



State Lead Option Permission Form for Site Rehabilitation

Only complete this form if: You are the legal owner of the existing or former underground storage tanks, **OR** are the legal owner's designated authorized representative.

I certify that I am the legal owner of the former underground storage tanks located identified below and for the release reported the date listed below or serve as the authorized representative for the UST owner. I grant permission to the South Carolina Department of Health and Environmental Control (DHEC) to secure on my behalf services of a contractor to conduct assessment and corrective action activities, as required. The contractor will be designated as my contractor for only the required environmental site rehabilitation activities. I understand that DHEC or its contractor will be responsible for obtaining right-of-entry from the property owner and notifying me of all activities that are necessary prior to their initiation and will promptly provide to me a copy of each environmental report. I understand that I may choose to select my own contractor at the completion of any phase of work by notifying the Division of Underground Storage Tank Management in writing.

UST Permit #

Release Report Date:

Facility Name:

Facility Address:

Facility Phone Number:

Is facility within city limits? (check yes/no)

Yes

No

Name of nearest intersecting street/road/highway:

Does public water/sewer utility service this facility?

Yes

No

*If no, please provide a contact name/number that can assist in the location of private water and septic tank lines:

Name:

Phone Number:

Were USTs previously removed from the ground at this facility?

Yes

No

*If yes, please provide the name/contact number of a person that can assist in the location of the former UST(s):

Name:

Phone Number:

Is the facility currently leased to someone?

Yes

No

*If yes, notify them of the pending work scope, and please provide their name/contact number:

Name:

Phone Number:

***Please note that if vehicles or other mobile structures are parked over the location of the existing or former USTs, they should be moved prior to DHEC's contractor mobilizes to the facility.**

Name of UST owner/former owner or authorized representative (Print):

Signature of UST owner/former owner or authorized representative:

Date

Affiliation (if applicable)

Signature of Witness

Date

Contact Info

Phone Numbers:

Home:

Cell:

Email Address:

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Purpose of the form gives the SCDHEC the authority to grant a contractor on behalf of the owner/operator.

Owner/Operator(s) of UST release sites.

Item-by-item instructions for completing the form.

- Fill in all Site Information boxes.
- Answer all the questions and record any applicable information in the blanks.
- Sign and date the form.

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