

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

OFFICE OF POLLUTION CONTROL

PO BOX 2261

JACKSON, MISSISSIPPI 39225

UNDERGROUND STORAGE TANK BRANCH

APPLICATION FOR LISTING AS  
AN APPROVED IMMEDIATE RESPONSE ACTION CONTRACTOR

FOR UST OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

PART A

GENERAL INFORMATION

Name of Company  
Making This  
Application \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Numbers: Day Number ( ) \_\_\_\_\_

Night Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Name of Principal Officer  
\_\_\_\_\_

Name of Usual Contact Person(s)  
\_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Remittance Address for Direct Payment:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PART B

MINIMUM REQUIREMENTS

Please answer the following questions about the company making this application:

1. Does your company presently have, in force, at least One Million Dollars (\$1,000,000.00) insurance coverage for Contractor's General Liability?

\_\_\_\_\_ YES If yes, you must **attach a copy** of your Certificate of Insurance.

\_\_\_\_\_ NO If no, your company does not presently meet the minimum requirements for listing as an Approved Immediate Response Action Contractor.

2. Does your company presently have at least one full-time (40 hours per week) employee who is certified by the Department of Environmental Quality to permanently close underground storage tanks?

\_\_\_\_\_ YES If yes, list his/her name and certification number

\_\_\_\_\_ NO If no, your company does not presently meet the minimum requirements for listing as an Approved Immediate Response Action Contractor.

3. Does your company hold a current Certificate of Responsibility issued by the Mississippi Board of Contractors?

\_\_\_\_\_ YES If yes, you must **attach a copy** of your company's certificate to this application.

\_\_\_\_\_ NO If no, your company does not presently meet the minimum requirements for listing as an Approved Immediate Response Action Contractor.

4. Does your company have an employee or employees who have successfully completed a 40 hour health and safety course and 8 hour refresher courses approved by the Federal Occupational Safety and Health Administration?

\_\_\_\_\_ YES If yes, you must **attach a copy** of the certificate(s) for 40-hour training and current 8-hour refresher training issued to your employee(s).

\_\_\_\_\_ NO If no, your company does not presently meet the minimum requirements for listing as an Approved Immediate Response Action Contractor.

5. If your company is requested to install groundwater monitoring wells, groundwater recovery wells, or product recovery wells and drilling of these wells is necessary, does your company plan to provide these drilling services?

\_\_\_\_\_ Yes, the company making this application will perform the drilling services.

\_\_\_\_\_ Yes, the company making this application can and will provide drilling services, but may subcontract for drilling services some of the time.

\_\_\_\_\_ No, the company making this application will subcontract for drilling services.

6. If your answer to Question 5 was either of the "Yes" answers, please give the Water Well Contractors number issued to your company by the Mississippi Office of Land and Water Resources and the name of the person the number is issued to.

Water Well Contractors

Name \_\_\_\_\_

Number \_\_\_\_\_

7. If your answer to Question 5 was "No", what are the names of any subcontractors you plan to use for installation of groundwater monitoring wells, groundwater recovery wells, or product recovery wells?

Subcontractors

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PART D  
EXPERIENCE

Please list at least three (3) jobs your company has completed within one year prior to application submittal which involved remediation (clean-up) of contaminated soil or contaminated water from UST sites. You may attach supplemental sheets, if necessary.

<b>Customer:</b>	
<b>Date Job Completed:</b>	
<b>Nature of Project:</b>	

<b>Customer:</b>	
<b>Date Job Completed:</b>	
<b>Nature of Project:</b>	

<b>Customer:</b>	
<b>Date Job Completed:</b>	
<b>Nature of Project:</b>	

<b>Customer:</b>	
<b>Date Job Completed:</b>	
<b>Nature of Project:</b>	



**IRAC CERTIFICATION AFFIDAVIT**

I, the undersigned, being the principal officer of

\_\_\_\_\_  
(Print or type company name making application)

do hereby submit this application of my company to be considered for approval and listing as an Approved Immediate Response Action Contractor. In making this application I certify that I have read and understand the public notice provided to me or as published in the newspaper in solicitation of this application.

I certify that if my company is listed as an Approved Immediate Response Action Contractor, and my company is subsequently selected to perform remedial services at the site of a motor fuel release, my company will:

- (1) Meet and maintain the requirements of Sections IV. through IX. of the Mississippi Groundwater Protection Trust Fund Regulations last amended December 10, 2009.
- (2) Hold no other party responsible for payment for my services other than the person contracting with my company to perform those services.
- (3) Retain all records involving any immediate response action for a period of three (3) years.
- (4) Furnish all company records involving any immediate response action as requested by the Department of Environmental Quality or other State agency.
- (5) Permit the Department or other State agency to audit our records involving any immediate response action made under this program.
- (6) Submit written notification to the Department of Environmental Quality, UST Branch, within three days of filing bankruptcy or any substantial change in my company's financial stability.

I further certify that my company understands that the tank owner will be reimbursed the lesser of (A) the usual and customary charges for similar services rendered as part of my company's normal business; or (B) the maximum reimbursable charges established by the Department.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Printed Name

Before me personally appeared \_\_\_\_\_, who executed the foregoing instrument and acknowledged to me and before me that said instrument was executed for the purposes therein expressed.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_