



IGWA INVOICE

SOUTH CAROLINA

Department of Health and Environmental Control (DHEC)
Underground Storage Tank Program
INITIAL GROUND WATER ASSESSMENT (IGWA)

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 Owner/Operator 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

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)

City

SCDHEC USE ONLY

Base rate for IGWA:

\$ _____

For add'l footage and/or sampling
attach the Assessment Component
Invoice and enter the add'l amount

+

\$ _____

= \$ _____

Total Amount Requested:

\$ _____

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

OWNER OR OPERATOR ATTACH COPIES OF CANCELLED CHECKS (FRONT and BACK) or CONTRACTOR CAN SUBMIT A NOTARIZED STATEMENT CERTIFYING THE AMOUNT OF PAYMENT THAT HAS BEEN RECEIVED.