SC DEPARTMENT of ENVIRONMENTAL SERVICES

Owner/Operator Contractor Selection Form
Underground Storage Tank (UST) Management Division

1. CONTRACTOR OF CHOICE

As the current or former UST Owner/Operator and the designated party responsible for the confirmed release reported on the date and permit number provided.	Release Report Date:	Permit Number:

I would like to use the contractor listed below to conduct all site rehabilitation work for the referenced release reported above:

Name of Contractor:		
Address:		
City:	State:	Zip:
Telephone Number:	Certification Number:	

NOTE: Site rehabilitation activities must be performed by a S.C. Certified Site Rehabilitation Contractor per Section 44-2-120(A) of the SUPERB Act and Section IV(A) of the SCDES SUPERB Site Rehabilitation and Fund Access Regulation R.61-98.

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	O/O 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

A. The first $25,000.00 in eligible site rehabilitation costs for releases reported subsequent to July 1, 1993 will be applied against the applicable SUPERB deductible per Section 44-2-40(D) of the SUPERB Act, upon submittal of the canceled check (front and back) or a notarized statement from the contractor verifying payment.

B. 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.	O/O Initial:
– OR –	
☐ For eligible costs exceeding the deductible, I request that payment be made directly to the contractor.	O/O Initial:

C. If the release qualifies under amnesty (reported prior to July 1, 1993) per Section 44-2-40(B) of the SUPERB Act, you can pay the contractor and be compensated from the SUPERB Account, or have payment issued directly from the SUPERB Account to the contractor. (Check one.)

☐ For eligible costs, I request that payment be made to me after I have paid the contractor.	O/O Initial:
– OR –	
☐ For eligible costs, I request that payment be made directly to the contractor.	O/O Initial:

NOTE: As required by the SUPERB Act, all costs must receive prior financial approval from SCDES regardless of payment option.

4. UST OWNER/OPERATOR OR PARTY RESPONSIBLE FOR ABOVE REFERENCED RELEASE

Signature:	Date Signed:
Printed Name:	Telephone Number: ( )
Affiliation (if applicable):	Email Address:

SOUTH CAROLINA DEPARTMENT OF ENVIRONMENTAL SERVICES CONTROL

SCDES FORM 3244
Instructions for Completing

- Form's title - Owner/Operator Contractor Selection Form
- Form's purpose – The purpose of this form is for the tank owner, operator, or authorized agent of a confirmed UST release to select a South Carolina certified site rehabilitation contractor.
- Who will complete the form (audience) – The tank owner, operator, or authorized agent.
- Enough instruction to guide the person completing the form.
    - Fill in all boxes with correct information.
    - Address all statements and answer all questions by recording information in the appropriate blanks or check boxes.
    - The tank owner, operator, or authorized agent must sign/initial and date the form where appropriate.
- As the UST Owner/Operator at the time of the referenced release, you must resubmit this form if there is a change in site rehabilitation contractors.
- Form is scanned and saved electronically - Record Group Number 169, Retention Schedule 13300