATION :       Please check appropriate Funding Option         courte, and compilent . If urther agree, in accordance with any DHEC demand letter, to promptly repay the appropriate account for any overpayment received	PERMIT ID#	COUNTY	
STREET ADDRESS         INVOICE #       COST AGREEMENT #         For work performed during (specify time period)       to         Contract Award Price for CA \$			
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Based on a Report Submitted	Contract Award Price for (	CA \$	
Request Payment for the following Pay for Performance Item(s) as checked:         Corrective Action Method or Technology Implementation 35% of Contract Award Price or \$			(date)
35% of Contract Award Price or \$	Request Payment for the f		
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90% Reduction in COC         15% on Contract Award Price or \$	60%	% Reduction in COC	
100% Reduction in COC (meets Standard) 35% on Contract Award Price or \$	90%	% Reduction in COC	
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 UST Owner or Operator Signature (please use non-black ink) Title (President, Owner) Date Signed	100% Reduction in 35% on C AND Site Restoration (i	n COC (meets Standard) Contract Award Price or \$ meets standard)	
Payment is to be made to (check one):       Contractor       UST O/O         Company Name       Address       Telephone Number         Name (Type or Print)	in this and any attached document this information, and any other information, and any other information, and complete. I further appropriate account for any over	nts; and that based on my inquiry of those formation I may be aware of, I believe tha r agree, in accordance with any DHEC de payment received	e individuals responsible for obtaining at the submitted information is true, mand letter, to promptly repay the
Company Name     Address     Telephone Number       Name (Type or Print)		ead State L	lead
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	Owner /Operator Le		
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		(check one) : Contra	ctor UST O/O
Do not complete if State Lead Option was chosen:         UST Owner or Operator         Signature (please use non-black ink)         Title (President, Owner)         Date Signed	Payment is to be made to	· · ·	
UST Owner or Operator Signature (please use non-black ink) Title (President, Owner) Date Signed	Payment is to be made to Company Name	· · ·	
	Payment is to be made to Company Name Name (Type or Print) Signature (please use non-blact	Address K ink) Title	Telephone Number
Name (Type or Print) Telephone Number	Payment is to be made to Company Name Name (Type or Print) Signature (please use non-black Do not complete if State Lead O	Address Address Title Dption was chosen:	Telephone Number
	Payment is to be made to Company Name Name (Type or Print) Signature (please use non-black Do not complete if State Lead O UST Owner or Operator	Address Address Title Dption was chosen:	Telephone Number Date Signed