

**UNDERGROUND STORAGE TANK (UST) OWNER/OPERATOR LEAD INFORMATION SHEET**

**1. CONTRACTOR OF CHOICE**

As the UST Owner/Operator of the UST Permit # \_\_\_\_\_, I would like to use the contractor or person(s)\* listed below and request that they represent me for:

- IGWA
- All future assessment scopes. \*\*

Name of Contractor/Person(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Certification # \_\_\_\_\_

Note: After September 20, 1997, rehabilitation activities must be performed by a SC Certified Site Rehabilitation Contractor.

\*indicate if the person listed is your own employee

\*\* if you would like the contractor to perform all future assessment activities at this and/or other UST sites that have confirmed releases, please provide a list of all sites on your letterhead and provide the information requested in items 2 and 3 below within the context of the letter.

**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? \_\_\_\_\_ Yes \_\_\_\_\_ No (please initial)

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**

The first \$25,000.00 in eligible site rehabilitation costs will be applied against the applicable SUPERB deductible, upon submittal of the canceled check (front and back) or a notarized statement from the contractor verifying payment.

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)

\_\_\_\_\_ For eligible costs exceeding the deductible, I request that payment be made to me after I have paid the contractor.

\_\_\_\_\_ For eligible costs exceeding the deductible, I request that payment be made directly to the contractor.

(Note: all costs must receive prior financial approval from the Department regardless of payment option.)

Underground Storage Tank Owner/Operator Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date Signed \_\_\_\_\_