

**CORRECTIVE ACTION (CA) INVOICE FREE PRODUCT DISSOLVE CLEAN UP 2021**



SC DEPARTMENT of  
**ENVIRONMENTAL  
SERVICES**

**SOUTH CAROLINA**  
Department of Environmental Services (SCDES)  
Underground Storage Tank Management Division  
Corrective Action Invoice Schedule H

PERMIT ID# \_\_\_\_\_ COUNTY \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

INVOICE # \_\_\_\_\_ COST AGREEMENT # \_\_\_\_\_

For work performed during (specify time period) \_\_\_\_\_ to \_\_\_\_\_

Corrective Action 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 (1G)**  
( 25 % of Corrective Action Award Amount or \$ \_\_\_\_\_ )
  - Free Product Removal Milestone (2H)**  
( 10 % of Corrective Action Award Amount or \$ \_\_\_\_\_ )
  - Interim Reduction Milestones**
    - 60% Reduction in COC (2G)**  
( 10 % of Corrective Action Award Amount or \$ \_\_\_\_\_ )
    - 90% Reduction in COC (3G)**  
( 25 % of Corrective Action Award Amount or \$ \_\_\_\_\_ )
  - Final Reduction Milestone and Site Restoration**
    - 100% Reduction in COC (meets Standard) (4G)**  
( 35 % of Corrective Action Award Amount or \$ \_\_\_\_\_ )
- And**
- Site Restoration (meets Standard) (5G)**  
( 5 % of Corrective Action Award Amount 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 SCDES demand letter, to promptly repay the appropriate account for any overpayment received

COMPENSATION INFORMATION : **Please check appropriate Funding Option**

Payee:  \_\_\_\_\_  State Lead  Contract

**Contractor**

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:

Payee:  \_\_\_\_\_

**UST Owner or Operator**

Signature (please use non-black ink) \_\_\_\_\_ Title (President, Owner) \_\_\_\_\_ Date Signed \_\_\_\_\_

Name (Type or Print) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

**CA INVOICE**

# Instructions

Permit #	This is the number assigned to the facility by the UST Management Division
County	This is the County in which the facility is located
Facility Name	This is the name of the facility
Street Address	This is the physical location of the facility
Invoice Number	This is the number assigned by the Contractor for the invoice.
Cost Agreement # (CA#)	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.
Work Performed	This is the time frame for which work is performed that payment is being requested
Corrective Action Award Price	This is the total price of the contract for the pre-approved Cost Agreement
Based on Report Submitted	Date of Report Submitted for which payment is being requested
Request Payment for following	Check appropriate box for which payment is being requested. Amount is based on a percentage of the Corrective Action Award Price.
Compensation Information	Check the appropriate Funding Option: If it is a Contract, select Statelead. Otherwise, select Owner/Operator Lead
Payee Selection	Contractor if payment is to be made to the Contractor, UST O/O if payment is to be made to the owner/operator of the USTs or their authorized agent.
Company Information	Complete with Contractor Information and Signature
UST Owner or Operator	Complete with UST Owner or Operator Information and Signature if Owner/Operator Lead
Cancelled Checks	Copies of the front and back of the cancelled checks must be submitted to the Department if the Owner/Operator is the payee or if the cost is to be applied to a SUPERB deductible. The cancelled checks should be attached to the invoice form. If you have not received the cancelled check from your banking institution, you may request the Contractor to provide a notarized statement certifying the amount of payment that has been received.