

ACTIVE CORRECTIVE ACTION
OPTIONS FORM

UST PERMIT # *****

I, _____, certify that I am the legal owner on record for the underground storage tanks at the facility identified below for the release reported on DATE or serve as the authorized representative for the owner. I wish to secure price quotations for corrective action activities as required by the Agency, and to select my own corrective action contractor after price quotation results are received. I understand that the Agency will also advertise for price quotations in the South Carolina Business Opportunities and provide the results to me. **I understand compensation to the contractor will be from the SUPERB Account, but I may have the obligation to pay the contractor for any costs not approved by the Agency. I understand that if the contractor I select does not or cannot complete the required activities, I will be required to find another certified contractor to complete the required activities for the remainder of the existing financial approval amount and that no additional funding from the SUPERB Account may be allowed. I also understand that the Agency will pursue enforcement actions against me if the contractor I select does not make satisfactory progress towards achieving established corrective actions goals.**

NAME of UST owner or authorized representative (Please Print): _____

Phone Number (home) _____ (work) _____

Signature of UST Owner: _____

Date: _____

Witness: _____

Date: _____