



# Owner/Operator Information Form

**Owner or Operator for Referenced Release(s)** Site ID: \_\_\_\_\_ Release Date(s): \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If you are a sole proprietor as the Owner/Operator then please initial \_\_\_\_\_, identifying that the section below does not apply to you.

Please have any persons (not applicable to contractors or consultants) within your company that are **authorized to select a certified site rehabilitation contractor and/or sign invoices** on behalf of the Owner/Operator for compensation from SUPERB Account for site rehabilitation activities conducted under the UST release(s) referenced above; print name, status within company, and signature (non-black ink).

|   | Authorized to sign invoices on behalf of the Owner/Operator | Authorized to select a certified site rehabilitation contractor |
|---|---|---|
| 1. Name: _____<br>Affiliation: _____<br>Signature: _____<br>Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| 2. Name: _____<br>Affiliation: _____<br>Signature: _____<br>Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| 3. Name: _____<br>Affiliation: _____<br>Signature: _____<br>Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| 4. Name: _____<br>Affiliation: _____<br>Signature: _____<br>Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No        |

**SOUTH CAROLINA DEPARTMENT OF  
HEALTH AND ENVIRONMENTAL CONTROL**

**DHEC FORM 4075**  
Instructions for Completing

Owner/Operator Information Form

Purpose of this form is to identify appropriate tank owner(s), operators, authorized personnel, or agents.

Owner/Operator of UST release sites and/or other authorized agent(s).

Item-by-item instructions for completing the form.

- Fill in all Site Information box.
- Answer all the questions and record any applicable information in the blanks.
- Each individual identified must sign and date the form where appropriate.

Form is scanned and saved electronically - Record Group Number 169, Retention Schedule 13300