CORRECTIVE ACTION (CA) INVOICE FREE PRODUCT ONLY

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control
Underground Storage Tank Management Division

PERMIT ID# _____ **COUNTY** _____

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 Implemented and/or Operational**
(40% of Contract Award Price or $ _____)

Reduction in Free Product (COC)

☐ **60% Removal of Free Product**
(10% of Contract Award Price or $ _____)

☐ **90% Removal of Free Product**
(10% of Contract Award Price or $ _____)

☐ **100% Removal of Free Product**
(10% of Contract Award Price or $ _____)

☐ **100% Removal of Free Product (meets Standard) AND CA System Removed**
(30% of Contract Award Price or $ _____)

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted 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:

☐ Owner/Operator Lead

Payment made to (check one):

Please check appropriate Funding Option

☐ State Lead

☐ Contractor ☐ UST O/O

Company Name | Address | Telephone Number

Name (Type or Print)

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

Name (Type or Print) | Telephone Number

Address

Instructions
Corrective Action (CA) Invoice Free Product Only (Form 0426)

Purpose of Form	This form is an Invoice that must be completed by all owner/operators for payment for corrective action
Permit ID# and Facility Information	Complete as specified.
Cost Agreement # (CA#)	This is the authorization number assigned be the Department. This number may be found on the letter from the Department approving the scope work.
Amount Requested	This is the amount of financial compensation requested for the services performed. The amount requested may not exceed the amount approved by the Department for the tasks performed or the amount billed by the primary Contractor, whichever is less. Please check the appropriate payment box based on % reduction.
Compensation Information	Complete as specified.
UST Owner/or Operator	Complete as specified.